

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| | SUBROGATION IS WAIVED, Subject to is certificate does not confer rights to | | | | endor | sement(s). | | an ondorsement. A state | ent C | ··· | |
|---|--|-------|--------|---|-------------------------------------|--|----------------------------|--|----------|--------------|--|
| PROD | UCER | | | | CONTACT Cynthia Gonzalez | | | | | | |
| Tolm | an & Wiker Insurance Services, LLC | | | | PHONE (A/C, No | (805) 5 | 85-6117 | FAX (A/C, No): | (805) 5 | 85-6117 | |
| 196 | S. Fir Street | | | | E-MAIL cgonzalez@tolmanandwiker.com | | | | | | |
| PO E | 3ox 1388 | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| Vent | ura | | | CA 93002-1388 | | | | | | 22292 | |
| INSU | RED | | | | INSURER B: | | | | | | |
| | | | | | INSURER C: | | | | | | |
| | Lindamood-Bell Learning Proces | sses | | | INSURE | RD: | | | | | |
| | 416 Higuera Street | | | | INSURER E: | | | | | | |
| | San Luis Obispo | | | CA 93401-3865 | INSURE | RF: | | | | | |
| | | | | NUMBER: 19/20 E&O | | | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | |
| NSR LTR | | ADDL | SUBR | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | | |
| .113 | COMMERCIAL GENERAL LIABILITY | пизи | WVD | , CLIOT NUMBER | | (minipplififf) | (minipolititi) | EACH OCCURRENCE | s 2,000 | 0,000 | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED | s | | |
| | ERRORS & OMISSIONS | | | | | | | MED EXP (Any one person) | \$ | | |
| Α | BREACH OF PRIVACY | | | LH3 H131781 00 | | 12/15/2019 | 12/15/2020 | PERSONAL & ADV INJURY | \$ | | |
| | GEN'LAGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000 | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | | \$ | | |
| _ | OTHER: | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ | | |
| - | ANY AUTO OWNED SCHEDULED | | | | | | | and the state of t | \$ | | |
| - | AUTOS ONLY AUTOS HIRED NON-OWNED | | | | | | | DDODEDTV DAMAGE | \$ | | |
| - | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| _ | | | | | | | | | \$ | | |
| - | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| - | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| _ | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | | \$ | | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | | |
| | OF TOLINIULANDER EXCEODED: | N/A | | | | | | | \$ | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | | \$ | | |
| \dashv | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | |
| | | | • | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | S IAC | ORD 1 | 01. Additional Remarks Schedule | may be at | tached if more sn | ace is required) | | | | |
| | cation of Coverage | J (AC | OKD II | or, Adultional Nemarks Schedule, | may be at | taonea n more sp | ave is required) | | | | |
| veiiii | calloff of Coverage | | | | | | | | | | |
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| | | | | | | | | | | | |
| | TIFICATE LIOL DED | | | | CANC | ELL ATION | | | | | |
| JER. | TIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| Mt Diablo Unified School District 1936 Carlotta Drive | | | | | ACC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | AUTHOR | AUTHORIZED REPRESENTATIVE | | | | | |
| Concord CA 94519 | | | | $\mathcal{N} = \mathcal{E}_{\mathbf{n}} - \mathcal{C}_{\mathbf{n}}$ | | | | | | | |
| | | | | | | | 1000 2015 | CORD CORPORATION | All sich | to recomical | |



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| PRO | PRODUCER Contact Cynthia Gonzalez | | | | | | | | | | |
|--|---|---------------------------|--------|--|--|--|------------------------------|--------------------------------------|------------------------|--------|-------|
| Tolman & Wiker Insurance Services, LLC | | | | | PHONE (A/C, No, Ext): (805) 585-6117 FAX (A/C, No): (805) 585-6117 | | | | | | |
| 196 S. Fir Street | | | | | | E-MAIL cgonzalez@tolmanandwiker.com | | | | | |
| PO Box 1388 | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| Ventura CA 93002-1388 | | | | | Henry of American Inc Co | | | | | 36064 | |
| INSU | RED | | | | Hanayar Ina Co | | | | | 22292 | |
| INSURED | | | | | | INSURER B. | | | | | |
| | Lindamood Bell Learning Proce | sses | | | INSURER C: INSURER D: | | | | | | |
| | 416 Higuera Street | | | | | | | | | | |
| | San Luis Obispo | | | CA 93401-3865 | INSURE | | | | | | |
| 001 | | TIEIC | ATE | NUMBER: 19/20 ABUSE | INSURE | RF: | | REVISION NUM | DED. | | |
| | HIS IS TO CERTIFY THAT THE POLICIES OF | | | NOMBER. | ISSUED | TO THE INSUE | | | | IOD | |
| IN CI | DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH PA | IREME AIN, T | NT, TE | ERM OR CONDITION OF ANY S SURANCE AFFORDED BY THE | CONTRA | ACT OR OTHER ES DESCRIBEI | DOCUMENT VOLUMENT VOLUMENT V | MITH RESPECT TO | WHICH T | HIS | |
| INSR LTR | TYPE OF INSURANCE | | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | 11100 | | | | , | , | EACH OCCURRENC | | | 0,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | D | s | |
| | ★ ABUSE/MOLESTATION | | | | | | | MED EXP (Any one p | | | |
| Α | | | | ZZ3-A802342-04 | | 12/15/2019 | 12/15/2020 | PERSONAL & ADV II | | | |
| | OFFINI ACCRECATE LIMIT APPLIES PER | | | | | | | | 3.00 | | 0,000 |
| | POLICY PRO- JECT LOC | | | | | | | GENERAL AGGREG | | 3 | · |
| | | | | | | | | PRODUCTS - COMP | 70P AGG | \$ | |
| | OTHER: AUTOMOBILE LIABILITY | \vdash | | | | | | COMBINED SINGLE | LIMIT | \$ | |
| | ANYAUTO | | | | | | | (Ea accident) BODILY INJURY (Per | r person) | \$ | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per | | s | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | PROPERTY DAMAG | | s | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ | |
| | ➤ UMBRELLA LIAB ➤ OCCUP | + | | | | | | | | 2.00 | 0,000 |
| В | EXOFERENCE DE COCCUR | | | UH3-A802343-04 | | 12/15/2019 | 12/15/2020 | EACH OCCURRENC | E | 2 0 00 | 0,000 |
| _ | CLAIMS-IMADE | 1 | | 9.101.0020100, | | 12/10/2010 | 12.10.2020 | AGGREGATE | | 3 | -, |
| | DED RETENTION \$ WORKERS COMPENSATION | - | | | | | | PER STATUTE | OTH- ER | \$ | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDEN | | \$ | |
| | (Mandatory in NH) If yes, describe under | | | | | | | | SEASE - EA EMPLOYEE \$ | | |
| | DESCRIPTION OF OPERATIONS below | ┢ | | | | | | E.L. DISEASE - POLI | CYLIMIT | \$ | |
| | | | | | | | | | | | |
| | | l | | | | | | | | | |
| DECC | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES 100 | OPD 1 | 01 Additional Pamarks Schodula | may bo at | tachad if mam sn | ago is required) | | l | | |
| | ication of Coverage | ES (AC | OKD II | or, Additional Remarks Schedule, | illay be at | tached it more sp | ace is required; | | | | |
| veni | ication of coverage | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CERTIFICATE HOLDER CA | | | | | | ELLATION | | | | | |
| Mt Diablo Unified School District | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| Concord CA 94519 | | | | Sham Eyne Caren | | | | | | | |



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| tl | nis certificate does not confer rights to | the o | certifi | icate holder in lieu of such | AT COMMON YAS DOOR | COLUMN TO SECURE | | | | | |
|-----------------------------------|--|--------------------------|------------------|------------------------------------|---|--|------------------|----------------------------------|------------------|-------|--------|
| PRO | DUCER | CONTACT Cynthia Gonzalez | | | | | | | | | |
| Tol | nan & Wiker Insurance Services, LLC | | | | PHONE (A/C, No, Ext): (805) 585-6117 (A/C, No, Ext): (805) 585-6117 | | | | | | |
| 196 S. Fir Street | | | | | E-MAIL | egenzelez | z@tolmanandv | viker.com | (A/O, NO). | | |
| PO Box 1388 | | | | | ADDRESS. | | | | NAIG# | | |
| 09 | tura | | | CA 93002-1388 | | Honovor | | | | | 36064 |
| INSL | | | | OA 33002-1000 | INSURER A: Hanover American Ins Co | | | | | 41840 | |
| INSU | KED | | | | HOOKER B. | | | | | | |
| | | | | | INSURE | Rc: Hanover | ins Co | | | | 22292 |
| | Lindamood Bell Learning Proce | sses | | | INSURE | RD: | | | | | |
| | 416 Higuera Street | | | | INSURER E: | | | | | | |
| | San Luis Obispo | | | CA 93401-3865 | INSURE | RF: | | | | | |
| CO | VERAGES CER | TIFIC | ATE | NUMBER: 19/20 GL/AU/ | JMB/W | 3 | | REVISION NUM | BER: | | |
| | HIS IS TO CERTIFY THAT THE POLICIES OF | | | | | | | | | | |
| | DICATED. NOTWITHSTANDING ANY REQUI | | | | | | | | | IS | |
| | ERTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PC | | | | | | | OBJECT TO ALL T | HE TERMS, | | |
| INSR LTR | TYPE OF INSURANCE | | SUBR WVD | | | POLICY EFF | POLICY EXP | | LIMITS | | |
| LTR | A | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | 1,00 | 0.000 |
| | | | | | | | | DAMAGE TO RENTE | FD | 400 | |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occu | rrence) § | 100,0 | |
| | | | | | | | | MED EXP (Any one p | | | |
| Α | | Y | | ZZ3-A802342-04 | | 12/15/2019 | 12/15/2020 | PERSONAL & ADV I | NJURY 5 | , | 0,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | | 9 | 0,000 |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP | P/OP AGG | Inclu | ded |
| | OTHER: | | | | | | | | \$ | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | 1,000 | 0,000 |
| | X ANY AUTO | | | | | | | BODILY INJURY (Per | r person) \$ | 5 | |
| В | OWNED SCHEDULED | | | AW3-A802333-04 | | 12/15/2019 | 12/15/2020 | BODILY INJURY (Per | r accident) \$ | 5 | |
| | AUTOS ONLY HIRED ALITOS ONLY AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAG | o nonaneconomie. | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | - | | |
| | WIMBRELLA LIAB COCCUP | | | | | | | | | 40.00 | 00,000 |
| С | EVERSO LIAD | | | UH3-A802343-04 | | 12/15/2019 | 12/15/2020 | EACH OCCURRENC | | 40.00 | |
| C | EXCESS LIAB CLAIMS-MADE | | | UH3-A002343-04 | | 12/15/2019 | 12/15/2020 | AGGREGATE | | 10,00 | 00,000 |
| | DED RETENTION \$ | | | | | | | l pcp | \$ | 5 | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | ➤ PER STATUTE | OTH- ER | | |
| С | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | WH3-A791502-04 | | 12/15/2019 | 12/15/2020 | E.L. EACH ACCIDEN | IT \$ | 1,000 | |
| 100 | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | 1 | 0.00.00 0.00 0.00 0.00 0.00 | | | | E.L. DISEASE - EA E | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLI | ICY LIMIT \$ | 1,000 | 0,000 |
| | | | | | | | | | | | |
| | | | | | | 1 | | | | | |
| | | | | | | | | | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLE | S (AC | ORD 10 | 01, Additional Remarks Schedule, I | nay be at | tached if more sp | ace is required) | | | | |
| GL: | Mt Diablo Unified School District, its subsidi | aries. | officia | als and employees are Additio | nal Insu | red as respects | s to operations | of the Named Ins | ured per for | m | |
| | 0260413. Endorsement applies only as req | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CER | TIFICATE HOLDER | | | - | CANC | ELLATION | | | | | |
| | | | | | 2002 | | | | | | |
| | | | | | | | | SCRIBED POLICIE | | | BEFORE |
| Mt Diablo Unified School District | | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | | | | | | | |
| 1936 Carlotta Drive | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | | | Sham Eyne Carson | | | | | | | | |
| | Concord | | | CA 94519 | | 1 | Tham | Ergne | Laura | _ | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Mt. Diablo Unified School District, its subsidiaries, officials and employees 1936 Carlotta Dr Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations;
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Page 1 of 1



RENEWAL OF POLICY UH3 A802343 03

COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE BELOW NUMBERED POLICY.

POLICY NUMBER: UH3 A802343 04 COMPANY: Hanover Insurance Company

DECLARATIONS

| Item 1. Named Insured and Address (No., Street, Town, County, State) | Agent |
|--|--|
| LINDAMOOD BELL LEARNING PROCESSES 416 HIGUERA STREET SAN LUIS OBISPO CA 93401 | 1001241 TOLMAN & WIKER INSURANCE SERVICES, LLC. 196 S. FIR STREET VENTURA CA 93001 |

Item 2. Policy Period: (Month, Day, Year)

From 12/15/2019 To 12/15/2020

12:01 A. M., standard time at the address of the Named Insured as stated herein.

| Form of Business: Individual Partner | rship 🔀 Co | orporation | Limited Liability Company | | | | | |
|---|----------------------------------|------------------------------|---------------------------|--|--|--|--|--|
| Organization (Other than Partners | ship, Joint Venture | or Limited Liability | y Company) | | | | | |
| Business Description: Educational Institution | | | | | | | | |
| IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS PREMIUM MAY BE SUBJECT TO AUDIT. | | | | | | | | |
| Item 3. Limit of Insurance | | | | | | | | |
| Each Occurrence or Each Claim Limit: \$10,000,000 | | | | | | | | |
| Products – Completed Operations Agg General Aggregate Limit | 40.00 | \$10,000,000 \$10,000,000 | | | | | | |
| | | | | | | | | |
| Retained Limit: | | \$0 | | | | | | |
| Item 4. Premium Computation: | | | | | | | | |
| | Estimated Annua | al Premium \$26 | 5,500.00 | | | | | |
| (Premium Surcharges NO | rges \$ | | | | | | | |
| (i remuni ourenaiges no | Annual Minimum Advance Premiu | Premium \$26 | 5,500.00 5,500.00 | | | | | |

Endorsements:

See next page



| | PREPAID - the total annual premium is due at inception. |
|----------|--|
| | HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attached. |
| | ACCOUNT BILL DIRECT BILL Annual Semi-Annual Other |
| Audit p | period: Non Auditable Unless indicated by 🏻 Annual 🖶 Semi-Annual 🗂 Other |
| If you d | cancel this policy, we shall receive and retain not less than, NIL as a policy minimum premium |