

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/28/2016

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.

18	EPRESENTATIVE OR PRODUCER, AND MPORTANT: If the certificate holder in terms and conditions of the policy, c	e an Al	DDITIONAL INSURED, the	e policy	(ies) must be	e endorsed.	If SUBROGATION is certificate does	IS WA	IVED), subject to rights to the	
th	ne terms and conditions of the policy, c ertificate holder in lieu of such endorsen	ertain (nent(s).	ondes may require an e	iluul 30	ment. A stat	oment on th				3	
PRODUCER Pinnacle Insurance Solutions, LLC 82 Bloomfield Avenue Pine Brook, NJ 07058					CONTACT NAME: PHONE (A/C, No, Ext): (973) 284-0100 E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Co of America					25674	
					INSURED Skyline Engineering, Inc 8100 Wild Horse Road Salinas, CA 93907					INSURER B:	
RC:		ALCOHOL CONTRACTOR OF THE PARTY									
INSURER D:											
INSURER E :											
			and the same of th	INSURE	RF:						
CO	VERAGES CERTIF	FICATE	NUMBER:				REVISION NUMBE				
IN C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH PO	UIREMI ERTAIN, LICIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	ES DESCRIB PAID CLAIMS.	ED HEREIN IS SUBJ	ESPE	U1 10) VVIIIUI IIIIO	
INSR	TYPE OF INSURANCE IN:	DL SUBR		(MM/DD/YTYY)		POLICY EXP (MM/DD/YYYY)				0.000.000	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	-	\$	2,000,000	
	CLAIMS-MADE X OCCUR		680-2H437255-16		09/11/2016	09/11/2017	PREMISES (Ea occurrent	ce)	\$	1,000,000	
							MED EXP (Any one person	on)	\$	5,000	
							PERSONAL & ADV INJU	RY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		\$	4,000,000	
	X POLICY PRO-						PRODUCTS - COMP/OP		\$	4,000,000	
	OTHER: AUTOMOBILE LIABILITY	_					COMBINED SINGLE LIM (Ea accident)	IT	\$		
	ANY AUTO						BODILY INJURY (Per per	rson)	\$		
	ALL OWNED SCHEDULED						BODILY INJURY (Per ac	cident)	\$		
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)		\$		
	HIRED AUTOS AUTOS						(i oi dosidom)		\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
									\$		
	DED RETENTION \$ WORKERS COMPENSATION						PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY Y/N						E.L. EACH ACCIDENT		\$		
	OFFICER/WEIMBER EXCEODED!	/ A					E.L. DISEASE - EA EMP	LOYEE	\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - POLICY		\$		
-	DESCRIPTION OF OPERATIONS below										
The	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: e Mt. Diablo Unified School District, it's boa uired by written contract.	s (ACOR ard, offi	D 101, Additional Remarks Sched cers, and employees are r	dule, may t named a	e attached if mo s additional i	re space is requi nsured n the	^{ired)} General Liability wh	nere ar	nd to	the extent	
CERTIFICATE HOLDER					CANCELLATION						
MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 Carlotta Drive 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						

JSLEDGE



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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). CONTACT NAME: PHUNE (A/C, No, Ext): (973) 284-0100 E-MAIL FAX (A/C, No): (973) 284-1655 Pinnacle Insurance Solutions, LLC 82 Bloomfield Avenue Pine Brook, NJ 07058 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Lloyds Of London INSURER B INSURED INSURER C: Skyline Engineering, Inc INSURER D: 8100 Wild Horse Road Salinas, CA 93907 INSURER E INSURER F **REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE FACH OCCURRENCE \$ COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED \$ PREMISES (Ea occurrence) CLAIMS-MADE OCCUR \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRODUCTS - COMP/OP AGG LOC POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED PROPERTY DAMAGE (Per accident) AUTOS NON-OWNED AUTOS HIRED AUTOS \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR \$ AGGREGATE **EXCESS LIAB** CLAIMS-MADE \$ DED RETENTION \$ OTH-ER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE NIA OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) E.L. DISEASE - POLICY LIMIT | \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 01/08/2016 01/08/2017 Limit Per Claim: ANE1087264.16 **Errors & Omissions** 2,000,000 01/08/2016 01/08/2017 Limit- Aggregate: ANF1087264.16 **Errors & Omissions** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN MT. DIABLO UNIFIED SCHOOL DISTRICT ACCORDANCE WITH THE POLICY PROVISIONS. 1936 Carlotta Drive Concord, CA 94519 AUTHORIZED REPRESENTATIVE

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