

Commercial Certificate of Insurance



FARMERS

Agency
 Name • Karen Mulvana
 & • 3119 Clayton Road
 Address • Concord, CA 94565

Issue Date (MM/DD/YY) 01/26/11

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 96 Dist. 77 Agent 332

Companies Providing Coverage:

Insured
 Name • Alisha Jensen
 & • Alisha Jensen
 Address • 121 Oak Court
 • Hercules, CA 94547

- Company A Truck Insurance Exchange
Letter
- Company B Farmers Insurance Exchange
Letter
- Company C Mid-Century Insurance Company
Letter
- Company D
Letter

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.

Cn. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
C	General Liability	601254158	01/26/11	01/26/12	General Aggregate	\$ 2,000,000
	✗ Commercial General Liability				Products-Comp/OPS Aggregate	\$ 2,000,000
	✗ - Occurrence Version				Personal & Advertising Injury	\$ 1,000,000
	Contractual - Incidental Only				Each Occurrence	\$ 1,000,000
	Owners & Contractors Prot.				Fire Damage (Any one fire)	\$ 100,000
					Medical Expense (Any one person)	\$ 5,000
B	Automobile Liability	604789018	01/05/11	01/05/11	Combined Single Limit	\$
	✗ All Owned Commercial Autos				Bodily Injury (Per person)	\$ 1,000,000
	Scheduled Autos				Bodily Injury (Per accident)	\$ 1,000,000
	Hired Autos				Property Damage	\$ 1,000,000
Non-Owned Autos	Garage Aggregate	\$				
	Garage Liability					
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory	
					Each Accident	\$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

Description of Operations/Vehicles/Restrictions/Special Items:

Certificate Holder

Name • Mt. Diablo Unified School District
 & • 1480 Gasoline Alley
 Address • Concord, CA 94520

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative