



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/06/14

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).

<b>PRODUCER</b> R. C. Fischer & Co. P.O. Box 8101 Walnut Creek, CA 94596-8101 Gordon J. Fischer, CPCU	Phone: 925-932-7823 Fax: 925-932-0962	<b>CONTACT NAME:</b> Melissa Rivera <b>PHONE (A/C, No, Ext):</b> 925-627-5467 <b>E-MAIL ADDRESS:</b> mrivera@rcfischer.com <b>FAX (A/C, No):</b> 925-932-0962	
RECEIVED			
<b>INSURED</b> <b>CBEM, LLC</b> 3732 Mount Diablo Blvd., #395 Lafayette, CA 94549	JUN 10 2014	Budget & Fiscal Services	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Ins. Co	<b>NAIC #</b> 18058
		INSURER B:	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			PHPK1186127	06/06/14	06/06/15	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	GENL AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 3,000,000
										PRODUCTS - COMP/OP AGG \$ 3,000,000
										\$
A	AUTOMOBILE LIABILITY			PHPK1186127	06/06/14	06/06/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$			
										\$
A	UMBRELLA LIAB			PHUB461916	06/06/14	06/06/15	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> OCCUR				AGGREGATE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE						\$			
DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A			WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$			
										E.L. DISEASE - POLICY LIMIT \$
A	Human Services			PHPK1186127	06/06/14	06/06/15	Incident 1,000,000			
	Professional Liab*						Aggregate 1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

10 day notice in the event of cancellation for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

<p style="text-align: center; font-weight: bold;">MTDIA-2</p> <p>Mt. Diablo Unified School  District  1936 Carlotta Drive  Concord, CA 94519</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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**NOTEPAD:**

HOLDER CODE MTDIA-2  
INSURED'S NAME CBEM, LLC

CBEMI-1  
OP ID: MR

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Mt. Diablo Unified School District is named additional insured with respect to liability arising out of work or operations performed by the Consultant / Named insured per the attached form PI-GLD-HS (10/11).