



CERTIFICATE OF LIABILITY INSURANCE

SIERR-8 OP ID: JA

DATE (MM/DD/YYYY)
06/26/14

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 TIB Transportation Ins Brokers 425 West Broadway, Suite 400 Glendale, CA 91204	Phone: 818-246-2800	CONTACT NAME: Janette Monti
	Fax: 818-246-4690	PHONE (A/C, No, Ext): E-MAIL ADDRESS: jmonti@tibinsurance.com
		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE
		NAIC #
		INSURER A : Lancer Insurance Company
		26077
INSURED SIERRA LINES, INC. DBA: SIERRA PACIFIC TOURS P O Box 6084 Concord, CA 94524	INSURER B :	
	INSURER C :	
	INSURER D :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	GL157143#7	07/01/14	07/01/15	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ NOT COVERED
							\$
	AUTOMOBILE LIABILITY	X	BA162173#7	07/01/14	07/01/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB					EACH OCCURRENCE	\$
	EXCESS LIAB					AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED BUT ONLY TO THE EXTENT THE CERTIFICATE HOLDER IS HELD LIABLE FOR THE CONDUCT OF THE NAMED INSURED.

CERTIFICATE HOLDER MOUNTDI Mt Diablo Unified School District Attn: Transportation 1490 Gasoline Alley Concord, CA 94520	CANCELLATION 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 

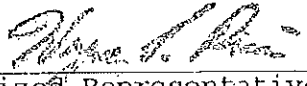
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ENDORSEMENT

This endorsement, effective on 07-01-2014 at 12:01 A.M. standard time, forms
a part of Policy No. BA162173#7 of the Lancer Insurance Company
(Name of insurance company)

Issued to Sierra Lines, Inc. dba Sierra Pacific Tours

by Lancer Insurance Company


Authorized Representative

It is hereby understood and agreed that the following is added as Additional Insured only with respects to operation of the named insured.

Name: MOUNT DIABLO USD ATTN: TRANSPORTATION
Addr: 2326 BISSO LANE
CONCORD, CA 94520

Name: NAPA VALLEY UNIFIED SCHOOL DISTRICT
Addr: 1340 MENLO AVE.
NAPA, CA 94558

Name: NATIONAL RAILROAD PASSENGER ASSOCIATION MB #12
Addr: 2955 MARKET ST., 5TH FL SOUTH
PHILADELPHIA, PA 19104

Name: NEWARK MEMORIAL HIGH SCHOOL
Addr: 39375 CEDAR BLVD.
NEWARK, CA 94560

Name: NEWARK UNIFIED SCHOOL DISTRICT
Addr: 5715 MUSICK AVE.
NEWARK, CA 94560

Name: OAKLAND MILITARY INSTITUTE
Addr: ATTN: MSG GILBERT RODELLA 10620 MATHER BLVD.
MATHER, CA 95655

Name: OAKLAND MUSEUM OF CALIFORNIA
Addr: ATTN: MARILYN RHODES 4335 BERMUDA AVE.
OAKLAND, CA 94619

Name: OAKLAND MUSEUM OF CALIFORNIA
Addr: 1000 OAK ST
OAKLAND, CA 94607



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PRODUCER TIB Transportation Ins Brokers 425 West Broadway, Suite 400 Glendale, CA 91204	Phone: 818-246-2800 Fax: 818-246-4690	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Republic Indem Co of America	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

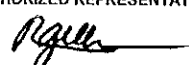
INSURED
 Sierra Pacific Tours
 P O Box 6084
 Concord, CA 94524

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	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	Y	N/A	16887110	10/01/14	10/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
 Officer exclusion applies - Roger L. Kelsey

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