ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2017

**THIS CERTIFICATEIS 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 | CONTACT NAME: | |
|---|---|---|
| USAA INSURANCE AGENCY INC/PHS<br>812846 P:(888) 242-1430 F:(888) 443-6112<br>PO BOX 33015<br>SAN ANTONIO TX 78265 | PHONE (A/C, No, Ext): (888) 242-1430 | FAX (A/C, No): (888) 443-6112 |
| | E-MAIL ADDRESS: | |

| INSURER(S) AFFORDING COVERAGE | NAIC# |
|---|---|
| INSURER A: Sentinel Ins Co LTD | |
| INSURER B: Hartford Accident & Indemnity Co | |
| INSURER C: Multiple Companies | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

**INSURED**
AERIES SOFTWARE INC D/B/A EAGLE SOFTWARE
1065 N PACIFICENTER DR STE 400
ANAHEIM CA 92806

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>[X] General Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY [ ] PRO-JECT [X] LOC<br>OTHER: | X | | 65 SBA ZR4589 | 04/30/2017 | 04/30/2018 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $2,000,000<br>$1,000,000<br>$10,000<br>$2,000,000<br>$4,000,000<br>$4,000,000 |
| B | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] OWNED AUTOS ONLY<br>[X] HIRED AUTOS ONLY<br>[ ] SCHEDULED AUTOS<br>[X] NON-OWNED AUTOS ONLY | | | 65 UEC UW6307 | 04/30/2017 | 04/30/2018 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $1,000,000<br>$<br>$<br>$ |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>DED [X] RETENTION $10,000 | | | 65 SBA ZR4589 | 04/30/2017 | 04/30/2018 | EACH OCCURRENCE<br>AGGREGATE | $1,000,000<br>$1,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVEY/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [ ]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | 65 WEC ZQ9721 | 04/30/2017 | 04/30/2018 | [X] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE- EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $1,000,000<br>$1,000,000<br>$1,000,000 |
| A | Technology E&O | | | 65 SBA ZR4589 | 04/30/2017 | 04/30/2018 | 1,000,000/1,000,000 | |

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

Those usual to the Insured's Operations. Certificate holder is named as an Additional Insured as per Business Liability Coverage form SS0008 attached to this Policy.

**CERTIFICATE HOLDER**
Mt. Diablo Unified School District
Attn: Joanie Peterson
Director of Purchasing
2326 BISSO LN
CONCORD, CA 94520

**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**
Jan Maillon

000063 27/45

© 1988-2015 ACORD CORPORATION. All rights reserved.