

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY
07/22/2024

							07/2	22/2024	
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, 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).									
Willis Towers Watson Southeast, Inc.	PRODUCER Willis Towers Watson Southeast, Inc.			CONTACT WTW Certificate Center PHONE 1 000 467 0000					
c/o 26 Century Blvd				(A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378					
P.O. Box 305191 Nashville, TN 372305191 USA			AD	ADDRESS: Certificates@wtwco.com					
				INSURER(S) AFFORDING COVERAGE INSURERA: Great American Insurance Company				NAIC # 16691	
INSURED				INSURER B: Hartford Accident and Indemnity Company				22357	
Spectrum Center, Inc.				INSURER B: Har erford Accident and Indemnity company INSURER C: QBE Insurance Corporation				39217	
5201 Virginia Way Brentwood, TN 37207				INSURER D: Ascot Specialty Insurance Company				45055	
				INSURER E: Crum & Forster Specialty Insurance Compan				44520	
				INSURER F :					
COVERAGES CEF	RTIFIC	CATE	E NUMBER: W34329678			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES									
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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S		
X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
A						MED EXP (Any one person)	\$	5,000	
	Y		GLP5126110 02	07/15/2024	06/01/2025	PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000	
OTHER:						COMBINED SINGLE LIMIT	\$		
						(Ea accident)	\$	1,000,000	
A ANY AUTO			CAP5126111 01	07/15/2024	06/01/2025	BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED			CAPSIZ6III UI	07/15/2024	06/01/2025	· · · ·	\$ \$		
AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								5,000,000	
A EXCESS LIAB CLAIMS-MADE	Y		UMB5126112 02	07/15/2024	06/01/2025	EACH OCCURRENCE AGGREGATE	\$\$	5,000,000	
DED X RETENTION \$ 10,000	-					AGGREGATE	\$		
WORKERS COMPENSATION						X PER OTH- STATUTE ER	Ψ		
B ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		20 WN \$52503	07/15/2024	06/01/2025	E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							\$	1,000,000	
C Excess Umbrella			140001830	07/15/2024	06/01/2025		\$5,000	,000	
						Aggregate	\$5,000,	,000	
			<u> </u>			Retention:	\$10,000)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	0 101, Additional Remarks Schedule, m	ay be attached if more	e space is require	ed)			
SEE ATTACHED									
CERTIFICATE HOLDER			C/	ANCELLATION					
			· · ·	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Mt. Diablo Unified School District				AUTHORIZED REPRESENTATIVE					
Risk Management Department									
1026 Carlotta Daire				^	1,				
1936 Carlotta Drive				N~	1,				

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AGENCY CUSTOMER ID: ______ LOC #: _____

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ACORD ADE	VITIONAL REMA	RKS SCHEDULE	Page 2 of 2			
AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 5201 Virginia Way				
POLICY NUMBER See Page 1		Brentwood, TN 37207				
CARRIER See Page 1	NAIC CODE See Page 1	1 EFFECTIVE DATE: See Page 1				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHE	DULE TO ACORD FORM,					
FORM NUMBER: 25 FORM TITLE: Ce	rtificate of Liability	Insurance				
It is agreed that Mt. Diablo Unified a Additional Insureds as respects Genera						
INSURER AFFORDING COVERAGE: Ascot Spec POLICY NUMBER: ESXS2410000280-04	cialty Insurance Compar EFF DATE: 07/15/2024	ny EXP DATE: 06/01/2025	NAIC#: 45055			
TYPE OF INSURANCE: LIMIT	DESCRIPTION:	LIMIT AMOUNT:				
	Occurrence	\$5,000,000				
\$5,000,000 Excess \$10,000,000 Aggre	gate	\$5,000,000				
INSURER AFFORDING COVERAGE: Crum & Fo POLICY NUMBER: SEO-131394 EFF DAT		nce Company DATE: 06/01/2025	NAIC#: 44520			
TYPE OF INSURANCE: LIMIT	DESCRIPTION:	LIMIT AMOUNT:				
-	Occurrence	\$5,000,000				
\$5M part of \$10M xs \$15M Aggree	gate	\$5,000,000				