



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/16/2014

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).

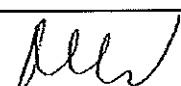
PRODUCER	Khoe & Associates 328 15th St Oakland CA 94612 Phone: 510-465-3993 Fax: 510-580-9470	CONTACT NAME:		FAX (A/C, No):	
		PHONE (A/C, No, Ext):		E-MAIL:	
		ADDRESS:	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	ANGELA BARRA 2143 ROSE ST BERKELEY CA 94709	INSURER A:	THE HARTFORD INSURANCE		
		INSURER 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	ADDITIONAL SUBROGATION WAIVED	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	57SBMBF6588	9/03/14	9/03/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
MT. DIABLO UNIFIED SCHOOL DISTRICT IS NAMED AS ADDITIONAL INSURED WITH RESPECT TO CONTRACTOR FOR SERVICES (MANAGEMENT CONSULTANT)
10 DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

CERTIFICATE HOLDER	CANCELLATION
MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR. 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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Financial Indemnity Company
 Administrative Offices Located At:
 8360 LBJ Freeway, Suite 400, Executive Center II
 Dallas, TX 75243

Financial Indemnity Company
 A part of Kemper Specialty

Mail Correspondence To:
 PO BOX 223687
 Dallas, TX 75222-3687

**California Commercial Vehicle Policy
 Amended Declaration Page**

Summary

Named Insured(s)
 ANGELA BARRA
 2143 ROSE ST
 BERKELEY CA 94709

Your Agent/Broker
 ALIVE INSURANCE SERVICES INC
 6328 FAIRMOUNT AVE STE 230
 EL CERRITO CA 94530
 510-524-3200

Policy Number	Renewal of Policy Number	Policy Period
CCFICR1625889-00		From 11/07/2013 to 11/07/2014 12:01 a.m. standard time at the address of the named insured as stated herein.

Effective Date of Policy Change: 11/07/2013

Reason(s) for Policy Change:

- A Persistency Discount has been added
This policy change results in a return premium of \$191.00.

Policy, Endorsements, and Amendments Attached to Policy

- ABRTS (07/13) Auto Body Repair Consumer Bill Of Rights
- CA-500 (04/12) Rental Reimbursement Endorsement
- CA-650 (04/12) Policy Amendatory Endorsement
- CA-9 (04/12) Amendatory Endorsement - Termination Provision
- CA-999 (04/12) Policy Amendatory Endorsement
- U-642 (10/03) Designated Insured Endorsement
- U-647 (06/95) Individual Named Insured
- U-672 (04/12) California Commercial Auto Policy
- U-784 (07/03) Exclusion of Certified Act of Terrorism

Total Premium and Fees

Premium for all Vehicles (See Total Coverage Premium)	\$796.00
Policy Fee	\$35.00
Additional Insured Fee	\$25.00
Vehicle Assessment Fee	\$1.80

Discount(s)/Surcharge(s) Applied To This Policy

General Liab or Business Owner Policy	Paid In Full 12 Month Term
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Total for this Policy Term	\$857.80
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In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in your policy documents.

Declarations Print Date: 11/25/2013

****Important:**

The Limits shown in this Declaration for **Part I - Liability Coverage, Part III - Uninsured Motorist and Underinsured Motorist Coverage**, may be subject to reduction to the **Minimum Financial Responsibility Limits** specified by your state of \$15,000 per person, \$30,000 per accident and \$ 5,000 for property damage for any **losses** involving a user of any **vehicle**, which qualifies as an **insured vehicle** in this Declaration and in other provisions of **your** policy, who is not listed on this Declaration as a driver.

Financial Indemnity Company
Administrative Offices Located At:
8360 LBJ Freeway, Suite 400
Dallas, TX 75243

Financial Indemnity Company
A part of **Kemper Specialty**

Mail Correspondence To:
PO BOX 223687
Dallas, TX 75222-3687

California Commercial Vehicle Policy Amended Declaration Page

Summary

Named Insured(s)
ANGELA BARRA
2143 ROSE ST
BERKELEY CA 94709

Your Agent/Broker
ALIVE INSURANCE SERVICES INC
6328 FAIRMOUNT AVE STE 230
EL CERRITO CA 94530
510-524-3200

Policy Number	Renewal of Policy Number	Policy Period
CCFICR1625889-00		From 11/07/2013 to 11/07/2014 12:01 a.m. standard time at the address of the named insured as stated herein.

Effective Date of Policy Change: 09/17/2014

Reason(s) for Policy Change:

- Coverage has been increased
- This policy was amended as a result of a request received through our website.
This policy change results in an additional premium of \$29.00.

Policy, Endorsements, and Amendments Attached to Policy

ABRTS (07/13) Auto Body Repair Consumer Bill Of Rights
CA-500 (04/12) Rental Reimbursement Endorsement
CA-650 (04/12) Policy Amendatory Endorsement
CA-9 (04/12) Amendatory Endorsement - Termination Provision
CA-999 (04/12) Policy Amendatory Endorsement
U-642 (10/03) Designated Insured Endorsement
U-647 (06/95) Individual Named Insured
U-672 (04/12) California Commercial Auto Policy
U-784 (07/03) Exclusion of Certified Act of Terrorism

Total Premium and Fees

Premium for all Vehicles (See Total Coverage Premium)	\$1,004.00
Policy Fee	\$35.00
Additional Insured Fee	\$25.00
Vehicle Assessment Fee	\$1.80

Discount(s)/Surcharge(s) Applied To This Policy
General Liab or Business Owner Policy Paid In Full 12 Month Term

Total for this Policy Term **\$1,065.80**

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in your policy documents.

Declarations Print Date: 09/23/2014

****Important:**

The Limits shown in this Declaration for **Part I - Liability Coverage, Part III - Uninsured Motorist and Underinsured Motorist Coverage**, may be subject to reduction to the **Minimum Financial Responsibility Limits** specified by **your state** of \$15,000 per person, \$30,000 per accident and \$ 5,000 for property damage for any **losses** involving a user of any **vehicle**, which qualifies as an **Insured vehicle** in this Declaration and in other provisions of **your** policy, who is not listed on this Declaration as a driver.

Policy Number: CCFICR1625889-00
 Policy Effective Date: 11/07/2013

Your Agent/Broker: ALIVE INSURANCE SERVICES INC
 510-524-3200

Coverage is only provided where a limit of liability and a premium are shown for the coverage.

Coverage	Limits	Premium
Part I - Liability Coverage**		
Combined Single Limit (LIAB)	\$1,000,000 Each Accident	\$582
Part II - Medical Payments/Personal Injury Protection		
Medical Payments (MED)	\$5,000 Each Person	\$15
Part III - Uninsured/Underinsured Motorist Coverage**		
Bodily Injury (UMBI)	\$1,000,000 Each Person	\$134
	\$1,000,000 Each Accident	
PROPERTY DAMAGE (UMPD)	See Schedule Each Accident	\$13
Part IV - Coverage For Damage to Your Auto		
Other Than Collision (OTC)	See Schedule	Deductible Applies \$73
Collision (COL)	See Schedule	Deductible Applies \$139
Part V - Waiver of Collision Deductible (with limits the same as Part III - Property Damage) (CDW)		
ADDITIONAL COVERAGE(S)		
Rental Coverage (RR)	up to \$30 per day to maximum of \$900	\$48
Total Coverage Premium		\$1,004

****Important:**

The Limits shown in this Declaration for **Part I - Liability Coverage, Part III - Uninsured Motorist and Underinsured Motorist Coverage**, may be subject to reduction to the **Minimum Financial Responsibility Limits** specified by your state of \$15,000 per person, \$30,000 per accident and \$ 5,000 for property damage for any losses involving a user of any vehicle, which qualifies as an **insured vehicle** in this Declaration and in other provisions of your policy, who is not listed on this Declaration as a driver.

LEGEND:	• INC - Included	• EXCL - Excluded	• NCV - No Coverage	• NA - Not Applicable	• ACV - Actual Cash Value
	• Y - Yes	• N - No	• DED - Deductible	• SCHD - Schedule	• NP - Named Perils

Policy Number: CCFICR1625889-00
 Policy Effective Date: 11/07/2013

Your Agent/Broker: ALIVE INSURANCE SERVICES INC
 510-524-3200

Coverage is only provided where a limit of liability and a premium are shown for the coverage.

SCHEDULE OF VEHICLES COVERED

Veh Num	Garage Zip	Gar Terr	Radius Max	Lien/ Loss Payee	Vehicle Description	VIN	Vehicle Assessment \$	(DEDUCTIBLES)		
								OTC/NP \$	COL \$	UMPD \$
3402	94709	NA	50	N	2006 TYTA PRIUS	JTDKB20U767073402	12,000	500	500	NA

COVERAGE PREMIUMS

Coverage is provided only for those vehicles where a premium amount is shown for the coverage.

Veh Num	LIAB \$	MED \$	UMBI \$	CDW/ UMPD \$	OTC \$	COL \$	RR \$	UMPD LIMIT \$	TOTAL PREM \$

LISTED DRIVER(S)

DRIVER	DRIVER LICENSE NO.	DATE OF BIRTH	FINANCIAL RESPONSIBILITY FILING	DRIVER STATUS	VIOLATION/ ACCIDENT POINTS

ADDITIONAL INTEREST(S)

TYPE	VEHICLE	NAME / ADDRESS	CITY	STATE	ZIP
Additional Insured	ALL	MT DIABLO UNIFIED SCHOOL DIST 1936 CARLOTTA DR	CONCORD	CA	94519

LEGEND: • INC - Included • EXCL - Excluded • NCV - No Coverage • NA - Not Applicable • ACV - Actual Cash Value
 • Y - Yes • N - No • DED - Deductible • SCHD - Schedule • NP - Named Perils