



THE HARTFORD  
BUSINESS SERVICE CENTER  
3600 WISEMAN BLVD  
SAN ANTONIO TX 78251

April 22, 2022

Mt. Diablo Unified School District  
1936 CARLOTTA DR  
CONCORD CA 94519

#### Account Information:

Policy Holder Details :	AERIES SOFTWARE INC DBA EAGLE SOFTWARE
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#### Contact Us

##### Need Help?

Start a live chat online or call us at  
(866) 467-8730.

We're here weekdays from 8:00 AM to  
8:00 PM ET.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/22/2022

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> USAA INSURANCE AGENCY INC/PHS 65812846 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	<b>CONTACT</b> <b>NAME:</b> <b>PHONE</b> (888) 242-1430 <b>FAX</b> (888) 443-6112 (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>																					
<b>INSURED</b> AERIES SOFTWARE INC DBA EAGLE SOFTWARE 770 THE CITY DR S STE 6500 ORANGE CA 92868-4900	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Sentinel Insurance Company Ltd.</td><td>11000</td></tr> <tr> <td>INSURER B :</td><td>Hartford Fire and Its P&amp;C Affiliates</td><td>00914</td></tr> <tr> <td>INSURER C :</td><td>Hartford Accident and Indemnity Company</td><td>22357</td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A :	Sentinel Insurance Company Ltd.	11000	INSURER B :	Hartford Fire and Its P&C Affiliates	00914	INSURER C :	Hartford Accident and Indemnity Company	22357	INSURER D :			INSURER E :			INSURER F :		
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## 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/Y YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X		65 SBA ZR4589	04/30/2022	04/30/2023	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	General Liability						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$1,000,000
							MED EXP (Any one person)
							\$10,000
C	GEN'L AGGREGATE LIMIT APPLIES PER:	X		65 UEC UW6307	04/30/2022	04/30/2023	PERSONAL & ADV INJURY
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						\$1,000,000
	OTHER:						GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
A	AUTOMOBILE LIABILITY	X		65 SBA ZR4589	04/30/2022	04/30/2023	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO						\$1,000,000
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)
	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB EXCESS LIAB	X		65 UEC UW6307	04/30/2022	04/30/2023	
	DEED <input checked="" type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE
							\$5,000,000
							AGGREGATE
							\$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	65 SBA ZR4589	04/30/2022	04/30/2023	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						X PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT
							\$1,000,000
							E.L. DISEASE -EA EMPLOYEE
				65 WEC ZQ9721	04/30/2022	04/30/2023	\$1,000,000
							E.L. DISEASE - POLICY LIMIT
							\$1,000,000

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

Those usual to the Insured's Operations. Certificate holder is named as an Additional Insured as per Business Liability Coverage form SS0008 attached to this Policy. Certificate holder is an additional Insured per the Commercial Auto Broad Form Endorsement HA9916, attached to this policy.

## 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

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