

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.

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

	If SUBROGATION IS WAIVED, subjethis certificate does not confer rights	ct to	the cert	terms and conditions o tificate holder in lieu of s	of the po such en	olicy, certain dorsement(s	policies ma).	y require an endorsem	ent. A	statement on
PRODUCER Valley Oaks Insurance Agency, Inc. 1508 Eureka Rd., Ste 170 Roseville, CA 95661						CONTACT Margie Morgan				
										6) 960-1404
						E-MAIL NO. EXT.: (310) 300-1417 (A/C, No): E-MAIL ADDRESS: mmorgan@valleyoaks.com				7,000-1404
	,				AUUKI			RDING COVERAGE		NAIG#
					INCHE					18058
INSURED						INSURER A: Philadelphia Indemnity Ins. Co INSURER B: State Compensation Ins. Fund				35076
	Stockton Educational Cente	er, inc	c.						35076	
	AKA SEC Transportation, Ir				INSURER C:					
	3031 W. March Lane, Ste. 33 Stockton, CA 95219	30			INSURER D:					
	Stockton, CA 99219				INSUR					
~	0/504050				INSUR	ERF:				
				E NUMBER:				REVISION NUMBER:		
) (THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	ENT, TERM OR CONDITIC , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHE IES DESCRI PAID CLAIMS	R DOCUMENT WITH RES	PECT 1	O WHICH THIS
LTE		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIA	ITS	
A								EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	X		PHPK2339325		10/21/2021	10/21/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	χ Legal Liab/Abuse Mol							MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO-							PRODUCTS - COMP/OP AGO	\$	2,000,000
	OTHER:								\$	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO			PHPK2339325		10/21/2021	10/21/2022	BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS ONLY AUTOS			The state of the s				BODILY INJURY (Per acciden		The state of the s
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY							(rei accident)	S	
Α	X UMBRELLA LIAB X OCCUR							CACH COCHED THE	1	2,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB789747		10/21/2021	10/21/2022	EACH OCCURRENCE	S	2,000,000
	DED X RETENTION\$ 10,000			2				AGGREGATE	\$	
В	1				-			X PER STATUTE OTH-	\$	
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTIES SYCOUTING			911295921		8/24/2021	8/24/2022		1	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E L EACH ACCIDENT	\$	1,000,000
	If ves, describe under							E.L. DISEASE - EA EMPLOYE	1	1,000,000
A	DÉSCRIPTION OF OPERATIONS below Errors & Omissions			PHPK2339328		10/21/2021	10/21/2022	E L DISEASE - POLICY LIMIT	\$	1,000,000
	Abuse/Molestation			PHPK2339325		10/21/2021				
A	Abdse/Molestation			PHPN2333323		10/21/2021	10/21/2022	Limit		1,000,000
er a	icription of operations / Locations / vehicle attached CG2026 AIEA- Mt. Diablo Unifie a \$2,000,000 umbrella coverage applies i erage.* 30 day notice of cancellation	ed Sc n add	hool lition	District is named addition to the general liability, ed	nal insu lucators	red as respe prof. liabilit	cts general l	iability as per written co		
E	RTIFICATE HOLDER				CANC	ELLATION				
	Mt. Diablo Unified School District 1936 Carlotta Drive					EXPIRATION	DATE TH	ESCRIBED POLICIES BE (EREOF, NOTICE WILL Y PROVISIONS.		
	Concord, CA 94519				AUTHORIZED REPRESENTATIVE					

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 histired Person(s) Or Organization(s):
Mt. Diablo Unified School District
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
 - 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.



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 In	c						
MAILING ADDRESS: PO Box 7796							
Stockton, CA 95267-0796							
POLICY PERIOD: FROM 10/21/2021 TO	10/21/2022AT 12:01 A.M. STANDARD						
TIME AT YOUR MAILING ADDRESS SHOWN ABOVE							

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.

LIMITS 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 AGG	REG	SATE LIMIT	\$2,000,000		
GENERAL AGGREGATE LIMIT (LIABILITY CO' respect to Auto Liability and Products Completed			\$2,000,000		

	RETA	AINED 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 QUARTERL	\$.Y \B MONTHLY
DESCRIPTION OF BUSINESS	
FORM OF BUSINESS: CORPORATION	
BUSINESS DESCRIPTION: Specialty School Umbrella	
ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

	SCHE	DULE OF U	NDE	RLYING INSURANCE	
Employers' Liabilit	y				
Company:					
Policy Number:					
Policy Period:					
Minimum Applicable	Limits				
Bodily injury by	accident		\$_		Each Accident
Bodily injury by	disease		\$_		Each Employee
Bodily injury by	disease		\$_		_Policy Limit
Commercial Gener	al Liability			☑ Occurrence	☐ Claims-Made
	_	Indemnity	Ins	surance Company	
Policy Number:	PHPK2339325				
Policy Period:	10/21/2021	10/21/2	022		
Retroactive Date: 1	Not Applicable				
Minimum Applicable		-			
General Aggreg	ate		\$_	2,000,000	
Products-Comple	eted Operations Agg	regate		2,000,000	
Personal And Ad	dvertising Injury		\$_	1,000,000	•
Each Occurrenc	е		\$_	1,000,000	
Commercial Auto L	iability				
Company:	Philadelphia :	Indemnity	Ins	urance Company	
Policy Number:	PHPK2339325				
Policy Period: _	10/21/2021	10/21/20	022		
Minimum Applicable	Limits				
	ate Limit For Other T	han Autos	•	0000 ap 44 2 2 2	
(if applicable)			\$_		
Each Accident			\$ _	1,000,000	
Professional Liabili	ty		I	☐ 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	
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	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
\$		
\$		

Watercraft Liability		☐ Occurrence	☐ Claims-Made
Company:			
Policy Number:			
Policy Period:			
Retroactive Date:			
Minimum Applicable Limits	_		
	\$ _		A security and a security of
	\$ _		-
Other Coverages Not Included in Above		☐ Occurrence	☐ Claims-Made
Company:			
Policy Number:			
Policy Period:			
Retroactive Date:			
Minimum Applicable Limits			
3 1	_\$_		
	•		
THESE DECLARATIONS, TOGETHER WITH FORM(S) AND ANY ENDORSEMENT(S), COM	i THI	E COMMON POLIC E THE ABOVE NUM	Y CONDITIONS AND COVERAGE BERED POLICY.
Countersigned:		Bv.	

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John W. Glomb, Jr. President & CEO

(Date)

Secretary

(Authorized Representative)