



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/16/2012

**PRODUCER**  
THANDI INSURANCE BROKERAGE  
LIC# OB09151  
3090 INDEPENDENCE DRIVE, SUITE 246  
LIVERMORE, CA 94551  
TEL: (925) 262 1999

**INSURED**  
PAWAR, MANVIR SINGH  
PAWAR TRANSPORTATION AND CAB LLC  
3673 VISTA CHARONOAKS  
WALNUT CREEK CA 94598

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 BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: MOUNT VERNON FIRE INS CO	
INSURER B: ARGONAUT MIDWEST INSURANCE CO	
INSURER C: SOUTHERN INSURANCE GROUP	1786D
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
						DESCRIPTION	AMOUNT
A	<input type="checkbox"/>	GENERAL LIABILITY	CL2343823B	02/12/2012	02/12/2013	EACH OCCURENCE	\$ 2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input type="checkbox"/>				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/>				GENERAL AGGREGATE	\$ 3,000,000
		<input type="checkbox"/>				PRODUCTS - COM/PROP AGG	\$ 1,000,000
		<input type="checkbox"/>					\$
B	<input type="checkbox"/>	AUTOMOBILE LIABILITY	BA 8040080	03/13/2012	03/13/2013	COMBINED SINGLE LIMIT (Each Occurrence)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 1,000,000
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 300,000
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 50,000
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
	<input type="checkbox"/>	GARAGE LIABILITY				AUTO ONLY: AGG	\$
		<input type="checkbox"/> ANY AUTO				EACH OCCURENCE	\$
		<input type="checkbox"/>				AGGREGATE	\$
		<input type="checkbox"/>					\$
C	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY	WS10028677	09/26/2011	09/26/2012	<input type="checkbox"/> WGTATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				E.L. EACH ACCIDENT	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		<input type="checkbox"/> RETENTION \$				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	<input type="checkbox"/>	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Per schedule on file. For hire and rewards transportation. The district, it's officers, employees, board members and trustees are named insured.

**CERTIFICATE HOLDER**  
MT. DIABLO UNIFIED SCHOOL DISTRICT  
1936 CARLOTTA DR  
CONCORD  
CA 94519

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE