

MT. DIABLO UNIFIED SCHOOL DISTRICT **RECEIVED**
1936 Carlotta Drive
Concord, CA 94519
NOV 17 2015

AGREEMENT BETWEEN *Budget & Fiscal Services*
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR

THIS AGREEMENT is made this 3rd day of September, by and between the Mt. Diablo Unified School District (hereinafter "District") and Hotel Nikko (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
- (b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ <u>17,400.00</u> for Services	<u>355</u> - <u>3936</u> - <u>49</u> - <u>5800</u>	\$ <u>17,400.00</u>
The basis of the fee for Services shall be as follow	_____ - _____ - _____ - _____	\$ _____
a. \$ _____ per hour,	_____ - _____ - _____ - _____	\$ _____
b. \$ _____ per day, or		
c. \$ <u>17,400.00</u> per engagement.		

BUDGET CODE(S)

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on September 3, 2015. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit ____ prior to commencing work under this Agreement.
6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

Purchase Requisition # R88029

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: Modify insurance limits to CGL \$1mm per occurrence
Other: and \$2mm aggregate with \$5mm umbrella

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any Insurance requirements in this Agreement:

CSA
Superintendent

DVell
General Counsel

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Name: Hotel Nikko San Francisco
Attn: Faina Akseirud
Address: 222 Mason Street
San Francisco, Ca 94102
Phone: 415-394-1184
Fax: 415-394-1179
Tax ID #: 94-3050442

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

Hotel Nikko San Francisco

Name of Company/Organization or Independent Contractor/Consultant

By: Liane Cismowski 9.8.15
Signature of Principal/Budget Administrator Date

By: [Signature] 9.30.15
Signature of Contractor/Consultant Date

Title: Liane Cismowski, Principal
Print Name and Title

Title: Faina Akselrud,
Print Name and Title

Authorized and Approved by:

[Signature] 11/10/15
Superintendent or Designee Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

MDHS/Student Body

Originator's Signature _____ Date _____

Site/Department Originating this Contract _____

Scott Ananos, ASB Advisor
Print Name of Originator and Title

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

MDHS ASB
2450 Grant St
Concord, Ca 94520

Distribution
original: Fiscal Services for payment
copy: Contractor
copy: Originator/Budget Administrator

EXHIBIT A

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE

Services for Senior Prom to include:

5/7/2016 6:30pm Photography Room	250
Coatcheck	2
Registration	6
Dancing	250
Hors d'oeuvres Reception	250

Deposit of \$5200.00 to be sent to Hotel Nikko San Francisco by September 9, 2015.

Balance to be paid as follows:

\$5000.00 On or before December 14, 2015

\$5000.00 On or before February 15, 2016

\$2200.00 On or before April 18, 2016


EXHIBIT B
Contractor REQUIRED to Complete
CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District
Consultant/Independent Contractor Agreement - Criminal Background Check

Name of Independent Consultant/Contractor:		Hotel Nikko San Francisco
Services to be performed under the Agreement:		Senior Prom Event
Schools/Locations where services will be performed:		Hotel Nikko San Francisco
Total amount to be paid by the District under this Agreement:		\$ 17,400.00
Term of Agreement:		5/7/2016
<i>Check the applicable box(es) and fill in any blanks.</i>		
1	<input checked="" type="checkbox"/>	I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input type="checkbox"/>	If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	<input type="checkbox"/>	I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

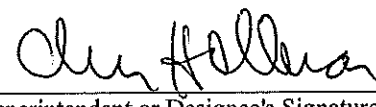
"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."



 Independent Contractor/Consultant Signature
 Faina Akselrud

 Print Name
 7.11.15

 Date
 Independent Contractor/Consultant



 Superintendent or Designee's Signature
 Chris Holleran

 Print Name
 11/10/15

 Date
 Superintendent or Designee's Signature



hotel nikko san francisco

September 3, 2015

Ms. Liane Cismowski
Principal

Mr. Scott Ananos
Senior Class Advisor

Mr. Diablo High School 2016 Senior Prom

2450 Grant Street
Concord, Ca 94520

Dear Ms. Cismowski & Mr. Ananos,

Thank you for selecting Hotel Nikko San Francisco for your upcoming function. This agreement is made and entered into as of September 3, 2015 between Hotel Nikko San Francisco (hereinafter referred to as the "Hotel" or "We") and Mr. Diablo High School (hereinafter referred to as "Your Organization" or "You" or "Your"). In consideration of the provisions set forth below, the parties agree as follows:

OPTION STATUS

This block of rooms and/or event space is being held for You on a tentative first-option basis. When We receive a duly executed original of Your acceptance of this offer, it shall constitute a binding agreement by both parties consistent with the terms and conditions contained in this Agreement.

If We do not receive Your acceptance by Wednesday, September 9, 2015, this option shall terminate and the Hotel shall have the right to contract with other parties for the use of all or part of the room block and other facilities described in this Agreement, without any further notice or obligation to You.

In the event We have a request from others for Your dates prior to Wednesday, September 9, 2015, and We have not received Your acceptance, We will contact You for a decision. If We do not receive Your signed acceptance within two (2) business days after our contact with You, We may contract with another party, without any notice or obligation to You.

If this agreement is returned signed, but with changes, it shall not constitute an acceptance, but rather a counter-offer by you, which may be accepted or rejected by the Hotel in its sole discretion. No alteration or variation of the terms of this agreement shall be valid unless made in writing and signed or initialed by both parties, and no oral understanding not incorporated in this agreement shall be binding on either party.

Currently, we are holding the following tentative reservation for your group:

2016EVENT AGENDA

Date	Start Time	End Time	Function	Setup	Agr	Room Rental	Est Food
5/7/2016	6:30PM	11:30PM	Photography Room	Special	250		
5/7/2016	6:30 PM	12:00 AM	Coatcheck	Special	2		
5/7/2016	7:00 PM	12:00 AM	Registration	Registration	6		
5/7/2016	7:00 PM	12:00 AM	Dancing	Special	250		
5/7/2016	8:00 PM	10:00 PM	Hors d'oeuvres Reception	Rounds of 10	250	complimentary	\$16,750.00

Function rooms are assigned according to the number of persons expected to attend, and may be changed by the Hotel if attendance or other circumstances change. In such event, the Hotel will provide alternate, suitable arrangements to meet the requirements of your group as outlined in this Agreement.

FOOD AND BEVERAGE MINIMUM

A Meeting Room Rental Fee will be waived for all of the space listed above. In addition, You agree to purchase a minimum of \$16,750.00 inclusive of service charge and sales tax, in food and beverage during the event. If the minimum is not met, You agree to pay the difference as additional room rental fees.

COMPLIMENTARY ITEMS

Hotel Nikko agrees to the following complimentary items:

- (1) Complimentary Suite for Event Planner/Advisor for night of event
- (1) Complimentary Parking Pass for the evening of the event
- Complimentary Coffee / Tea for (20) Chaperons
- Complimentary Meeting Room Rental
- Complimentary use of the Chaperons, Coat Check and Photography Rooms
- Client to use own entertainer / DJ at no additional charge
- 2016 Prom Package Pricing

DAILY VALET PARKING

Hotel Nikko San Francisco is pleased to offer valet parking for the day of your meeting. Convenient valet parking is located in our Porte Cochere at \$15.00 for the first hour and \$5.00 per each additional half hour (maximum of \$50.00 per 24-hour period).

Please note that our garage has limited spaces and this rate is based on availability. Additional self-parking can be arranged across the street if necessary.

DEPOSIT & BILLING INFORMATION

To confirm the above reservation on a definite basis, please sign, date and return this letter, along with a non-refundable deposit of \$ 5,200.00 to my attention before Wednesday, September 9, 2015. Please send to:

Faina Akselrud
Hotel Nikko San Francisco
222 Mason Street
San Francisco, CA 94102

Method of payment: Prepayment by check Credit Card

Invoice to be sent to:
 NAME:
 ADDRESS:
 CITY, STATE, ZIP:
 PHONE NUMBER:
 EMAIL:

Invoice Preferred Method: Email Mailed Hard Copy

Prepayment – If your event is on a pre-payment basis, full payment of the estimated charge based on the contract needs to be received 2 weeks prior to the event and a credit card authorization must be submitted to the hotel for any overages. Hotel will preauthorize any remaining balance 7 days prior to the event and credit card will be charged upon conclusion of the event and completion of the final bill.

CREDIT CARD GUARANTEE

Regardless of payment option chosen above, a credit card authorization will be sent to You after receipt of signed contract and must be completed in order for booking to be considered finalized and definite. You will receive an email from "Hotel Nikko San Francisco Billing" with a link that will allow You to provide your credit card through CeloPay, a PCI Compliant confidential billing system for credit card authorizations. Your credit card will serve

as a guarantee for all charges as outlined above. If You have selected to pay your Deposit and/or other charges with this card, it will be charged for those purposes specifically indicated by You upon completing the secure link referenced above.

TERMS AND CONDITIONS

PROM GUIDELINES:

Students

- *Students or parents are not allowed to reserve guestrooms at Hotel Nikko San Francisco on the evening of the event.*
- *All students must remain on the event floor during the event. This will be monitored by the school.*

Faculty/Chaperones

- *School Faculty shall be in contact with hotel up to one hour before and one hour after specified times of event.*
- *Faculty/Student Ratio - 1 faculty/chaperone per every 50 students in attendance*

Security

- *Hotel Nikko Security Staff Ratio - 1 officer per every 100 students in attendance (minimum 2 staff required)*
- *Hotel Security will be scheduled one hour prior to start time and one hour after event end time*
- *Hotel Security is \$50.00 per hour/per officer*

Coat Check

- *Coat Check can be staffed by the hotel @ \$75.00 per hour/per attendant or the school may provide staffing*
- *Set-up fee \$150.00 + tax (included tables, coat racks, hangers & tickets) for the coat check room if staffing is provided by the school, waived.*

MENU: Menu selection and set-up details should be arranged 30 days in advance of your event. Menu prices can be guaranteed up to (3) months prior to the scheduled date of a function.

MEETING ROOM SET: Changes to the meeting room set-up, after the room has been set, per the contract, can result in additional charges.

DAMAGE: Customer agrees to be responsible for any damage done to the function room or any other part of the Hotel by the Guest, the attendees, employees, independent contractors or other agents under Guest's control.

GUARANTEE: The guarantee number must be submitted to the hotel no later than **72 business hours** prior to the scheduled function. It is the responsibility of the group representative to provide the guarantee number. If a guarantee number is not provided, the original expected number will be used for preparation and billing. Guarantees are not subject to reduction and charges will be made accordingly. The Hotel will not be responsible for service to more than 5% over and above the guarantee. Should the guarantee be increased within seventy-two (72) hours prior to the start of the function(s), the Hotel will apply a 25% food and beverage surcharge to the additional guests and/or apply changes to the menu to meet the Client's requests. The 5% over set will not apply when the count is increased within seventy-two (72) hours.

OVERSET: For any group of 50 people or greater, we will over set the room by 5%, but not to exceed one table of 10 guests.

LABOR FEES:

- A labor fee of \$100.00 will apply to all hot breakfasts and all luncheons with 25 guests or under.
- A labor fee of \$150.00 will apply to all dinners with 25 guests or under.
- A labor fee of \$150.00 (for the first 2 hours) plus 8.75% sales tax will apply to all food station attendants, tray passers, carvers, and coat check attendants, and \$75.00 per hour thereafter

OVERTIME: An overtime charge of \$75.00 per server per hour, or any fraction thereof, will be charged for events exceeding the contracted times.

DECORATIONS: Arrangements for floral centerpieces, specialty linens and props may be made through your Catering Manager. The catering manager must approve all decorations prior to arrival. Items may not be attached to any stationary surface with nails, staples, tape or any other substance.

BANNERS: No items may be affixed to the walls or doors. With advance notice, our banquet and engineering staff will be happy to assist with banner hanging. Additional charges will apply.

SIGNAGE: All customer signage must have Hotel Nikko San Francisco approval prior to posting. Customer signs are not allowed in the main lobby of the hotel.

ELECTRICAL CHARGES: Hotel Nikko San Francisco can accommodate any electrical need; however, there may be charges for additional electrical requirements beyond the standard capacity. Please consult with your catering manager for details.

AUDIO/VISUAL EQUIPMENT: Hotel Nikko San Francisco has proudly selected PSAV Presentation Services as our full service onsite audio visual service provider. In order to help ensure a positive meeting experience, Hotel Nikko San Francisco highly recommends utilizing PSAV Presentation Services for all of your audio visual needs. Pricing of equipment rental is included with your contract packet. The onsite PSAV Presentation Services Sales Manager is available to assist with creative planning and consultation in regards to your overall event. Please advise the PSAV Presentation Services Sales Manager of your requirements. If you choose to not use PSAV Presentation Services as your audio visual service provider, please contact the PSAV Presentation Services Sales Manager for a copy of the most current Outside AV Vendor Production Guidelines. In this case, additional charges may apply. Charges for any damage done to the Hotel by the Group's outside A/V vendor will be credited to the Group's master account. The Group will retain full responsibility for the conduct of its outside vendor.

PACKAGE HANDLING: Hotel Nikko is proud to partner with The UPS Store Business Center for all package handling requirements. To ensure proper handling when mailing packaged material to the Hotel, please clearly indicate the following:

HOTEL NIKKO SAN FRANCISCO
c/o "Faina Akselrud"
 222 MASON STREET
 SAN FRANCISCO, CA 94102

HOLD FOR: "YOUR NAME, GROUP NAME, MEETING DATES"

Please note that a parcel movement/handling fee will be charged as follows (Incoming/Outgoing):

Letters and Parcels (Inbound and Outbound)	
Carrier Letter / Pak	\$6.00
1-10 lbs	\$6.00
11-20 lbs	\$10.00
21-40 lbs	\$25.00
41-60 lbs	\$45.00
61-100 lbs	\$80.00
101+ lbs	\$.80/lb
Pelican Case	\$75.00
Freight (Inbound and Outbound)	
Crate	\$.80/lb
Pallet	\$250.00

The UPS Store Business Center is prepared to receive parcels relating to your meeting or event. Should you require storage for your materials the fees above will include storage for up to four (4) calendar days, any parcels stored beyond four (4) days will incur a 10% storage fee per parcel per day. All parcel handling fees, including exhibitors' packages, will be billed to the master account unless specified otherwise.

SERVICE CHARGES: All food and beverage is subject to 22% service charge and 8.75% sales tax.

CITY OCCUPANCY TAX: Per the City and County of San Francisco, occupancy tax of 14% will apply to all meeting room set up fees. This occupancy tax will not be charged if food and beverage is ordered.

RESPONSIBILITY: The hotel will not accept any responsibility for damage to or loss of any merchandise or articles left in the hotel prior to, during, or following the customer's function.

FORCE MAJEURE: The performance of this Agreement by either party is subject to acts of God, war, terrorism, government regulations, disaster, fire, civil disorders, or other emergencies, any of which make it illegal or impossible for Hotel Nikko San Francisco to provide, or for the organization to use, the facilities and/or services for this meeting. It is provided that this Agreement may be terminated without penalty for any one or more of such reasons by written notice from one party to the other.

CANCELLATIONS:

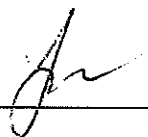
<u>Date of Cancellation</u>	<u>Damages</u>
0 through 30 days prior to the event	100% of the total net estimated charges-\$17,400.00
31 through 60 days prior to the event	80% of the total net estimated charges-\$13,920.00
61 through 90 days prior to the event	50% of the total net estimated charges-\$8,700.00
+90 days prior to the event	40% of the total net estimated charges \$6,960.00

CURRENT ESTIMATED CHARGES	
Food & Beverage	
Service Charge - 22%	\$ -
Sales Tax - 8.75%	\$ -
F&B SUBTOTAL	\$ 16,750.00
Meeting Room Rental (w/o F&B)	\$ -
Occupancy Tax - 14%	\$ -
SUBTOTAL	\$ -
Meeting Room Rental (w/ F&B)	\$ -
Sales Tax - 8.75%	\$ -
SUBTOTAL	\$ -
Guest Rooms	\$ -
Occupancy Tax - 16.315%	\$ -
SUBTOTAL	\$ -
Misc. Charges(2 security officers)	\$650.00
Sales Tax - 8.75%	\$ -
SUBTOTAL	\$ 650.00
AV Charges	\$ -
SUBTOTAL	\$ -
TOTAL	\$ 17,400.00

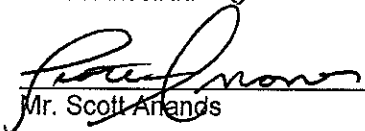
This agreement (and any additional pages attached hereto) constitutes the entire agreement between the parties and may not be amended or changed unless done so in writing and signed by Hotel Nikko San Francisco and Mt. Diablo High School.

Mr. Ananos, on behalf of the staff and management of Hotel Nikko San Francisco, thank you. We all look forward to working with you to make this a most successful event. To answer any questions you may have regarding our services or facilities, please contact me directly at 415-394-1184 or via email at fakselrud@hotelnikkosf.com.


Best regards,



Faina Akselrud Director of Catering Date 9.11.15



Mr. Scott Ananos Senior Class Advisor Date 9/8/15



Ms. Liane Cismowski Principal Date 9.8.15

Hotel Nikko San Francisco is not bound to honor this agreement without Director approval.

Director Approved:		Date:	
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It is our understanding that the individual whose signature appears above has been authorized and empowered by Mt. Diablo High School to approve this agreement.

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Datam SF, LLC		
	Business name/disregarded entity name, if different from above Hotel Nikko San Francisco		
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 222 Mason Street		Requester's name and address (optional)
	City, state, and ZIP code San Francisco, CA 94102		
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
9 4 - 3 0 5 0 4 4 2	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>P. Specton</i>	Date ▶ <i>01.22.2015</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES CA LICENSE #0437153 777 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017 Attn: LosAngeles.certrequest@marsh.com 452006-STND-GAU-15-16	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
INSURED DATAM S.F. LLC 222 MASON STREET SAN FRANCISCO, CA 94102	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Tokio Marine America Insurance Company (TMAIC)			10945
	INSURER B: ACE Property & Casualty Insurance Co.			20699
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

COVERAGES **CERTIFICATE NUMBER:** LOS-001974876-04 **REVISION NUMBER:** 5

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEDUCTIBLE: \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		CLL6403803-06	11/01/2015	11/01/2016	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA6404804-05	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		G26783173	11/01/2015	11/01/2016	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Senior Prom Event on Saturday, May 7, 2016 at Hotel Nikko San Francisco.

ML Diablo Unified School District, its officers, employees and volunteers are Additional Insured as per attached General Liability endorsement form # GL9 04 015 02 04 (Section 1, page 1 of 5) where required by written contract with respect to the referenced event.

CERTIFICATE HOLDER CANCELLATION

ML Diablo Unified School District ML Diablo High School Attn: Debbie Woods, Office Manager 2450 Grant Street Concord, CA 94520-2297	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 of Marsh Risk & Insurance Services Mario Pineda <i>Mario V. Pineda</i>
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TOKIO MARINE AMERICA INSURANCE COMPANY
Commercial General Liability

This endorsement changes policy CLL6403803-06 to which it is attached and is effective 11-01-2015 at 12:01 a.m. standard time at the Insured's mailing address.

Issued to: **DATAM SF, LLC DBA: HOTEL NIKKO**
Issued by: **TOKIO MARINE AMERICA INSURANCE COMPANY**
Producer: **NATIONAL SPECIALTY UNDERWRITERS, INC.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOTEL PROGRAM GENERAL LIABILITY AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

1. Automatic Additional Insureds

SECTION II - WHO IS AN INSURED is amended to include as an insured:

- a. any person or organization, if you are required to do so under a written contract, agreement or permit, but only with respect to liability arising out of your operations or premises owned by or rented to you.

However, the insurance provided by this paragraph (1), for Automatic Additional Insureds does not apply to:

- (1) Any written contract or agreement that was executed subsequent to the "bodily injury", "property damage", "personal injury" or "advertising injury";
 - (2) Any permit that was issued subsequent to the "bodily injury", "property damage", "personal injury" or "advertising injury"; or
 - (3) Any written contract or agreement with a vendor for the distribution or sale of "your products".
- b. any person(s) using or legally responsible for the use of golf carts loaned or rented to others by you or any of your concessionaires but only for their liability arising out of the use of such golf carts.
- c. any person(s) using with your permission or legally responsible for the use of a watercraft you own which is less than 55 feet.
- d. any person(s) using or legally responsible for the use of draft or saddle animals or vehicles for use with them, provided the use is by you or by others with your permission.

2. Bodily Injury to Fellow Employees

SECTION II - WHO IS AN INSURED, Paragraph 2.a. (1) (a) is replaced by the following:

- (a) To you, to your partners or members (if you are a partnership or joint venture), or to your members (if you are a limited liability company);

SECTION II - WHO IS AN INSURED Paragraph 2.a (1) (b) does not apply; and

Commercial General Liability

SECTION II – WHO IS AN INSURED Paragraph 3.a. does not apply.

3. Broad Form Named Insured

a. The following is added to SECTION II - WHO IS AN INSURED, Paragraph 1.:

f. Any organization and subsidiary thereof which is a legal entity of which you own with a financial interest of more than 50% of the voting stock. However, this insurance does not apply to:

- (1) "Bodily injury", "property damage", "personal injury" or "advertising injury" with respect to which an insured under this Coverage Part is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance;
- (2) "Bodily injury" or "property damage" that occurred before you acquired or formed the organization;
- (3) "Personal injury" or "advertising injury" arising out of an offense committed before you acquired or formed the organization.

b. The final paragraph of SECTION II - WHO IS AN INSURED is replaced by the following:

You are an insured with respect to liability arising out of any current or past partnership or joint venture, but only with respect to your interest in such current or past partnership or joint venture. No other person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

4. Chartered Aircraft Coverage

The following is added to SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions, subparagraph g. Aircraft, Auto or Watercraft:

(6) "Bodily injury" or "property damage" arising out of the operation of aircraft with crew that you reserve, book, arrange, or charter for your guests.

5. Damage to Premises

a. The last paragraph of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is replaced by the following:

Exclusions c. through n. do not apply to damage to premises while rented to you or temporarily occupied by you with permission of the owner. The Damage To Premises Rented To You Limit as described in paragraph 6. of SECTION III - LIMITS OF INSURANCE and as shown on the Declarations applies to the sum of all damages arising out of the coverage afforded by this paragraph.

b. SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, Condition 4. Other Insurance, Paragraph b.(1)(b) is replaced by the following:

(b) That provides damage insurance for premises rented to you or temporarily occupied by you with permission of the owner;

6. Earlier Notice of Cancellation

For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation, as provided in COMMON POLICY CONDITIONS, a. CANCELLATION, Paragraph 2. or as amended by an applicable state amendatory endorsement, is increased to 90 days.

7. Health Care Services Limited Coverage

SECTION II – WHO IS AN INSURED, Paragraph 2.a.(1)(d) is replaced with the following:

(d) Arising out of his or her providing or failing to provide “professional health care services”.

The following definition is added to SECTION V - DEFINITIONS:

“Professional Health Care Services” means:

- a. Any dental, medical, mental, nursing, surgical, x-ray, chiropractic professional service, including any pharmacist, optometrist or ophthalmologist professional service, and also including any advice, instruction, food or beverage provided with such service;
- b. The dispensing of drugs or medical or dental supplies and appliances; and
- c. The handling or treatment of corpses, including autopsies, organ donations, and other postmortem procedures.

8. Knowledge of an Occurrence, Offense, Claim or Suit

The following is added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, Condition 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit:

However, notwithstanding paragraphs a., b., c. and d. above, you will not be considered to have knowledge of an “occurrence”, offense, claim or “suit” until such time as an:

- a. “Executive officer” or owner if you are a corporation;
- b. Any partner or member if you are a partnership or joint venture;
- c. Any member or manager if you are a limited liability company; or
- d. You if you are an individual.

has been notified of, or is aware of an “occurrence”.

You will also not be required to send us notice of such “occurrence” until the one of the individuals noted above have knowledge of the “occurrence”, offense, claim or “suit”.

If you notify your Workers Compensation carrier of an “occurrence” which appears to be a compensation claim but which subsequently develops into an “occurrence” which is covered by this insurance, you must see to it that we are notified of the “occurrence” only when it becomes evident that the claim was caused by an “occurrence” that is covered by this insurance.

9. Mental Anguish and Emotional Distress

SECTION V – DEFINITIONS, Definition 3. “Bodily injury” is replaced by the following:

3. “Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish, emotional distress or death resulting from any of these at any time.

10. Motor Vehicle Laws

The following are added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS:

- a. When this Coverage Part is certified as proof of financial responsibility for the future under the provisions of any motor vehicle financial responsibility law, the insurance provided by the coverage part for Bodily Injury Liability or Property Damage Liability will comply with the provisions of the law to the extent of the coverage and limits of insurance required by that law.

Commercial General Liability

- b. With respect to "mobile equipment" to which this insurance applies, we will provide any liability, uninsured motorists, underinsured motorists, no-fault or other coverages required by any motor vehicle insurance law. We will provide the required limits for those coverages.

12. Newly Acquired Organizations

SECTION II – WHO IS AN INSURED, Paragraph 4.a. is replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period;

13. Non-owned Watercraft

- a. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, g. "Aircraft, Auto or Watercraft", subparagraphs (2)(a) and (b) are replaced by the following:

- (3) Less than 55 feet long; and
- (4) Not being used to carry persons for a per person charge or property for a charge as freight;

- b. The insurance provided by this paragraph for Non-owned Watercraft does not apply if there is any other insurance available to the insured or would be available except for the exhaustion of its limits of insurance.

14. Personal Property In The Care, Custody or Control of the Insured

- a. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions subparagraph j. Damage to Property (4) does not apply. However, this clause is amended to include a limitation on cash:

- 1. An "occurrence" includes theft of a hotel guest's cash
- 2. Tangible property includes cash.
- 3. Cash includes currency coins or traveler's checks
- 4. We will not pay more than \$25,000 for loss of a guest's cash in any one "occurrence".

15. Pollution Exclusion Exception for Hotel Building Equipment and Pesticide or Herbicide Application

The following exception is added to SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, f. Pollution:

- a. Paragraphs f. (1)(a) and f. (1)(d) do not apply to "bodily injury" or "property damage" arising out of the discharge, dispersal, seepage, migration, release or escape of pollutants from chlorine equipment, refrigeration equipment, ventilation equipment, air conditioning equipment, or the escape, discharge, dispersal or release of substances from swimming pools or garages.
- b. Paragraph f. (1)(d) does not apply if the storage, use and application meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government which apply to the application of pesticides or herbicides.

16. Pollution - Limited Event Coverage

The following is added to SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, f. Pollution:

This exclusion does not apply to:

Commercial General Liability

"Bodily injury", "property damage", or medical expenses that result from a "sudden and accidental pollution event" which:

- a. Begins while this agreement is in effect;
- b. Takes place at, on, in, or from an "insured's" premises or "insured's" work site, other than a waste site;
- c. Does not result from pollution work by or for any "insured" or others; and
- d. Does not result from your intentional and willful violation of any governmental law, regulation, or rule.

But we will consider all covered "bodily injury", "property damage", and medical expenses that result from a "sudden and accidental pollution event" to have happened or to have occurred at the time the "sudden and accidental pollution event" begins, regardless of when such:

- a. "Bodily injury" or "property damage" actually happens; or
- b. Medical expenses are actually incurred.

The following definition is added to SECTION V - DEFINITIONS:

"Sudden and accidental pollution event" means:

- a. The discharge, dispersal, escape, or release of a pollutant that is "sudden" and "accidental";
- b. The event begins on a specific date and at a specific time while this agreement is in effect;
- c. You attempt to end it as soon as possible after it begins; and
- d. It is reported to us by protected person within 31 days after it begins.

"Sudden" means abrupt and immediate.

"Accidental" means unexpected and unintended.

17. "Products-Completed Operations Hazard" Amended Definition

SECTION V – DEFINITIONS, 16. "products-completed operations hazard", paragraph a. is amended to read:

- a. Includes all "bodily injury" and "property damage" that arises out of "your products" or "your work" if the "bodily injury" and "property damage" occurs after the products leave your possession or the work is completed, except subparagraphs (1) and (2) remain unchanged.

18. Unintentional Errors and Omissions

The following is added to SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations:

However, coverage afforded by this policy will not be adversely affected by any inadvertent error or omission made by you in describing your premises or operations for the purpose of obtaining this insurance.