

**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
1936 Carlotta Drive  
Concord, CA 94519

RECEIVED  
FEB 11 2022

SCHOOL SUPPORT  
DIRECTOR, SECONDARY ED

**AGREEMENT BETWEEN  
MT. DIABLO UNIFIED SCHOOL DISTRICT  
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 28th day of January 2022, by and between the Mt. Diablo Unified School District (hereinafter "District") and Events To The T, Inc. (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

(a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 5 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.

(b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 40000.00 for Services.

The basis of the fee for Services shall be as follows:  
a. \$ \_\_\_\_\_ per hour,    b. \$ \_\_\_\_\_ per day, or    c. \$ \_\_\_\_\_ per engagement.

<u>01</u>	<u>-</u>	<u>9010</u>	<u>-</u>	<u>1110</u>	<u>4000</u>	<u>39360</u>	<u>-</u>	<u>000</u>	<u>-</u>	<u>399</u>	<u>-</u>	<u>399</u>	<u>-</u>	<u>5800</u>	\$	<u>40,000</u>
_____	-	_____	-	_____	_____	_____	-	_____	-	_____	-	_____	-	_____	\$	_____
_____	-	_____	-	_____	_____	_____	-	_____	-	_____	-	_____	-	_____	\$	_____

BUDGET CODE(S)

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on 2/23/2022. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching

party. Termination shall be effective immediately on receipt of said notice. Upon termination of this Agreement, District will compensate Contractor only for services satisfactorily rendered to the date of termination.

4. **Relationship of the Parties.** Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. **Fingerprinting and Criminal Records Check of Contractor's Employees.** Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit \_\_\_\_ prior to commencing work under this Agreement.
6. **Rules and Regulations.** All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. **Indemnification.** Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. **Insurance.** Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit (with aggregate limit no less than **\$4,000,000**). **EXCEPTION:** Contracts of less than \$7,500 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Other Coverages When Applicable:**



Purchase Requisition # 1256674

- a. **Professional Liability/Errors & Omissions Liability:** \$1,000,000/occurrence, \$2,000,000/aggregate.
- b. **Sexual Abuse and Molestation Coverage:**
- c. **Cyber Insurance:**
- d. **Other:**

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

The insurance policies are to contain, or be endorsed to contain, the following provisions:

**Additional Insured Status**

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the **Commercial General Liability** policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

**Primary Coverage**

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

**Notice of Cancellation**

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

**INSURANCE REQUIREMENTS**

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance, Section 8, are hereby waived or modified as follows (note, a waiver for one type of insurance does not constitute waiver for all):

Limits: \_\_\_\_\_

Other: \_\_\_\_\_

The initials of the Superintendent, or his/her designee, and the General Counsel, are **required** to waive or modify any insurance requirements in this Agreement:

\_\_\_\_\_  
Superintendent or  
his designee

\_\_\_\_\_  
General Counsel

- 9. **Ownership of Designs and Plans.** Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. **Limitation of District Liability.** Other than as provided in this Agreement, District's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall District be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of or in connection with this Agreement for the services performed in connection with this Agreement.
- 11. **Notice.** Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail,

registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

CONTRACTOR

Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519-1397  
Attn: Superintendent

Bus. Name: Events To The 'T', Inc.  
Attn: Toby Proescher  
Address: 2394 Mariner Square Dr. Ste. B  
Alameda, CA 94501  
Phone: 925.525.8629  
Fax: 925.335.9797  
Email: toby@lavishevents.com  
Tax ID #: 33-1013077

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 12. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 13. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 14. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 15. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.
- 16. Equal Employment Opportunity. It is the policy of the District that, in connection with all work performed under District agreements, there shall be no discrimination against any employee or applicant for employment because of race, color, religious creed, national origin, ancestry, marital status, sex, sexual orientation, age, disability or medical condition and therefore the Contractor agrees to comply with applicable federal and state laws. In addition, the Contractor agrees to require like compliance by all subcontractors employed on the work.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

Events To The 'T', Inc.

By: [Signature] 1/28/22  
Signature of Principal/Budget Administrator Date

Name of Company/Organization or Independent Contractor/Consultant  
By: [Signature] 1/28/22  
Signature of Contractor/Consultant Date

Title: Jonathan Pike Principal  
Print Name and Title

Title: Toby Proescher- CEO  
Print Name and Title

Purchase Requisition # 126674

Authorized and Approved by:

\_\_\_\_\_  
Superintendent/Designee Date

**Prior to commencement of service, sign and forward completed original contract packet to Purchasing.**

Corissa AS 1/22/22 Ygnacio Valley High  
Originator's Signature Date Site/Department Originating this Contract  
Corissa Stebing, Director of  
Print Name of Originator and Title Activities

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

ASB Account #175  
Prom

<b>Distribution</b>
original: Purchasing with Purchase Order
copy: Contractor
copy: Accounts Payable/Fiscal
copy: Originator/Budget Administrator

**EXHIBIT "A"**

**LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR**

**IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE (NOTE THAT ALL PAYMENTS ARE GENERATED FROM AN INVOICE).**

Prom planning service

Reserving Cabernet Sauvignon Commodore yacht  
Saturday, May 21, 2022  
7:30pm-12:00am

\$2500 received from initial booking for 2021 (postponed)  
\$9812.50 due 2/21/22  
\$12,312.50 due 5/6/22

Additional students will be billed with final count the week of



## EXHIBIT "B"


### *Contractor REQUIRED to Complete*

## FINGERPRINTING AND CRIMINAL BACKGROUND CHECK CERTIFICATION

Name of Contractor:	Events To The 'T', Inc.
Services to be performed under the Agreement:	Prom planning
School(s) and Specific Location(s) where services will be performed:	Cabernet Sauvignon Commodore 2415 Mariner Square Dr. Alameda, CA 94501
Term of Agreement:	Partial Payments
<b><i>Check the applicable box(es) and fill in any blanks.</i></b>	
1	<input type="checkbox"/> The Contractor hereby certifies that it has completed the criminal background check requirements of Education Code (EC) section 45125.1 and that none of its employees that may come into contact with District students have been convicted of a violent felony listed in Penal Code section 667.5(c) or a serious felony listed in Penal Code section 1192.7(c). The following employees have successfully completed fingerprinting and criminal check clearance in accordance to law: (attach and sign additional pages, as needed)
2	<input checked="" type="checkbox"/> The Contractor hereby certifies that its employees/subcontractors will have NO CONTACT with pupils. (No school-site services will be provided.)
3	<input type="checkbox"/> The Contractor hereby certifies it qualifies for a waiver of the Department of Justice (DOJ) fingerprint and criminal background investigation for the following reason: Contractor and its employees/subcontractors will have LIMITED CONTACT with pupils. (Attach and sign additional page(s) with information about length of time on school grounds, proximity of work area to pupil areas; whether Contractor/its employees will be working by themselves or with others, whether Contractor will be under continued monitoring/surveillance by a District employee (provide name and title of District employee) and any other factors that substantiate limited contact.) [EC 45125.1 (c)]

Certification by Contractor

"I certify under penalty of perjury that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."

  
 \_\_\_\_\_  
 Authorized Contractor Signature

Toby Proescher 1/28/22  
 \_\_\_\_\_  
 Print Name Date



## Booking Agreement with Deposit Accommodation

Thank you for choosing Commodore Cruises & Events for your next event. Charter services hired by client ("Charterer") and provided by Commodore Cruises & Events, Inc. ("Commodore") pursuant to this agreement are subject to the following terms and conditions:

1. **Timing:** The Vessel will be ready for boarding 15 minutes prior to the confirmed start time and will return to the dock 15 minutes before the end time to allow passengers to debark leisurely. Out of respect to our neighbors in the marina, music must be turned off as the yacht approaches the dock. We reserve the right to assess an overtime charge if passengers have not debarked by the scheduled end time.
2. **Guest Comfort and Safety:** Commodore cannot allow more passengers aboard than the yacht is certified to carry. Due to the zero tolerance law set forth by the U.S. Coast Guard, the possession of controlled substances aboard our yachts is strictly prohibited. Possession of such controlled substance on the part of the Charterer's guests will not be tolerated. Charterer shall ensure that alcoholic beverages are served only by the licensed concessionaire aboard the Vessel and consumed only by persons aged 21 or older. Charterer agrees that no guest of Charterer shall bring alcoholic beverages aboard the Vessel. Commodore reserves the right to confiscate any alcohol brought aboard the Vessel without the permission of Commodore. Charterer agrees that there will be no form of illegal gambling whatsoever conducted or permitted aboard the Vessel. Any misconduct, possession of an alcoholic beverage by a minor, controlled substances or illegal gambling on the part of Charterer's guests will not be tolerated and the Captain may choose to immediately return to dock, in which event Charterer shall be responsible for full payment of the stated compensation plus any damages or expenses incurred by Commodore. Student or other groups under 18 years of age must be chaperoned by a reasonable number of parents, faculty, or school staff members. Commodore reserves the right to refuse admittance to the Yacht to any agent, employee or guest of Charterer at its sole discretion.
3. **Deposit Accommodation Schedule:** Commodore normally requires a deposit equal to 25% of the total contracted fees to reserve a yacht more than 120 days in advance and a 50% deposit 120 days prior to the event. Commodore recognizes that Charterer relies upon ticket purchases by those who will attend the function and that the majority of these sales are made shortly before the event takes place. In order to accommodate Charterer's constrained cash flow position far in advance of the event, Commodore will accept a non-refundable deposit of an agreed upon amount to reserve a date and yacht.
4. **Cancellation:** Our business is built around the availability of our yachts; therefore, Commodore takes the reservation process very seriously. After tendering the initial deposit, the yacht, date, and time period are reserved and any other interested party is turned away. Therefore, should Charterer have to cancel for whatever reason, all deposits are non-refundable and Charterer is responsible for 50% of the charter fees if canceling within 120 days of the event. If, by way of this accommodation schedule, less than 50% of the contracted fees have been collected prior to cancellation, the 50% balance will still be owed to Commodore. Charterer further agrees to pay collection charges, should they be incurred.
5. **Balances:** Final payment must be received at least 10 days prior to the event, at which time guest count and menu selections must be confirmed. To compensate for increased costs accommodating last minute additions, all additions to guest count within 7 days of the event are subject to a 10% surcharge.



**Commodore** is not liable for any shortages of food, beverage, or services resulting from a higher than **expected** guest count, and fees will still be collected for additional guests without exception.

6. **Personal checks:** Commodore accepts personal checks up to 21 days prior to the event. Any payments made inside of 21 days must be made by cashier's check or credit card.

7. **Damage:** Charterer shall pay the replacement value of all property and equipment lost or stolen by Charterer's guests and the cost of repair for all damage to the yacht, its furnishings, and equipment, caused by Charterer or its **agents**, employees or guests, with the exception of reasonable wear and tear.

8. **Performance:** The Captain shall be in complete control of the navigation of the Yacht and shall have the right to delay or forgo **departure** and to deviate from the agreed upon route of the voyage where he determines, at his sole discretion, that such a deviation is necessary for the safety or comfort of the guests. It is further agreed that, if by reason of storm, strike, accident, vessel traffic, breakdown, **governmental** restrictions/regulations or other causes beyond the control of Commodore, Commodore deems it shall be unable to fulfill this Contract, such failure will not be considered a breach of this Contract. If Commodore cannot cruise for the **reasons** listed above, but Commodore can perform the event dockside, Commodore will refund 50% of the yacht rental **portion** of the contract. In the event of mechanical failure, Commodore may **substitute** a vessel of similar capacity to perform the charter. Commodore shall not be liable, under any circumstances, for special or consequential **damages** of any nature whatsoever and the maximum liability arising from **Commodore's** inability to furnish the services provided in this Contract shall be limited to a refund of the fees paid.

9. **Articles left aboard:** Charterer and guests are responsible for maintaining possession of **personal** items during the event. **Charterer** and guests must retrieve all personal items before disembarking the yacht, as Commodore will not be held responsible for them. Items found by the yacht staff will be held in the company office for thirty days before being given to charity.

10. **Agreement Final:** This **Booking Agreement** represents the final and complete agreement **between** us, and all prior written or oral proposals are **superseded** by this agreement. Any modifications or **additions** to this **agreement** must be in writing and signed by both parties. By signing this contract, Charterer **accepts** financial responsibility of the stated guest minimum requirement, regardless of any future changes. Any claim or controversy of any nature whatsoever relating to this Contract, or the breach thereof, shall be settled by a single arbitrator administered by the **American** Arbitration Association in accordance with its Arbitration of Commercial Disputes. This Agreement shall be governed by the General Maritime Law of the United States and, to the extent state law is applicable, by the laws of the State of California. In the event of a dispute, the losing party agrees to pay the prevailing party's reasonable legal fees as well as **collection** charges, should they be incurred. By signing below you acknowledge that you have carefully read the foregoing terms and conditions of the Booking Agreement and know the contents thereof and that you have the **authority** to act on behalf of and bind Charterer to this Charter Agreement.

Have a great & memorable event! We hope to have you aboard often and hope you will tell others of **your** satisfaction!

---

**Charterer Signature**

---

**Date**

---

**Charterer Name (Print)**

Commodore Cruises & Events  
2394 Mariner Square Drive, Alameda, CA, 94501  
Phone: 510-337-9000 / Fax: 510-373-5488

# Food and Beverage Quote/Contract



**COMMODORE**  
CRUISES & EVENTS

2394 Mariner Square Drive, Alameda, CA, 94501

Phone: 510-337-9000 / Fax: 510-373-5488

<b>Client Name:</b>	<i>Ygnacio Valley High School, Corissa Stobing</i>	<b>Email:</b>	<a href="mailto:stobingc@mdusd.org">stobingc@mdusd.org</a>
<b>Phone Number:</b>	<a href="tel:510-368-8166">510-368-8166</a>	<b>Event Planner:</b>	<i>Toby Proescher-ETTT</i>
<b>Event Type:</b>	<i>Prom</i>	<b>Dock:</b>	<i>Alameda, Mariner Square</i>
<b>Cruise Date:</b>	<i>Saturday, May 21, 2022</i>	<b>Dockside Time:</b>	
<b>Boarding Time:</b>	<i>7:30PM</i>	<b>Estimated Guest Count:</b>	<i>350</i>
<b>Cruise Time:</b>	<i>8:00PM to 12:00AM</i>	<b>Guest Minimum Requirement:</b>	<i>225</i>
<b>Yacht Selection:</b>	<i>Cabernet Sauvignon</i>		

<b>Package Details</b>	<i>Four Hour Dinner Cruise</i>		
<b>Dinner Tier Option</b>	<i>Dinner Package</i>	225 @ \$105.00	<i>\$23,625.00</i>
<i>Additional Chaperones</i>		@ \$52.50	
<i>Hors d'Oeuvres</i>		225 @	
<b>Bar Options</b>	<i>Hosted Sodas and Juices</i>	225 @	<i>Included</i>
		@	
<b>Buffet Service</b>		225 @	
<i>Each Additional Guest at</i>	<i>\$105.00</i>		
<b>Subtotal -- Food &amp; Beverage</b>			<u><i>\$23,625.00</i></u>
<b>Service Charge, Sales Tax, and Port Fees</b>		29%	<i>Included</i>
<b>Total - Food &amp; Beverage with Tax and Service Charge</b>			<u><i>\$23,625.00</i></u>

**NOTE:** One free chaperone for every 25 students; additional are half price. Client vendor meals = \$25.

**Package Add-Ons**

<i>DJ Service</i>	<i>By Commodore</i>		<i>Included</i>
<i>Linen Option</i>	<i>Standard</i>	@	<i>Included</i>
<i>Photo Booth</i>	<i>TBD</i>	@	
<i>4 Security</i>	<i>TBD</i>	@	
<i>Karaoke DJ</i>	<i>TBD</i>		

*Other Vendor*

**Total Package Add-Ons**

<b>Event Total</b>	<u><i>\$23,625.00</i></u>
<b>Refundable Security Damage Deposit</b>	<u><i>\$1,000.00</i></u>
<b>Grand Total</b>	<u><i>\$24,625.00</i></u>

**Deposit Schedule:**

<i>Deposit Amount: 25% of estimated total due to reserve date:</i>	<i>\$2,500.00</i>	<i>Rec'd 10/24/19</i>
<i>Additional Deposit: 25% of estimated total due February 21, 2022</i>	<i>\$9,812.50</i>	
<i>Event Balance Due Two Weeks Prior:</i>	<i>\$12,312.50</i>	

To confirm, sign, date, and return to Events To The 'T', Inc.:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

We are not able to hold dates without deposits. Therefore, this quote is subject to change. By signing this contract you are accepting financial responsibility of this guest minimum requirement, regardless of any future changes.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2021

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).


<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Hiscox Insurance Company Inc      10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> Events To The 'T', Inc. 2394 Mariner Square Dr Ste B Alameda, CA 94501		

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	UDC-1666925-BOP-21	12/02/2021	12/02/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ S/T Each Occ. GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ S/T Gen. Agg. \$
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			UDC-1666925-BOP-21	12/02/2021	12/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    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 School District is an additional insured subject to the policy terms and conditions. Business Owners policy is endorsed with Hired Auto and Non-Owned Auto coverage up to the policy's liability and medical expense limit of \$2,000,000 subject to the policy's terms and conditions

<b>CERTIFICATE HOLDER</b> Mount Diablo School District 1936 Carlotta Drive Concord CA 94519	<b>CANCELLATION</b> 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2021

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hiscox Insurance Company Inc 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 \$
A	Professional Liability	Y		UDC-1666925-EO-21	12/02/2021	12/02/2022	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)  
Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers are named as additional insured.

<b>CERTIFICATE HOLDER</b> Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	<b>CANCELLATION</b> 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-1666925-BOP-20  
Named Insured: Events To The 'T', Inc.  
Endorsement Number: 31  
Endorsement Effective: September 17, 2021

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Mount Diablo School District  
1936 Carlotta Dr.  
Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.



Hiscox Insurance Company Inc.

Policy Number: UDC-1666925-BOP-20  
Named Insured: Events To The 'T', Inc.  
Endorsement Number: 32  
Endorsement Effective: September 17, 2021

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## CALIFORNIA – HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### SCHEDULE

Coverage	Additional Premium
A. Hired Auto Liability	\$ 172.00
B. Non-owned Auto Liability	\$ 0.00

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Throughout this endorsement the term spouse means:

Spouse or a registered domestic partner under California law.

B. Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.

**1. Hired Auto Liability**

The insurance provided under Paragraph A.1. **Business Liability** in **Section II – Liability** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

**2. Non-owned Auto Liability**

The insurance provided under Paragraph A.1. **Business Liability** in **Section II – Liability** applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

C. For insurance provided by this endorsement only:

1. The exclusions under Paragraph B.1. **Applicable To Business Liability Coverage** in **Section II – Liability**, other than Exclusions a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and



- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or
  - (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers' compensation law.
- b. "Property damage" to:
- (1) Property owned or being transported by, or rented or loaned to the insured; or
  - (2) Property in the care, custody or control of the insured.

**2. Paragraph C. Who Is An Insured in Section II – Liability is replaced by the following:**

1. Each of the following is an insured under this endorsement to the extent set forth below:
  - a. You;
  - b. Any other person using a "hired auto" with your permission;
  - c. For a "non-owned auto":
    - (1) Any partner or "executive officer" of yours; or
    - (2) Any "employee" of yours; but only while such "non-owned auto" is being used in your business; and
  - d. Any other person or organization, but only for their liability because of acts or omissions of an insured under a., b. or c. above.
2. None of the following is an insured:
  - a. Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;

- b. Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;
- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
- e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

**D. For the purposes of this endorsement only, Paragraph H. Other Insurance in Section III – Common Policy Conditions is replaced by the following:**

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

**E. The following additional definitions apply:**

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.



AUGUST 25, 2021

IN REPLY REFER TO:

1702731-21

EVENTS TO THE 'T', INC.  
4152 BEACON PL  
DISCOVERY BAY, CA 94505

Dear Policyholder

Thank you for choosing us as your workers' compensation insurance carrier.

This package contains your renewal documents as listed on the following page. Please keep these together.

Our goal is to provide you with fast, efficient, and the most convenient service possible. We truly appreciate your business. If you have any questions about the information in this mailing, please contact your broker of record or your local State Compensation Insurance Fund office.

State Compensation Insurance Fund

5880 Owens Dr • Pleasanton, CA 94588-3900

Mailing Address: P.O. Box 8192 • Pleasanton, CA 94588-8792



HOME OFFICE	SAN FRANCISCO	ANNUAL RATING ENDORSEMENT
IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.		

HERE ARE YOUR NEW RATES FOR THE PERIOD INDICATED. IF YOUR NAME OR ADDRESS SHOULD BE CORRECTED OR IF INSURANCE IS NOT NEEDED FOR NEXT YEAR, PLEASE TELL US.

**IMPORTANT** THIS IS NOT A BILL  
SEND NO MONEY UNLESS STATEMENT IS ENCLOSED

THE RATING PERIOD BEGINS AND ENDS AT 12:01AM  
PACIFIC STANDARD TIME

CONTINUOUS POLICY 1702731-21

RATING PERIOD 9-01-21 TO 9-01-22

EVENTS TO THE 'T', INC.  
4152 BEACON PL  
DISCOVERY BAY, CALIF 94505

DEPOSIT PREMIUM	\$500.00
MINIMUM PREMIUM	\$500.00
PREMIUM ADJUSTMENT PERIOD	ANNUALLY
	R NA

NAME OF EMPLOYER- EVENTS TO THE 'T', INC.  
(A CORPORATION)

CODE NO. PRINCIPAL WORK AND RATES EFFECTIVE FROM 09-01-21 TO 09-01-22

		PREMIUM BASIS	BASE RATE	INTERIM BILLING RATE*
8742-1	SALESPERSONS--OUTSIDE.	30169	.79	.65

\*\*\*\*\*BUREAU NOTE INFORMATION\*\*\*\*\*

FEIN 331013077

TOTAL ESTIMATED ANNUAL PREMIUM \$500





HOME OFFICE	SAN FRANCISCO	ANNUAL RATING ENDORSEMENT
IT IS AGREED THAT THE CLASSIFICATIONS AND RATES PER \$100 OF REMUNERATION APPEARING IN THE CONTINUOUS POLICY ISSUED TO THIS EMPLOYER ARE AMENDED AS SHOWN BELOW.		

CONTINUOUS POLICY 1702731-21

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL STATE FUND OFFICE BELOW:

CSC - POLICY AT VACAVILLE  
 1020 VAQUERO CIRCLE  
 VACAVILLE, CA 95688  
 (877) 405-4545

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions agreements or limitations of the Policy other than as herein stated.

When countersigned by a duly authorized officer or representative of the State Compensation Insurance Fund, these declarations shall be valid and form part of the Policy.

*Kent R. Vaclavik*  
 AUTHORIZED REPRESENTATIVE

*Vernon Steiner*  
 PRESIDENT AND CEO