

ACORD[®]

CERTIFICATE OF LIABILITY INSURANCE

KHARENCAME

7/1/2021

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).

PRODUCER License # 0K07568	CONTACT Rebecca Burns						
ANTREO Insurance Brokerage	PHONE (A/C, No, Ext): (707) 303-2533 FAX (A/C, No): (707) 546-2915						
00 Stony Point Rd, Suite 160 Santa Rosa, CA 95401	E-MAIL ADDRESS: rburns@vantreo.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : QBE Insurance Corporation	39217A					
NSURED	INSURER B: State Compensation Insurance Fund - SCIF 35076						
Bay Area Community Resources, Inc.	INSURER C: Nonprofits' Insurance Alliance of California	NAIC					
171 Carlos Drive	INSURER D: Certain Underwriters at Lloyd's, London						
San Rafael, CA 94903-2005	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH			IITS SHOWN MAY HAVE BEEN F					
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	,,	EACH OCCURRENCE	\$ 1,000	•
	CLAIMS-MADE X OCCUR	Х	202	21-19709	7/1/2021	7/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500),000
							MED EXP (Any one person)	\$ 20	,000
							PERSONAL & ADV INJURY	\$ 1,000	•
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000	,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000	,000
	X OTHER: Professional Aggregate						Prof Agg	\$ 2,000	,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
	X ANY AUTO		2021-19709	21-19709	7/1/2021	7/1/2022	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 10,000	,
	EXCESS LIAB CLAIMS-MADE		202	21-19709-UMB	7/1/2021	7/1/2022	AGGREGATE	\$ 10,000	,000
	DED X RETENTION \$ 10,000							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		923	233948-2021 7/1/	7/1/2021	7/1/2022	E.L. EACH ACCIDENT	\$ 1,000	,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С	Abuse Limit		202	21-19709	7/1/2021	7/1/2022	Aggregate	2,000	,000
D	Cyber		ES	K0032196220	7/1/2021	7/1/2022	Liability	1,000	,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mt. Diablo Unified School District is additional insured in regards to general liability per attached form.

CERTIFICATE HOLDER	CANCELLATION

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519 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

Rebecca

POLICY NUMBER: 2021-19709

Named Insured: Bay Area Community Resources* CG 20 26 12 19

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):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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:
 - 1. In the performance of your ongoing operations;
 - 2. In connection with your premises owned by or rented to you.

However:

- **1.** The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. 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.