

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

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

THIS AGREEMENT is made this 1 day of Feb 1, 2017, by and between the Mt. Diablo Unified School District (hereinafter "District") and Carrie Weil (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 4 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 \$ _____ for Services	<u>500</u> - <u>1000</u> - <u>31</u> - <u>5800</u>	\$ <u>5,000.00</u>
The basis of the fee for Services shall be as follow	_____ - _____ - _____ - _____	\$ _____
a. \$ <u>45.00</u> per hour,	_____ - _____ - _____ - _____	\$ _____
b. \$ _____ per day, or	<b>BUDGET CODE(S)</b>	
c. \$ _____ per engagement.		

**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 July 1, 2017. 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.

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. **EXCEPTION:** Contracts of less than \$5,000 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. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

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.

Purchase Requisition # \_\_\_\_\_

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**

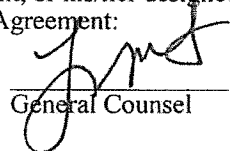
No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: Modify GLL \$2million ea occurrence/\$2million aggregate, Auto \$100,000.00 ea person/\$300,000.00 ea occurrence

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

  
\_\_\_\_\_  
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. **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

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

CONTRACTOR

Name: Carrie Weil  
Attn: \_\_\_\_\_  
Address: 1116 Heavenly Drive  
Martinez, CA 94553  
Phone: 925-628-3104  
Fax: email carie.weil@yahoo.com  
Tax ID #: \_\_\_\_\_

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

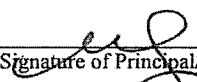
Purchase Requisition # \_\_\_\_\_

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. 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.
- 12. 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.
- 13. 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.
- 14. 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.

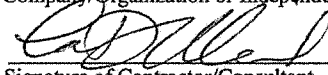
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By:  JUN 26 2017  
 Signature of Principal/Budget Administrator Date

Title: Wendi S. Aghily, Executive Director, Special Education/SELP  
 Print Name and Title

Carrie Weil  
 Name of Company/Organization or Independent Contractor/Consultant

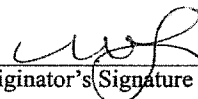
By:  6/20/17  
 Signature of Contractor/Consultant Date

Title: Carrie Weil  
 Print Name and Title

Authorized and Approved by:

 \_\_\_\_\_  
 Superintendent or Designee Date

**Prior to commencement of service, sign and forward completed original contract to Fiscal Services.**

 \_\_\_\_\_  
 Originator's Signature Date

Wendi s. Aghily, Executive Director, Special Education/SELP  
 Print Name of Originator and Title

Special Education  
 \_\_\_\_\_  
 Site/Department Originating this Contract

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Distribution	
original:	Fiscal Services for payment
copy:	Contractor
copy:	Originator/Budget Administrator

Purchase Requisition # \_\_\_\_\_

## **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**

List of Services:

Special Education academic testing, report writing and IEP attendance.  
\$45.00 per hour

Contract not to exceed amount of \$5,000.00

The term of this agreement is for the 2017/2018 school year.

**EXHIBIT B**  
**Contractor REQUIRED to Complete**  
**CRIMINAL BACKGROUND CHECK CERTIFICATION**

**Mt. Diablo Unified School District**  
**Consultant/Independent Contractor Agreement - Criminal Background Check**

Name of Independent Consultant/Contractor:		Carrie Weil
Services to be performed under the Agreement:		Academic testing, report writing and IEP attendance
Schools/Locations where services will be performed:		various
Total amount to be paid by the District under this Agreement:		\$ 5,000.00
Term of Agreement:		2017-2018 school year
<b>Check the applicable box(es) and fill in any blanks.</b>		
1	<input type="checkbox"/>	I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input checked="" type="checkbox"/>	If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed): <i>Carrie Weil</i>
2B	<input checked="" type="checkbox"/>	I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify 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."

  
 \_\_\_\_\_  
 Independent Contractor/Consultant Signature

*Carrie Weil* *6/20/17*  
 \_\_\_\_\_  
 Print Name Date  
 Independent Contractor/Consultant

  
 \_\_\_\_\_  
 Superintendent or Designee's Signature

Wendi Aghily, Sp. Ed. Director JUN 26 2017  
 \_\_\_\_\_  
 Print Name Date  
 Superintendent or Designee's Signature

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
 CARRIE DENISON WEIL

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

C Corporation     S Corporation     Partnership     Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
 1116 HEAVENLY DRIVE

**6** City, state, and ZIP code  
 MARTINEZ, CA 94553

**7** List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**    Signature of U.S. person ▶    Date ▶ 6/12/2017

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2017

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 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).

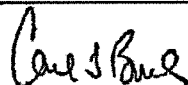
<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A : Hiscox Insurance Company Inc      10200	
<b>INSURED</b>  CARRIE WEIL 1116 Heavenly Drive  MARTINEZ      CA 94553	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</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	
	<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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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	\$
A	Professional Liability			UDC-1899034-EO-17	02/01/2017	02/01/2018	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)

<b>CERTIFICATE HOLDER</b>	<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-1899034-CGL-17  
Named Insured: CARRIE WEIL  
Endorsement Number: 17  
Endorsement Effective: February 03, 2017

**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 Additional Insured Person(s) Or Organization(s)
Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2017

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<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	<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> INSURER A: Hiscox Insurance Company Inc	<b>NAIC #</b> 10200
<b>INSURED</b>  CARRIE WEIL 1116 Heavenly Drive  MARTINEZ CA 94553	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ/JECT <input type="checkbox"/> LOC OTHER:		Y	UDC-1899034-CGL-17	02/01/2017	02/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ S/T Gen. Agg. \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S						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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 Unified School District is named as additional insured with respect to liability arising out of the work or operations performed by the consultant/ named insured. Subject to the policy terms and conditions.

**CERTIFICATE HOLDER**

Mount 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

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# Renewal auto policy declarations

Your policy effective date is February 17, 2017



Information as of December 27, 2016

## Total Amount Due for the Policy Period

Please review your insured vehicle and verify its VIN is correct.

Vehicle covered	Identification Number (VIN)	Premium
2009 Honda Civic	19XFA16539E004872	\$658.82
California Fraud Assessment Fee		0.88
Additional coverages		15.00
<b>Total*</b>		<b>\$674.70</b>

\* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).

See the **Important payment and coverage information** section for details about installment fees.

## Discounts (included in your total premium)

Anti-theft	\$2.32	Good Driver (20%)	\$149.20
Distinguished Driver	\$121.99		
<b>Total discounts</b>			<b>\$273.51</b>

### Discounts per vehicle

2009 Honda Civic	\$273.51		
Anti-theft	\$2.32	Good Driver (20%)	\$149.20
Distinguished Driver	\$121.99		

### Listed driver on your policy

Carrie Weil

### Excluded drivers from your policy

None

## Coverage detail for 2009 Honda Civic

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$287.04
Bodily Injury	\$100,000 each person \$300,000 each occurrence		
Property Damage	\$100,000 each occurrence		

(continued)

## Summary







Named Insured(s)  
**Carrie Weil**  
 Mailing address  
**1116 Heavenly Drive**  
**Martinez CA 94553-3513**  
 Policy number  
**927 326 599**  
 Your policy provided by  
**Allstate Northbrook Indemnity Company**  
 Policy period  
 Beginning **February 17, 2017** through  
**August 17, 2017** at 12:01 a.m. standard time  
 Your Allstate agency is  
**Jeff Macdonald**  
 5433-A Clayton Rd  
 Clayton CA 94517  
 (925) 673-2170  
 JMACDONALD@ALLSTATE.COM

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

CA010RBBD



Policy number: **927 326 599**  
 Policy effective date: February 17, 2017

Coverage	Limits	Deductible	Premium
 Auto Collision Insurance	Actual cash value	\$500	\$224.37
Waiver of deductible applies			
 Auto Comprehensive Insurance	Actual cash value	\$50	\$44.22
 Rental Reimbursement	<b>Not purchased*</b>		
 Towing and Labor Costs	<b>Not purchased*</b>		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$57.78
 Automobile Medical Payments	\$5,000 each person	Not applicable	\$45.41
Coordinated Medical Protection	<b>Not purchased*</b>		
Lease/Loan Gap	<b>Not purchased*</b>		
Repair or Replacement Cost Option	<b>Not purchased*</b>		
 Sound System	<b>Not purchased*</b>		
Tape	<b>Not purchased*</b>		
<b>Total premium for 2009 Honda Civic</b>			<b>\$658.82</b>

*\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.*

VIN 19XFA16539E004872

**Rating information**

Your premium is determined based on certain information, including the following:  
 ▪ This vehicle is driven 3-9 miles to work/school, unmarried female licensed 24 years.

Allstate uses mileage information as one factor to help determine your premium amount.

**Important Note:** The annual mileage figure applicable to this vehicle for the expiring policy period was: 8,500 - 8,999. The annual mileage figure applicable to this vehicle for the current policy period is: 9,000 - 9,499.

The following odometer information was used to determine your annual mileage for current policy period:

Odometer Reading: 64,736	Odometer Reading: 82,565
Date: 11/03/2014	Date: 10/26/2016

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

**Additional coverage**

The following policy coverage is also provided.

Coverage	Limits	Deductible	Premium
Automobile Death Indemnity Insurance	<b>Not purchased*</b>		
Automobile Disability Income Protection	<b>Not purchased*</b>		

(continued)

CA010RBD  
 X21010 074  
 161228AD07303  
 1100020AD07303XZICA000161228041808013869006009101559

Renewal auto policy declarations

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Coverage	Limits	Deductible	Premium
Identity Theft Expenses	\$25,000 per premium period	Not applicable	\$15.00
<b>Total</b>			<b>\$15.00</b>

**\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

## Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Automobile Policy - AU104-3
- California Amendatory Endorsement - AU14629-2
- Amendment of Policy Provisions - AU14626-1
- Identity Theft Expenses-Coverage IT - AU14256

## Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

► Your bill will be sent to you in a separate mailing and will list any payment option(s) available to you. If you are eligible to pay your premium in installments, your first bill will reflect your available payment options, including the option to pay in full or to pay in monthly installments. Please note that any amounts payable for the first renewal bill will not include an installment fee (unless you have an unpaid balance from a previous policy period, in which case the Minimum Amount Due will include an installment fee, or unless you are participating in the Allstate Easy Pay Plan). The following applies to installment payments made after your first renewal bill.

If you decide to pay your premium in installments, there will be a \$3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be \$21.00.

If you are on the Allstate® Easy Pay Plan, there will be a \$1.00 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and remain on the Allstate® Easy Pay Plan, then the total amount of installment fees during the policy period will be \$6.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Allstate® Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.

**Allstate Northbrook Indemnity Company's** Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Steven P. Sorenson  
President

Susan L. Lees  
Secretary

CA010RBD



## Important notices

Policy number: **927 326 599**  
Policy effective date: February 17, 2017

## Reasons for Extension, Cancellation or Nonrenewal

California law requires Allstate to provide you with reasons why your policy may be extended, canceled or nonrenewed or your premium increased.

Allstate may cancel or nonrenew your policy for one or more of the following reasons:

- Nonpayment of premium;
- Fraud or material misrepresentation affecting the policy or the insured; or
- Substantial increase in the hazard we insure against.

In addition, your policy may be nonrenewed or your premium may be increased for any of the following reasons:

- Accident involvement by an insured and whether the insured is at fault in the accident;
- A change in, or addition of, an insured vehicle;
- A change in, or addition of, an insured under the policy;
- A change in the location of garaging of an insured vehicle;
- A change in the use of an insured vehicle;
- Conviction for violating any provision of the Vehicle Code or Penal Code relating to the operation of a motor vehicle;
- The payment made by an insurer due to a claim filed by an insured or a third party;
- Any other reason that is lawful and not unfairly discriminatory.

Accidents and convictions for violating any provision of the Vehicle Code or Penal code relating to the operation of a motor vehicle that occur within the 36-month period ending on the effective date of the policy may lead to an increase of your premium. You have the right to be informed, upon your request, of any increase in premium, in whole or in part, charged to you because of an accident or conviction.

Under certain circumstances, if we fail to send your renewal offer at least 20 days prior to your renewal effective date or if we fail to send your nonrenewal notice at least 30 days prior to the nonrenewal effective date, California law requires us to extend your existing policy term for 30 days from the date the notice is mailed or delivered to you.

### Other Uninsured Motorist Coverage Options

Your policy has been issued with the coverages and options you requested. Please refer to the enclosed Policy Declarations to verify that your policy has been issued according to your requests.

However, please be aware that you still have options concerning coverage for damages to your insured auto that you are legally entitled to recover from the owner or operator of an uninsured motor vehicle.

The following options are available **for each vehicle under your policy**. Please see your Policy Declarations to determine your current coverages for each of your vehicles.

- If your vehicle is insured for Auto Collision Insurance, we are offering a Waiver of your Collision Coverage Deductible to apply when the vehicle is damaged in an accident caused by an uninsured motor vehicle.
- If your vehicle is not insured for Auto Collision Insurance and is insured for Uninsured Motorists Insurance for bodily injury, we are offering you the opportunity to extend your Uninsured Motorists Insurance to cover property damage.
- You still have the option of rejecting either the Waiver of Collision Coverage Deductible or Uninsured Motorists Insurance for property damage, or both coverages.

If a vehicle insured under your policy is damaged by an uninsured motor vehicle and you are legally entitled to recover damages, we will, depending on the coverage you purchase, either:

- Pay the collision deductible on the insured motor vehicle when you have purchased collision coverage, or
- Pay for the damage to the insured motor vehicle when you have not purchased collision coverage but have purchased Uninsured Motorists Insurance for property damage.

Payment shall not include damage to personal property or loss of use of a motor vehicle and shall not exceed the smaller of:

- The amount of the collision deductible,
- The actual cash value of the insured motor vehicle,
- \$3500.

The law also permits you to reject these coverages completely.

If you would like to purchase one of these coverages or make any other changes concerning these coverage options, please call your Allstate Agent.

### If You Have a Problem with Your Insurance

**Please contact your Allstate representative if you have any questions or concerns about your insurance. If a problem arises that you and your Allstate representative are unable to resolve satisfactorily, please call or write to:**

**Allstate Customer Service  
PO Box 660598, Dallas, TX 75266-0598  
1-800-ALLSTATE<sup>SM</sup> (1-800-255-7828)**

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**If the problem remains unresolved, you may contact the California Department of Insurance at:**

**Consumer Services Division**

**California Department of Insurance**

**300 South Spring Street, Los Angeles, CA 90013**

**Consumer Hotline: 1-800-927-4357**

**Website:**

<http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

**Please contact the Department of Insurance only if you have been unable to satisfactorily resolve the problem with your Allstate representative and with Allstate.**

**X5126-4**

## **Allstate Has Discounts Available on Your Auto Premium**

We have several discounts available to our auto insurance customers. For your information, here is a listing of our discounts, including a brief description of each. (Certain rating information and any discounts that you're currently receiving are shown on the enclosed Policy Declarations.)

### **Professionals, Associations and Allstate Motor Club®**

**Discounts**—The following group of discounts for certain professions, associations and Allstate Motor Club® membership can help you manage the cost of your insurance protection. Please keep in mind that you can have only one of the following six discounts on your policy at any given time.

*Specialized Professionals Discount*—You may qualify for this discount when either you or your spouse has a professional degree in one of the following occupations:

- Education or Library Sciences, which could include College Professor, Counselor, Curator, Librarian, Principal, Teacher
- Science/Engineering/Information Technology, which could include Administrator, Analyst, Architect, Computer Programmer, Drafter, Engineer, Engineering or Information Technology Supervisor, Manager, Researcher, Scientist

*Professionals Discount*—You may qualify for this discount when either you or your spouse has a professional degree in one of the following occupations:

- Business Management/Marketing, which could include Accountant, Analyst, Auditor, Bookkeeper, Consultant, General Manager/Executive, Human

Resource Specialist, Marketing Specialist, Public Relations Specialist

- Financial Services, which could include Accountant, Actuary, Agent, Analyst, Appraiser, Broker, Claims Adjuster, Claims Investigator, Financial Advisor, Financial Investor, Loan Officer, Manager, Property Manager, Supervisor, Underwriter
- Health Care, which could include Administrator, Chiropractor, Dentist, Doctor, Health Care Supervisor, Manager, Orthodontist, Podiatrist, Registered Nurse, Surgeon, Pharmacist, Veterinarian
- Law/Government/Military, which could include Analyst, Auditor, Examiner, Judge, Lawyer, Legal or Government Supervisor, Legal Support Staff, Manager, Mediator, Military Officer (Active duty/Active Reserves/Retired), Military Warrant Officer
- Social Services, which could include Clergy, Counselor, Manager, Program Director, Psychologist, Social Service Supervisor, Social Service Worker, Therapist

*Homeowners Association Discount*—If either you or your spouse is an active member of a Homeowner Association, you may be eligible to save some money with this discount.

*Condo Association Discount*—You could qualify for this discount if either you or your spouse is an active member of a Condo Association.

*Alumni Association Discount*—You may be able to save some money and qualify for this discount if either you or your spouse is a member of a recognized alumni association of a four-year accredited college/university.

*Allstate Motor Club® Discount*—If either you or your spouse is a member of the Allstate Motor Club®, you may qualify for this discount. (Please note that having Allstate's Good Hands Roadside Assistance on your policy does not qualify you for this discount.)

**Distinguished Driver Discount**—The Distinguished Driver Discount applies to most major auto coverages. To qualify, the rated operator on a vehicle must meet certain requirements, including those explained below:

- For the past three years, the rated operator must have been licensed to drive a motor vehicle;
- The rated operator has had no traffic violation convictions for the past three years; and
- The rated operator has remained accident-free for the past five years, or has been less than 51% at fault in any accident that has occurred during the past five years and for which no claim payment was made.



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In addition, rated operators that have had no traffic violation convictions or accidents for even longer consecutive time periods may qualify for an even larger Distinguished Driver Discount amount.

The Distinguished Driver Discount is applied on a per vehicle basis. Therefore, if a vehicle does not have an assigned operator, the Distinguished Driver Discount will apply only if all operators in the household qualify for the Distinguished Driver Discount.

**Multiple Policy Discount**—You may qualify for a discount on most major auto coverages if you or your spouse or registered domestic partner are also the named insured on a qualifying Allstate Insurance Company Homeowners, Condominium Owners, Mobile Home Owners, or Renters policy that covers the principal place of residence. If you or your spouse or registered domestic partner are the named insured on a qualifying Allstate individual life insurance policy or Allstate Personal Umbrella Policy, you may qualify for a discount on most of your major auto coverages.

**Good Driver Discount**—Depending on your driving experience and information in your driving record, such as the number of traffic violation convictions or accidents, you could be eligible for a 20% discount on your auto insurance premiums.

**Defensive Driver Discount**—Drivers age 55 or older who provide proof of successful completion of a Mature Driver Improvement Course approved by the California Department of Motor Vehicles may qualify for a 5% discount on some coverages. In order to be eligible, the driver must have voluntarily attended the course. This discount will be applied for three years after successful completion of the course; in order to continue to receive the discount after this three-year period, the course must again be successfully completed and proof presented.

**Anti-Theft Device Discount**—You may be eligible to receive a discount on your comprehensive coverage if you have a qualifying anti-theft device installed on your car.

**Occasional Operator Discount**—You may be eligible to receive a discount on most major auto coverages if the rated operator on a vehicle has been licensed for less than nine years and has 25% or less use of the vehicle.

**Good Student Discount**—You may be eligible to receive a discount on most major auto coverages if you have an unmarried driver on your policy who is a full-time student (high school, college, or academic home study program) and meets certain scholastic and other requirements.

**teenSMART™ Discount**—You may be eligible to receive a discount on most major auto coverages if you have a rated operator who is single, has been licensed five years or less, and completes the teenSMART™ program. The teenSMART™ program is a home study driver training program designed to help reduce the chances of your young driver being involved in an accident. Successfully completing the program can earn a discount of up to 15% on most major coverages provided by your auto policy.

**Other Rating Factors**—In addition to the discounts described above, we offer a number of special rates that can lower your premium. For example, you may be eligible to receive a lower rate if your insured auto (model year 2000 or earlier) is on our list of "economy cars." Ask your Allstate Agent for details about our special rates.

The premium for your insurance policy is based on a variety of factors, including information you have given us. Factors that can affect your premium include, for example, annual mileage driven, years of licensed driving experience and driving record. It is important that you notify us if the information upon which your premium is based is incorrect, incomplete, or changes, so that we may adjust your premium accordingly.

This notice provides only a general description of the qualifications and conditions for the discounts and special rates shown above. Other qualifications and conditions may apply. For complete details on qualifications and conditions, how your premium is determined, or if you have any questions about the information in this notice, including whether you may qualify for one or more discounts or special rates or whether your premium is accurate, please call your Allstate Agent.

X5284-12

## Voluntary Provider Networks

We want to let you know about a program that may be available to you.

If you, or anyone covered under your policy, is injured in a loss covered under your auto policy, a Voluntary Provider Network may be available to you. A Voluntary Provider Network includes a variety of participating medical providers that can treat those injuries.

Voluntary Provider Networks maintain lists of their participating providers. In the event that you experience a loss, your claims representative can provide you with contact information for any participating Allstate networks that may be available in your state at that time.



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You are under no obligation to use a medical provider who is a member of one of these networks, and you are free to seek medical services from a provider of your choice. There is no penalty if you choose a provider outside the network. If you are injured and treated by a provider who is a member of one of the participating networks, we may review their bills for covered medical services for re-pricing based on the approved rate for that provider's network.

You do not need to make a choice about these networks at this time. Please keep in mind that using a provider within a network should not be considered a confirmation that you have coverage. This notice is for informational purposes only.

**X73469**

## **Notice of Right to Designate a Third Party**

---

We want you to know that you have the right to designate one additional individual to receive copies of any coverage termination notices that we may issue if you fail to pay the required premium when due. You also have the right to replace the individual you previously designated or terminate the third party designation entirely. This third party will not receive copies of your regular billing statements or any other documents for your policy.

### **How to start, change or end a third party designation**

To add, change or remove a third party simply contact your Allstate Agent or representative to receive a copy of a Third Party Designation form. After you return the form with the name and address of the designee or any changes you wish to make, we will process your request.

Additionally, we will notify you annually of your right to designate a third party. If you have already designated a third party and do not wish to make any changes, you do not need to do anything.

### **If you have questions**

Please contact your Allstate Agent or representative, or call us at 1-800-ALLSTATE (1-800-255-7828) if you have any questions or would like more information.

**X73598**



Thank you for choosing Allstate



**Proof of Insurance Card**

For your convenience, two insurance cards have been included for each vehicle. State law requires that one of these cards be kept in each vehicle. Please place them in your vehicles by the effective date.



IDCA



Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.



Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.



Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.

**California Proof of Auto Insurance Card**



Allstate Northbrook Indemnity Company  
PO Box 660598, Dallas, TX 75266-0598  
Carrie Weil  
1116 Heavenly Drive  
Martinez CA 94553-3513

NAIC# 36455

This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER  
**27 326 599**  
EFFECTIVE DATE  
**2/17/17**  
EXPIRATION DATE  
**8/17/17**

YEAR / MAKE / MODEL  
**2009 Honda Civic**  
VEHICLE ID NUMBER  
**19XFA16539E004872**

This card must be carried in the vehicle at all times as evidence of insurance.

**California Proof of Auto Insurance Card**



Allstate Northbrook Indemnity Company  
PO Box 660598, Dallas, TX 75266-0598  
Carrie Weil  
1116 Heavenly Drive  
Martinez CA 94553-3513

NAIC# 36455

This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER  
**927 326 599**  
EFFECTIVE DATE  
**02/17/17**  
EXPIRATION DATE  
**08/17/17**

YEAR / MAKE / MODEL  
**2009 Honda Civic**  
VEHICLE ID NUMBER  
**19XFA16539E004872**

This card must be carried in the vehicle at all times as evidence of insurance.

*Please use the printed Insurance Cards below.*

*Please use the printed Insurance Cards below.*

*Please use the printed Insurance Cards below.*

*Please use the printed Insurance Cards below.*

*Please use the printed Insurance Cards below.*

*Please use the printed Insurance Cards below.*

**If you have an accident or loss:**

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to [allstate.com](http://allstate.com) or contact your Allstate agent as soon as possible.

Jeff Macdonald  
(925) 673-2170  
5433-A Clayton Rd  
Clayton, CA 94517

**If you have an accident or loss:**

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to [allstate.com](http://allstate.com) or contact your Allstate agent as soon as possible.

Jeff Macdonald  
(925) 673-2170  
5433-A Clayton Rd  
Clayton, CA 94517

Carrie Weil  
1116 Heavenly Drive  
Martinez, CA 94553  
925-628-3104  
[carrie.weil@yahoo.com](mailto:carrie.weil@yahoo.com)

June 20, 2017

Dear Liz,

Please find enclosed my contract for the 2017-2018 school year along with the current W-9 and additional insurance forms. I updated the first page of the contract to reflect my hourly rate change.

Please let me know if you need further information from me.

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read "Carrie Weil", written in a cursive style.

Carrie Weil