



POLICY NUMBER: PHPK1375953

COMMERCIAL GENERAL LIABILITY

**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

1936 Carlotta Drive

Concord, CA 94519-1397

(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 an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

PI-CXL-002 (04/13)

POLICY NUMBER: PHUB510390


**PHILADELPHIA**  
**INSURANCE COMPANIES**

A Member of the Tokio Marine Group

 One Bala Plaza, Suite 100  
 Bala Cynwyd, Pennsylvania 19004  
 610.617.7900 Fax 610.617.7940  
 PHLY.com

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	2424 Wells Fargo Insurance Services USA, I 10940 White Rock Rd 2nd Floor Rancho Cordova, CA 95670  (916) 589-8000
NAMED INSURED: Sacramento Children's Home  MAILING ADDRESS: 2750 Sutterville Rd Sacramento, CA 95820-1024  POLICY PERIOD: FROM <u>08/12/2015</u> TO <u>08/12/2016</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

**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 THIS POLICY.**

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>10,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>10,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>10,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>10,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>



PI-CXL-002 (04/13)

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<b>SCHEDULE OF UNDERLYING INSURANCE</b>			
<b>Employers' Liability</b>			
Company:	<u>State Compensation Insurance Fund</u>		
Policy Number:	<u>TBD</u>		
Policy Period:	<u>08/12/2015</u>	<u>08/12/2016</u>	
Minimum Applicable Limits			
Bodily injury by accident	\$	<u>1,000,000</u>	Each Accident
Bodily injury by disease	\$	<u>1,000,000</u>	Each Employee
Bodily injury by disease	\$	<u>1,000,000</u>	Policy Limit
<b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made			
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1375953</u>		
Policy Period:	<u>08/12/2015</u>	<u>08/12/2016</u>	
Retroactive Date:	<u>Not Applicable</u>		
Minimum Applicable Limits:			
General Aggregate	\$	<u>3,000,000</u>	
Products-Completed Operations Aggregate	\$	<u>3,000,000</u>	
Personal And Advertising Injury	\$	<u>1,000,000</u>	
Each Occurrence	\$	<u>1,000,000</u>	
<b>Commercial Auto Liability</b>			
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1375953</u>		
Policy Period:	<u>08/12/2015</u>	<u>08/12/2016</u>	
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than Autos (if applicable)	\$	<u>Not Applicable</u>	
Each Accident	\$	<u>1,000,000</u>	
<b>Professional Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made			
Company:	<u>Philadelphia Indemnity Insurance Company</u>		
Policy Number:	<u>PHPK1375953</u>		
Policy Period:	<u>08/12/2015</u>	<u>08/12/2016</u>	
Retroactive Date:	<u>Not Applicable</u>		
Minimum Applicable Limits			
<b>Each Professional Incident</b>	\$	<u>1,000,000</u>	
<b>Aggregate</b>	\$	<u>3,000,000</u>	