

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/20/2022

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.

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	10/21/2021	10/21/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	s s	1,000,000 100,000 5,000 1,000,000 2,000,000
	10/21/2021	10/21/2022	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	5,000 1,000,000
PHPK2339325			PERSONAL & ADV INJURY GENERAL AGGREGATE	s	1,000,000
PHPK2339325			GENERAL AGGREGATE		
PHPK2339325				\$	2.000.000
PHPK2339325			PRODUCTS - COMP/OP AGG		
PHPK2339325				\$	2,000,000
PHPK2339325			COMBINED SINGLE LIMIT	\$	4 000 000
PHPK2339325	10/21/2021 10/21/2022		COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000
		10/21/2022	BODILY INJURY (Per person)	\$	
		PROPERTY DAMAGE	1	And the second of published without the second	
			PROPERTY DAMAGE (Per accident)	S	***************************************
				1	2,000,000
PHUB789747	10/21/2021 10/21/2022		1	2,000,000	
			AGGREGATE		
			X PER OTH-	-	
911295921	8/24/2021	8/24/2022		s	1,000,000
			E.L. DISEASE - EA EMPLOYE	1	1,000,000
			The same of the sa		1,000,000
PHPK2339328	10/21/2021	10/21/2022			1,000,000
PHPK2339325	10/21/2021	10/21/2022	Limit		1,000,000
0	11295921  HPK2339328  HPK2339325  O1, Additional Remarks Schedule, may istrict is named additional inso the general liability, educate	11295921 8/24/2021  HPK2339328 10/21/2021  HPK2339325 10/21/2021  O1, Additional Remarks Schedule, may be attached if more istrict is named additional insured as respectively.	### 11295921 8/24/2021 8/24/2022  #################################	HUB789747  10/21/2021  10/21/2022    AGGREGATE	HUB789747  10/21/2021  10/21/2022

ACORD 25 (2016/03)

Concord, CA 94519

**AUTHORIZED REPRESENTATIVE** eggs. Eller

### 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
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l	
-	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; or
  - 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:
  - 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.



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

# COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	1981 Valley Oaks Insurance Agency 1508 Eureka Rd Ste 170 Roseville, CA 95661				
	(916) 960-1400				
NAMED INSURED: Stockton Educational Center Inc  AKA SEC Transportation Inc					
MAILING ADDRESS: PO Box 7796 Stockton, CA 95267-0796					
POLICY PERIOD: FROM 10/21/2021 TO TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	10/21/2022AT 12:01 A.M. STANDARD				

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.

LIN	IITS	OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ _	2,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ .	2,000,000	 Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT		\$ 2,000,000	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)		\$ 2,000,000	

RETAINED LIMIT						
RETAINED LIMIT:	\$	10,000				

PREMIUM	
PREMIUM SUBTOTAL	\$
STATE TAXES, FEES, SURCHARGES (if applicable)	Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)  AUDIT PERIOD: NOT APPLICABLE ANNUALLY SEMI-ANNUALLY QUARTER	_\$ LY  MONTHLY
DESCRIPTION OF BUSINESS	
FORM OF BUSINESS: CORPORATION  BUSINESS DESCRIPTION: Specialty School Umbrella	
ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

	SCHI	EDULE OF U	NDE	RLYING INSURANCE	
Employers' Liabili	ty				
Company:		1			
Policy Number:					
Policy Period:				····	
Minimum Applicable	e Limits				
Bodily injury by	accident		\$_		Each Accident
Bodily injury by	disease		\$_		Each Employee
Bodily injury by	disease		\$_		Policy Limit
Commercial Gener	ral Liability			☑ Occurrence	☐ Claims-Made
Company:		Indemnity	Ins	surance Company	Same to educational vehicles were
Policy Number:	PHPK2339325				
Policy Period:	10/21/2021	10/21/2	022		
Retroactive Date: 1	Not Applicable				
Minimum Applicable	Limits:				
General Aggreg	ate		\$_	2,000,000	
Products-Comple	eted Operations Ago	gregate		2,000,000	
Personal And A	dvertising Injury		\$_		•
Each Occurrence	e		\$_	1,000,000	v.
Commercial Auto L	iahility				
Company:	-	Indemnity	Ins	urance Company	
	PHPK2339325				
-	10/21/2021	10/21/2	022		
Minimum Applicable					
Garage Aggrega	ate Limit For Other	Than Autos			
(if applicable)			\$_	Not Applicable	
Each Accident			\$_	1,000,000	
Professional Liabili	ity			☐ Occurrence	☐ Claims-Made
Company:					
Policy Number:					
Policy Period: _					
Retroactive Date:		×)			
Minimum Applicable	Limits				
	·		_\$		
			_\$		

Employee Benefits Liability	☐ Occurrence	☑ Claims-Made
Company: Philadelphia Indemnity Insur	ance Company	
Policy Number: PHPK2339325		
Policy Period: 10/21/2021 10/21/2022		
Retroactive Date: 11/10/2011		
Minimum Applicable Limits		
Each Claim \$	1,000,000	-
Aggregate \$	1,000,000	_
MANAGE OF A STATE OF THE STATE		
Abusive Conduct Liability	☑ Occurrence	☐ Claims-Made
Company: Philadelphia Indemnity Insur	ance Company	
Policy Number: _PHPK2339325		
Policy Period: 10/21/2021 10/21/2022		
Retroactive Date: Not Applicable		
Minimum Applicable Limits		
Each Abusive Conduct \$		
Aggregate \$	1,000,000	•
Directors & Officers Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
Liquor Liability	☐ Occurrence	D Olehen Mark
•		☐ Claims-Made
Company:		
Policy Number:		
Policy Poriod:		
Policy Period:		
Policy Period:		
Policy Period:  Retroactive Date:  Minimum Applicable Limits		
Policy Period:  Retroactive Date:  Minimum Applicable Limits		

Watercraft Liability		☐ Occurrence	☐ Claims-Made
Company:	-	andre American and A	
Policy Number:			
Policy Period:			
Retroactive Date:			
Minimum Applicable Limits			
•	_\$ _		
	_\$ _		
Other Coverages Not Included in Above		☐ Occurrence	☐ Claims-Made
Company:			
Policy Number:			
Policy Period:			
Retroactive Date:			
Minimum Applicable Limits			
	_\$ _		<del></del>
<u> </u>			
HESE DECLARATIONS, TOGETHER WITH	TH	E COMMON POLIC	Y CONDITIONS AND COVERAGE
ORM(S) AND ANY ENDORSEMENT(S), COM	PLET	E THE ABOVE NUM	BERED POLICY.
ountersigned:		Ву:	
(Date)		(Aut	thorized Representative)
WITNESS WHEREOF WE have sou	cod i	this policy to be ay	regularly and attented and if
WITNESS WHEREOF, we have cau quired by state law, this policy shall not t			
rywijed by state law, triis policy stiali not t	JE VO	iliu uriless courilers	SIGNED BY OUR AUTHORIZED

John W. Glomb, Jr. President & CEO

Secretary