ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 10/9/15

Dilla dalahir ladansila.	n lieu of
PRODUCER Heffernan Insurance Brokers 1350 Carlback Avenue Walnut Creek, CA 94596 CA License #0564249 CONTACT NAME: NAME: PHONE (A/C,No,Ext): (A/C,No,Ext): PHONE (A/C,No,Ext): (A/C,No,Ext): Shelaine Gonsalves (A/C,No): 925-934-8500 (A/C,No): PAX (A/C,No): 925-934 (A/C,No): PHONE (A/C,No): PHONE (A/C,No): PHONE (A/C,No): PRODUCER (A/C,No): PHONE (A/C,No): PRODUCER (A/C,No)	1-8278
Heffernan Insurance Brokers 1350 Carlback Avenue Walnut Creek, CA 94596 CA License #0564249 NAME: PHONE (A/C,No,Ext): 925-934-8500 FAX (A/C,No): 925-934-8500 PAX (A/C,No)	1-8278
Walnut Creek, CA 94596 CA License #0564249 INSURERS AFFORDING COVERAGE NA	0210
CA License #0564249 INSURERS AFFORDING COVERAGE NA	
INSURERS AFFORDING COVERAGE NA	
INCLIDED A. Dhiladalahia Indemnity	IC#
INSURED	
Saint Mary's College of California	
P.O. Box 3554 Moraga CA 94575 INSURER D: INSURER E:	
INSURER E: INSURER F:	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:	
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDINOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION OF MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.	E IVIA I DE
SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR TYPE OF INSURANCE ADDL MADD MADD MADD MADD MADD MADD MAD	
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) GENERAL L LIABILITY GENERAL L LIABILITY EACH OCCURRENCE	\$1,000,000
A X COMMERCIAL GENERAL LIABILITY X PHPK1372618 08/01/15 08/01/16 DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$300,000
CLAIMS-MADE X OCCUR MED EXP (Any one person)	\$15,000
X PROFESSIONAL LIABILITY PHPK1372618 AGG \$1,000,000 08/01/15 08/01/16 PERSONAL & ADV INJURY	\$1,000,000
GENERAL AGGREGATE	\$2,000,000
GEN L. AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG	\$2,000,000
X POLICY PROJECT LOC EMPLOYEE BENEFITS COMBINED SINGLE LIMIT	\$1,000,000
AUTOMOBILE LIABILITY (Ea accident)	\$
A X ANY AUTO PHPK1372618 08/01/15 08/01/16 BODILY INJURY (Per person) SCHEDULED BODILY INJURY (Per accident)	s
X ALL OWNED AUTOS AUTOS PROPERTY DAMAGE	s
X HIRED AUTOS X AUTOS (Per accident)	\$1,000
X DAMAGE X AUTOS CONTROL CONTR	\$25,000,000
B X UMBRELLA LIAB OCCUR GLX201500369700 08/01/15 08/01/16 EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE	\$25,000,000
DED X RETENTION \$1,000,000	s
WORKERS COMPENSATION X WC STATU- TORY LIMITS OTHER	3
AND EMPLOYERS' LIABILITY ANY PROPRIETIES ANY PROPRIETIES AND LIPES C. OFFICE PRIETIES OF ANY PROPRIETIES O	\$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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: As Per Contract or Agreement on File with Insured. Mt. Diablo Unified School District is included as an additional insured on General Liability policy per the	attached
endorsement, if required.	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR	RE THE
EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE THE POLICY PROVISIONS.	E WITH
Mt. Diablo Unified School District AUTHORIZED AUTHORIZED	
1936 Carlotta Dr. Concord, CA 94519	
////w	
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Policy Number:

PHPK1372618

Insurance Co.: Named Insured:

Philadelphia Indemnity Ins. Co Saint Mary's College of California

Effective Date:

08/01/15

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 Person or Organization:

Mt. Diablo Unified School District

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as insured but only with respect to liability arising out of your operations or premises owned by or rented to you.