



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/04/2010

PRODUCER STATE FARM INSURANCE 3425 25th ST SAN FRANCISCO, CA 94114 	THIS CERTIFICATION 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.												
INSURED ALISHA JENSEN 121 OAK CT HERCULES, CA 94547	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Fire and Casualty Company 25143</td> <td>25143</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Fire and Casualty Company 25143	25143	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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 ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LCC	97-BLL-8794	01/04/2010	01/04/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMSES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	97-BLL-8794	01/04/2010	01/04/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000
<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
<input type="checkbox"/>	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below.				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EA, EACH ACCIDENT \$ EA, DISEASE - EA EMPLOYEE \$ EA, DISEASE - POLICY LIMIT \$
<input type="checkbox"/>	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

ADDITIONAL INSURED: MT. DIABLO UNIFIED SCHOOL DISTRICT, IT'S OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS.

CERTIFICATE HOLDER

ADDITIONAL INSURED:
 MT. DIABLO UNIFIED SCHOOL DISTRICT
 1480 GASOLINE ALLEY
 CONCORD, CA 94520

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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
 David Chacon



State Farm Insurance Companies
RECEIPT OF PAYMENTS

Payment Date: 01/04/2010
Payment Amount Due: \$ 250.00

Description	Amount Paid
----- Alisha Jensen Business Policy # 97BLL8794	----- \$250.00

Thank you for your payment on the above application.

Payments are subject to collection and policy provisions. We appreciate your business.

A handwritten signature in black ink, appearing to read "Ed Hidalgo", written over a horizontal line.

Authorized by: Ed Hidalgo

Commercial Certificate of Insurance



FARMERS

Agency
 Name
 &
 Address

- Karen Mulvana
- 3119 CLAYTON RD
- Concord, CA 94519-2732
- 925-671-4763

Issue Date (MM/DD/YY) 01/06/2010

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
 &
 Address

- ALISHA JENSEN
- ALISHA JENSEN
- 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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/OPS Aggregate	\$ \$
	Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)				\$ \$ \$ \$	
B	Automobile Liability All Owned Commercial Autos x Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	604789018	01/05/2010	01/05/2011	Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ \$ 1,000,000 \$ 1,000,000 \$ 1,000,000 \$
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$ \$

Description of Operations/Vehicles/Restrictions/Special items:
 Vehicle(s): 2003 CHEVROLET K2500HD SI 1GCHK23173F143249
 Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).

Certificate Holder
 Name
 &
 Address

- MT. DIABLO UNIFIED SCHOOL DIST
- 1480 GASOLINE ALY
- 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.

Karen Mulvana
 Authorized Representative

FARMERS INSURANCE GROUP OF COMPANIES

THANK YOU FOR PAYMENT

Acceptance of the sum mentioned below does not modify or alter the terms of the application or provision of any policy subsequently issued.

Receipt Number: +06051841

Date: 01/06/2010

Payment Received from: ALISHA JENSEN

Time: 09:18 AM Pacific Time

Policy/Account Number	Transaction Type	Amount	Company Name
AM84925	NEW ACCOUNT/REOPENING	\$378.20	9 - Farmers Payment Plans

Commercial Insurance

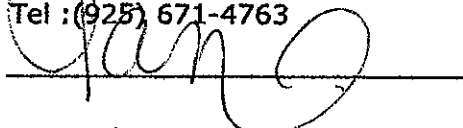
Total Amount Received
Check Number 003426 \$378.20

Agent Name & Address

Karen C Mulvana
3119 CLAYTON RD
Concord, CA 94519-2732
Tel : (925) 671-4763

Regional Office Address
PO BOX 1900
PLEASANTON
CA 94588-9983

Received By



Save time, money and the environment by asking your agent about setting up EFT automatic payments or other paperless billing options. Or, visit Farmers.com today to make online payments.

ASK US ABOUT LIFE INSURANCE