

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2023

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 h	nolder in lieu of s			
PRODUCER		NAME: Michelle Gonzalez		
Arthur J. Gallagher Risk Management Services, LLC		PHONE (A/C, No, Ext): 818-539-8630 FAX (A/C, No):		
500 N Brand Boulevard, Suite 100 Glendale CA 91203		E-MAIL ADDRESS: Michelle_Gonzalez@ajg.com		
		INSURER(S) AFFORDING COVERAGE	NAIC#	
	License#: 0D69293	INSURER A: Merchants National Insurance Company	12775	
INSURED	THENEWT-01		18058	
TNTP, Inc. 500 7th Avenue, 8th Floor		INSURER C : Berkshire Hathaway Homestate Insurance Company	20044	
New York, NY 10018		INSURER D:		
		INSURER E ::		
		INSURER F:		
COVERAGES CERTIFICATE NUMB	BER: 1614421453	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L	ISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLI	CY PERIOD	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER	M OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO N	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS S		ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T BEEN REDUCED BY PAID CLAIMS.	HE TERIVIO,	
INSR TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY EXP LIMITS		

INSR LTR	TYPE OF INS	BURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
В	X COMMERCIAL GEN	TV T	Y		PHPK2637761	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CDAING-WADE	OCCOR						MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMI	T APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO	LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:								\$
В	AUTOMOBILE LIABILITY				PHPK2637761	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		1.01.00							\$
Α	UMBRELLA LIAB	X OCCUR			EXL0001472	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$ 10,000,000
	DED RETEN	TION \$	1						\$
С	WORKERS COMPENSATI	TT/			TNWC430006	9/30/2023	9/30/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTN	ER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBEREXCLU (Mandatory in NH)	DED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERA	TIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
В	Professional Liability Retro Date: 10/22/2001 Claims-Made form				PHPK2637761	1/1/2024	1/1/2025	Each Claim Aggregate	\$1,000,000 \$3,000,000

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

Policy: Sexual Abuse Liability Policy Term: 1/1/2024 to 1/1/2025 Policy Number: PHPK2637761

Carrier: Philadelphia Indemnity Insurance Company Each Claim: \$1,000,000 / Aggregate: \$3,000,000

Policy: Cyber Liability Policy Term: 1/1/2024 to 1/1/2025

See Áttached...

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1936 Carlotta Drive Concord CA 94519	AUTHORIZED REPRESENTATIVE Melusia

		ווי THENEWT-01
AGENCY	CUSTOMER	MO. IMENEVVI-UI



ACORD	ADDITION A	AL REMA	ARKS SCHEDULE	Page 1 of
GENCY Arthur J. Gallagher Risk Manageme	ent Services, LLC		NAMED INSURED TNTP, Inc.	
DLICY NUMBER			500 7th Avenue, 8th Floor New York, NY 10018	
		NAIC CODE	-	
RRIER		NAIC CODE	EFFECTIVE DATE:	
DDITIONAL REMARKS			E	
IIS ADDITIONAL REMARKS FOR	RM IS A SCHEDULE TO AC	CORD FORM,		
ORM NUMBER:25 FOR	RM TITLE: CERTIFICATE O	OF LIABILITY I	NSURANCE	
olicy Number: W340FC240201 Arrier: Underwriters at Lloyd's Londo Igregate Limit \$5,000,000 / Retention	on on \$50,000			
e District, its officers, officials, emp	oloyees, and volunteers are	named addition	al insured with respect to the operations of the	e named insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED 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)	Location(s) Of Covered Operations			
The District, its officers, officials, employees, and volunteers	All Insured Premises and Operations			
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:
 - 1. Your acts or omissions; or
 - **2.** The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. 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.