



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2021

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 Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007	FAX (A/C. No):
	E-MAIL ADDRESS: contact@hiscox.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hiscox Insurance Company Inc	10200	
INSURED CARRIE WEIL 1116 Heavenly Drive MARTINEZ CA 94553	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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UDC-4872221-CGL-21	06/16/2021	06/16/2022	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Mount Diablo Unified School District are additional insured per policy's terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

Mount 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 

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Hiscox Insurance Company Inc.

Policy Number: UDC-4872221-CGL-21
Named Insured: CARRIE WEIL
Endorsement Number: 16
Endorsement Effective: June 16, 2021

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

Table with header 'Name Of Additional Insured Person(s) Or Organization(s)' and one row containing address information for Mount Diablo Unified School District.

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:
A. In the performance of your ongoing operations; or
B. In connection with your premises owned by or rented to you.



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PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007	FAX (A/C. No):
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	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 OTHER: _____						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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			UDC-4872221-EO-21	06/16/2021	06/16/2022	Each Claim: \$ 1,000,000 Aggregate: \$ 2,000,000

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

CERTIFICATE HOLDER**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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Amended auto policy declarations



Your policy effective date is February 17, 2022

Total Amount Due for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number (VIN)	Premium
2009 Honda Civic	19XFA16539E004872	\$622.08
2001 Ford Truck Escape	1FMYU04141KA03981	245.05
2017 Ram Trucks 1500 4wd	1C6RR7GT9HS578661	758.68
California Fraud Assessment Fee		2.64
Additional coverages		15.00
Total*		\$1,643.45

* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).

See the **Important payment and coverage information** section for details about installment fees.

Discounts (included in your total premium)

Anti-theft	\$7.28	Good Driver (20%)	\$388.73
Multiple Policy	\$31.53	Distinguished Driver	\$165.70
Total discounts			\$593.24

Discounts per vehicle

2009 Honda Civic		\$150.83	
Anti-theft	\$1.92	Good Driver (20%)	\$137.79
Multiple Policy	\$11.12		
2001 Ford Truck Escape		\$66.28	
Good Driver (20%)	\$61.26	Multiple Policy	\$5.02
2017 Ram Trucks 1500 4wd		\$376.13	
Anti-theft	\$5.36	Good Driver (20%)	\$189.68
Multiple Policy	\$15.39	Distinguished Driver	\$165.70

Listed drivers on your policy

Carrie Weil
Robert Christiansen

Excluded drivers from your policy

None

Information as of March 18, 2022

Summary

Named Insured(s)
Carrie Weil, Robert Christiansen

Mailing address
**1116 Heavenly Drive
Martinez CA 94553-3513**

Policy number
927 326 599

Your policy provided by
**Allstate Northbrook Indemnity
Company**

Policy period
Beginning **February 17, 2022** through
August 17, 2022 at 12:01 a.m. standard
time

Your policy change is effective
March 18, 2022

Your Allstate agency is
Jeff Macdonald
3775 Main St #B
Oakley CA 94561-5793
(925) 625-3820
JEFFMACDONALD@ALLSTATE.COM

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.



Policy number: **927 326 599**
 Policy effective date: February 17, 2022

Coverage detail for 2009 Honda Civic

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$292.68
▪ Bodily Injury	\$100,000 each person \$300,000 each occurrence		
▪ Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$500	\$219.12
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$36.62
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$46.56
Automobile Medical Payments	\$5,000 each person	Not applicable	\$27.10
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2009 Honda Civic			\$622.08

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 19XFA16539E004872

Rating information

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, rated as an extra vehicle with no assigned operator.

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 6,000 - 6,499. The annual mileage figure applicable to this vehicle for the current policy period is: 7,000 - 7,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



Coverage detail for 2001 Ford Truck Escape

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$188.29
▪ Bodily Injury	\$100,000 each person \$300,000 each occurrence		
▪ Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Not purchased*		
Auto Comprehensive Insurance	Not purchased*		
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance		Not applicable	\$40.87
▪ Bodily Injury	\$100,000 each person \$300,000 each accident		
▪ Property Damage	\$3,500 each accident		
Automobile Medical Payments	\$5,000 each person	Not applicable	\$15.89
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2001 Ford Truck Escape			\$245.05

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1FMYU04141KA03981

Rating information

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, married person licensed 37 years.

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 4,000 - 4,499. The annual mileage figure applicable to this vehicle for the current policy period is: 5,000 - 5,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



Policy number: **927 326 599**
 Policy effective date: February 17, 2022

Coverage detail for 2017 Ram Trucks 1500 4wd

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$286.61
▪ Bodily Injury	\$100,000 each person \$300,000 each occurrence		
▪ Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$500	\$280.00
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$101.81
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$65.16
Automobile Medical Payments	\$5,000 each person	Not applicable	\$25.10
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2017 Ram Trucks 1500 4wd			\$758.68

* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1C6RR7GT9HS578661

Rating information

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, married person licensed 29 years.

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 14,500 - 14,999. The annual mileage figure applicable to this vehicle for the current policy period is: 15,500 - 15,999.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



Additional coverage

The following policy coverage is also provided.

Coverage	Limits	Deductible	Premium
Automobile Death Indemnity Insurance	Not purchased*		
Automobile Disability Income Protection	Not purchased*		
Identity Theft Expenses	\$25,000 per premium period	Not applicable	\$15.00
Total			\$15.00

* **This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Automobile Policy – AU104-3
- California Amendatory Endorsement – AU14629-3
- Amendment of Policy Provisions – AU14626-1
- Identity Theft Expenses-Coverage IT – AU14256

Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

- ▶ Your rate is lower because you are insuring multiple cars.
- ▶ Your bill will be sent to you in a separate mailing and will list any payment option(s) available to you. If you are eligible to pay your premium in installments, your first bill will reflect your available payment options, including the option to pay in full or to pay in monthly installments. Please note that any amounts payable for the first renewal bill will not include an installment fee (unless you have an unpaid balance from a previous policy period, in which case the Minimum Amount Due will include an installment fee, or unless you are participating in the Allstate Easy Pay Plan). The following applies to installment payments made after your first renewal bill.

If you decide to pay your premium in installments, there will be a \$3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be \$21.00.

If you are on the Allstate® Easy Pay Plan, there will be a \$1.00 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and remain on the Allstate® Easy Pay Plan, then the total amount of installment fees during the policy period will be \$6.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Allstate® Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.



Amended auto policy declarations

Policy number:

927 326 599

Policy effective date:

February 17, 2022

Allstate Northbrook Indemnity Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.



Phil Telgenhoff
President



Susan L. Lees
Secretary