A	CORD. CERTIFIC	ATE OF LIABIL			OPID AI BAYHI-2	06/27/11	
P.O.	Insurance Associates Box. 2516		ONLY AND HOLDER, T	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.			
Dublin CA 94568 Phone: 925-737-1560 Fax: 925-737-1567			INCIDEDS	INSURERS AFFORDING COVERAGE			
PROTE: 923-737-1300 Fax: 923-737-1307				INSURER A: Philadelphia Insurance			
Bay Area Educational Institute Inc, DBA Bayhill High School 521 Boden Way Oakland CA 94610				The production of the second s			
			INSURER C:	INSURER C:			
			INSURER D:	INSURER D:			
			INSURER E:	INSURER E:			
COVER	*** WE WAS A STATE OF THE STATE	E RECUIROUSO TO THE INCUISED NAME	ICD ABOVE FOR THE BO	LICY BERIOD INDICATE	ED NOTWITHSTANDING		
ANY R	DLICIES OF INSURANCE LISTED BELOW HAV EQUIREMENT, TERM OR CONDITION OF ANY ERTAIN, THE INSURANCE AFFORDED BY TH ES. AGGREGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER DOCUMENT WE'RE POLICIES DESCRIBED HEREIN IS SUI	ITH RESPECT TO WHICH	1 THIS CERTIFICATE M IS, EXCLUSIONS AND (	AY BE ISSUED OR	۵	
NSR ADD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY		27 NO 1770 OF ALASS		EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000	
AX		PHPK715477	06/01/11	06/01/12	PREMISES (Ea occurence)	\$ 100000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000 \$ 1000000	
					PERSONAL & ADV INJURY  GENERAL AGGREGATE	\$ 2000000 \$ 2000000	
	GENL AGGREGATE UMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2000000	
	X POLICY PRO- LOC						
	AUTOMOBILE LIABILITY  ANY AUTO	SUE	BMITTED TO FISCAL	SERVICES	COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS	-	SEP 132	011	BODILY INJURY (Per person)	\$	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
						\$ 4000000	
	EXCESS/UMBRELLA LIABILITY	DWWD040074	06/01/11	06/01/12	AGGREGATE	s 4000000 s 4000000	
X	X OCCUR CLAIMS MADE F	PHUB343974			AGGREGATE	\$	
	DEDINATION E				-	\$	
	X RETENTION \$10000					\$	
wo	RKERS COMPENSATION AND		-		X WC STATU- OTH-		
B EM	MPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?  WCC0019049		04/01/11	04/01/12	E.L. EACH ACCIDENT	\$ 1000000	
OFF					E.L. DISEASE - EA EMPLOYEE	\$ 1000000	
	s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1000000	
ОТІ	HER					8	
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOR	SEMENT / SPECIAL PRO	VISIONS			
Certi	ficate holder is name	d as additional ins	sured with r	espects to			
	lity arising our of s	ervices provided by	the named	insured per	form		
	26 07 04.		•				
*Exce	ept 10 days notice for	Non-Payment of Pre	emium				
,-					/F	3/	
CERTIF	ICATE HOLDER		CANCELLATI		BED POLICIES BE CANCELLED	REFORE THE EVOIDATION	
		MDUSD			R WILL ENDEAVOR TO MAIL		
			DATE THEREOF	CERTIFICATE HOLDE	NAMED TO THE LEFT RUTEA	ILURE TO DO SO SHALL	
	Mt Diablo Unified S	School Dist		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, IT'S AGENTS OR			
1936 Carlotta Dr Concord CA 94519				REPRESENTATIVES.			
				Club	McAdams		
					0.10000	ORPORATION 1988	

OP ID: MG

**ACORD** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/11 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). PRODUCER 626-405-8031 Chapman PHONE (A/C, No. Ext): E-MAIL FAX (A/C, No): 626-405-0585 License #0522024 ADDRESS: PRODUCER P. O. Box 5455 CUSTOMER ID #: CONTR-1 Pasadena, CA 91117-0455 INSURER(S) AFFORDING COVERAGE NAIC # Contra Costa Arc INSURER A : NIAC NIAC 1340 Arnold Drive Ste. 127 INSURER B : Liberty Mutual 23043 Martinez, CA 94553 INSURER C: INSURER D: INSURER E : INSURER F: 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. ADOL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) Α Х X COMMERCIAL GENERAL LIABILITY 07/01/11 201111264NPO 07/01/12 100,000 \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) Х Prof. Liab. \$3MM/\$1MM 1,000,000 PERSONAL & ADV INJURY \$ X Abuse Liab. INCLUDED 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY PRO-Emp Ben. 1,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident) Х 07/01/11 07/01/12 ANY AUTO 201111264NPO **80DILY INJURY (Per person)** ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE S COMP DED: \$500 HIRED AUTOS (Per accident) NON-OWNED AUTOS COLLISION DED: \$500 \$ UMBRELLA LIAB OCCUR 2,000,000 \$ EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE 2,000,000 AGGREGATE 07/01/11 07/01/12 201111264UMB DEDUCTIBLE \$ Х RETENTION WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WC7641441542011 07/01/11 07/01/12 1,000,000 E.L. EACH ACCIDENT N/A E.L. DISEASE • EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Mount Diablo Unified School District is named additional insured with respect to the operations of the named insured. Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium. CERTIFICATE HOLDER CANCELLATION MOUNTD1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Mount Diablo Unified School District AUTHORIZED REPRESENTATIVE Risk Management Department 1936 Carlotta Dr Concord,, CA 94519