



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2023

**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> L/P Insurance Services, LLC 11249 Gold Country Blvd #160  Gold River CA 95670		<b>CONTACT NAME:</b> Julie West <b>PHONE (A/C, No, Ext):</b> (775) 996-6000 <b>E-MAIL ADDRESS:</b> julie.west@lpins.net <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Sequoia Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>  J. M. King Consulting, Inc.  2901 35th Street Sacramento CA 95817		<b>NAIC #</b> 22985	

**COVERAGES****CERTIFICATE NUMBER:** CL23102391513**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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED 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 \$
A	<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			QWC1312151	10/30/2023	10/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2024

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> <b>PHONE (A/C. No. Ext):</b> (888) 202-3007		<b>FAX (A/C. No.):</b>
	<b>E-MAIL ADDRESS:</b> contact@hiscox.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Hiscox Insurance Company Inc			10200
<b>INSURED</b> J. M. King Consulting Inc. 2901 35th Street Sacramento, CA 95817	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		
	<b>INSURER G:</b>		

**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
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	P100.162.892.10	03/19/2024	03/19/2025	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							CGL HNOA Limit (per occurrence) \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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"/> Y / <input type="checkbox"/> N / A <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		P100.160.727.10	03/19/2024	03/19/2025	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

Additional Insured: Mt. Diablo Unified School District

**CERTIFICATE HOLDER**
 Mt. Diablo Unified School District  
 1936 Carlotta Drive  
 Concord, CA 94519
**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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Endorsement 34**

NAMED INSURED: J. M. King Consulting Inc.

**Blanket Additional Insured (Lessors of Premises/Clients; Waiver of Subrogation; Primary Non-Contributory)** Page 1 of 2

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

I. The following is added to the end of Section III. Who is an insured:

AI-A. Additional insureds If **you** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Coverage Part, the following persons or organizations are **insureds**:

1. Any person or organization from whom **you** lease any premises, but only with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to **you**.

However, there is no coverage for such additional insureds for any structural alterations, new construction, or demolition operations performed by or on behalf of the additional insured.

A person or organization's status as an additional insured under this subsection 1 ends when **you** cease to be a tenant in the premises.

2. Any person or organization for whom **you** are performing operations, but only with respect to liability arising out of:

a. **your** acts or omissions or of those acting on **your** behalf; and

b. the performance of **your** ongoing operations for the additional insured.

A person or organization's status as an additional insured under this subsection 2 ends when **your** operations for that additional insured are completed.

II. Notwithstanding anything to the contrary in the other insurance provisions in the General Terms and Conditions or in this Coverage Part, the coverage available under this Coverage Part to any additional insured listed above will be primary with respect to and will not contribute with any other insurance available to the additional insured, provided:

1. the additional insured is a named insured under such other insurance; and
2. **you** have agreed in a written contract or agreement that this insurance would be primary and would not contribute with any other insurance available to the additional insured.

III. Notwithstanding anything to the contrary in the subrogation provision in the General Terms and Conditions, **you** may waive **your** rights of recovery against another party in writing prior to an:

1. offense arising out of **your** business operations that caused a **personal and advertising injury**; or
2. **occurrence** that caused **bodily injury or property damage**.

Endorsement 34

NAMED INSURED: J. M. King Consulting Inc.

**Blanket Additional Insured (Lessors of Premises/Clients; Waiver of Subrogation; Primary Non-Contributory)** Page 2 of 2

Endorsement Effective: March 19, 2024

Policy No.: P100.162.892.10



By: Kevin Kerridge  
(Appointed Representative)

Endorsement 37

NAMED INSURED: J. M. King Consulting Inc.

Hired and Non-Owned Auto Liability Endorsement

Page 1 of 4

In consideration of the premium charged, and on the understanding this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed the General Liability Coverage Part is amended as follows:

**SCHEDULE**

HNOA limit: \$1,000,000 each occurrence (Shared)

HNOA deductible: \$0 each occurrence

If no information is stated above, the relevant information to complete the Schedule will be shown in the Declarations.

- I. The coverage provided under Section I. What is covered, A. Bodily injury and property damage applies to:
  - Hired auto liability                    **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.
  - Non-owned auto liability            **bodily injury or property damage** arising out of the use of any **non-owned auto** in **your** business by any person.
- II. With respect to the coverage provided by this Endorsement only, in Section VI. Exclusions – What is not covered, A. Bodily injury and property damage exclusions, the following exclusions are deleted in their entirety:
  - A. exclusion 1. Aircraft, autos, or watercraft;
  - B. exclusion 2. Damage to impaired property or property not physically injured;
  - C. exclusion 3. Damage to property;
  - D. exclusion 4. Damage to your product;
  - E. exclusion 5. Damage to your work; and
  - F. exclusion 9. Mobile equipment,

and replaced with the following:

- Aircraft or watercraft            HN-1. **bodily injury or property damage** arising out of the ownership, maintenance, use, or entrustment to others of any aircraft or watercraft owned or operated by or rented or loaned to **you**. Use includes operation and **loading and unloading**.

This exclusion will apply even if the **claim** against **you** alleges negligence or other wrongdoing in the supervision, hiring, employment, training, or monitoring of others by **you**, if the **occurrence** causing the **bodily injury or property damage** involved the ownership, maintenance, use, or entrustment to others of any aircraft or watercraft owned or operated by or rented or loaned to **you**.

However, this exclusion will not apply to:
  - a. watercraft while ashore on premises owned by or rented to **you**;
  - b. watercraft **you** do not own, provided it is:
    - (1) less than 75 feet long; and
    - (2) not being used to transport persons or property for a charge; or

Endorsement 37

NAMED INSURED: J. M. King Consulting Inc.

Hired and Non-Owned Auto Liability Endorsement

Page 2 of 4

c. liability assumed in an **insured contract** for the ownership, maintenance, or use of an aircraft or watercraft by others.

Property damage

HN-2.

**property damage to:**

- a. property owned or being transported by, or rented or loaned to **you**; or
- b. property in **your** care, custody, or control.

III. With respect to the coverage provided by this Endorsement only, Section III. Who is an insured is deleted in its entirety and replaced with the following:

A. The following are **insureds**;

1. **you**;
2. any other person using a **hired auto** with **your** permission;
3. with respect to a **non-owned auto**:
  - a. **your** partners or **officers**; or
  - b. **your employees**,but only while such **non-owned auto** is being used in **your** business; and
4. any other person or organization, but only for their liability because of acts or omissions of an **insured** under paragraphs 1, 2, or 3 above.

B. The following are not **insureds**:

1. any person engaged in the business of his or her employer with respect to:
  - a. **bodily injury** to any **co-employee** injured in the course of employment;
  - b. **bodily injury** to the spouse, child, parent, brother, or sister of that **co-employee** as a consequence of any **bodily injury** described in paragraph 1.a above; or
  - c. to any obligation to share **damages** with or repay someone else who must pay **damages** because of paragraphs 1.a or 1.b above;
2. **your** partner or **officer** for any **auto** owned by such partner, **officer**, or a member of his or her household;
3. any person while employed in or otherwise engaged in duties in connection with an **auto business**, other than an **auto business you** operate;
4. the owner or lessee (of whom **you** are a sublessee) of a **hired auto**, the owner of a **non-owned auto**, or any agent or employee of any such owner or lessee; or
5. 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.

**Endorsement 37**

NAMED INSURED: J. M. King Consulting Inc.

**Hired and Non-Owned Auto Liability Endorsement**

Page 3 of 4

IV. With respect to the coverage provided by this Endorsement only, Section V. Other provisions affecting coverage, D. Other insurance is deleted in its entirety and replaced with the following:

D. Other insurance This insurance is specifically excess of and will not contribute with any primary insurance covering the **hired auto** or **non owned auto**.

V. With respect to the coverage provided by this Endorsement only, the following additional definitions apply:

**Auto business** means the business or occupation of selling, repairing, servicing, storing, or parking **autos**.

**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**, partners, **officers**, or members of their households.

**Insured** means the **named insured** and any other person or organization expressly described as an **insured** in this Endorsement.

**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**, partners, **officers**, or members of their households, but only while used in **your** business or **your** personal affairs.

VI. With respect to the coverage provided by this Endorsement only, the definition of "**You, your, or insured**" is deleted in its entirety and replaced by the following:

**You or your** means the **named insured**.

VII. With respect to the coverage provided by this Endorsement only, Section IV. Limits of liability is amended to include the following.

HN-A. Hired and non-owned auto limit

The HNOA Limit stated above is the most **we** will pay for all **damages** because of **bodily injury** and **property damage** covered by this Endorsement and arising out of any one **occurrence**.

**You** must pay the HNOA Deductible stated above in connection with any payment **we** make under this Endorsement, and any payments **we** make will be a part of, and not in addition to, the **coverage part limit**.

The HNOA Deductible stated above applies to each **claim** for **damages** sustained by any one person because of:

1. **bodily injury**;
2. **property damage**; or
3. **bodily injury** and **property damage** combined,

as the result of any one **occurrence**

Endorsement 37

NAMED INSURED: J. M. King Consulting Inc.

Hired and Non-Owned Auto Liability Endorsement

Page 4 of 4

If **damages** are claimed for care, loss of services, or death resulting at any time from **bodily injury**, a separate HNOA Retention will apply to each person making a claim for such **damages**.

Endorsement Effective: March 19, 2024

Policy No.: P100.162.892.10



By: Kevin Kerridge  
(Appointed Representative)