



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2018

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.

REI RESERVATIVE ON I ROBBEET, AND THE SERVICION TO HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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					CONTACT Support at Valley Insurance					
Valley Insurance Associates Lic# 0355048					PHONE: (925) 300-4510 (A/C, No. Ext): (925) 977-1681					
6008 Lakeview Circle					E-MAIL poul@yallovinc.com					
COO EMICTION OILUIC					ADDRESS: Paul@vaileyilis.com INSURER(S) AFFORDING COVERAGE NAIC #					
San Ramon CA 94582					INSURER A: Evanston Insurance Company				35378	
INSURED					INSURERB: Great American Insurance Co.					
Hope Academy for Dyslexics					INSURER C:					
5353 Concord Blvd.					INSURER D:					
					INSURER E :					
Concord CA 94521					INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL189200276					4 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 REDUC						REDUCED BY PAID CLAIMS.				
INSR LTR TYPE OF INSURANCE	INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	MM/DD/YYYY)   (MM/DD/YYYY)   LIMIS					
COMMERCIAL GENERAL LIABILITY								\$ 2,000		
CLAIMS-MADE 🔀 OCCUR								\$ 50,00		
								\$ 1,000		
A	Y		2AA124630		09/29/2018	09/29/2019		\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	1961							\$ 2,000		
POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000	
OTHER:							COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY							(Ea accident)	\$		
ANY AUTO OWNED SCHEDULED	ANY AUTO						The second secon	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED		1					POOREDT/ DAVAGE	\$		
AUTOS ONLY AUTOS ONLY					1		(Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR				ı				\$		
EXCESS LIAB CLAIMS-MADE								\$		
DED   RETENTION \$   WORKERS COMPENSATION		$\dashv$						\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								OTH- ER		
(Mandatory in NH)  If yes, describe under	der l							\$		
DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT	\$		
B D&O			EPP9428864		05/15/2018	05/15/2019		\$ 1,00	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule, i	nay be at	tached if more sp	ace is required)				
Mt Diablo Unified School District is named additional insured with respect to Liability araising out of work or operations performed										
by the Consultant/Named Insured per endorsem	ent M	EGL 0	009 15 16 attachted							
CERTIFICATE HOLDER				CANC	ELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
Mt. Diablo Unified School District		ACCORDANCE WITH THE POLICY PROVISIONS.								
1936 Carlotta Drive										
	AUTHORIZED REPRESENTATIVE									
Concord CA 94519					(hu foreful)					
L						4000 0045	000000000000000000000000000000000000000			



## **EVANSTON INSURANCE COMPANY**

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
LIQUOR LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

## SCHEDULE

Person Or Entity: MT. DIABLO UNIFIED SCHOOL DISTRICT

Address: 1936 CARLOLLA DRIVE, CONCORD, CA 94591

Interest Of The Above: LANDLORD

Additional Premium:

\$ 100

(Check box if fully earned X)

A. Who Is An Insured is amended to include as an additional insured the person or entity shown in the Schedule of this endorsement, but only with respect to negligent acts or omissions of the Named Insured and only with respect to any coverage not otherwise excluded in the policy.

## However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

Our agreement to accept an additional insured provision in a contract is not an acceptance of any other provisions of the contract or the contract in total.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

No coverage applies to the additional insured shown in the Schedule of this endorsement for injury or damage of any type to any "employee" of the Named Insured or to any obligation of the additional insured to indemnify another because of damages arising out of such injury or damage.

B. With respect to the insurance afforded to this additional insured, the following is added to limits of insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable limits of insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

All other terms and conditions remain unchanged.