## ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 4/20/17

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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). **PRODUCER** CONTACT **Shelaine Gonsalves** NAME Heffernan Insurance Brokers PHONE FAX 1350 Carlback Avenue 925-934-8500 925-934-8278 (A/C,No,Ext): (A/C,No) Walnut Creek, CA 94596 **EMAIL** ShelaineG@heffins.com ADDRESS: CA License #0564249 **INSURERS AFFORDING COVERAGE** NAIC# INSURED INSURER A: Philadelphia Indemnity Saint Mary's College of California United Educators INSURER B: P.O. Box 3554 Travelers Property Casualty Co. of INSURER C: America Moraga CA 94575 INSURER D: INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT 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 POLICY FFF SUBR POLICY EXP TYPE OF INSURANCE POLICY NUMBER LTR INSR WVD (MM/DD/YYYY) (MM/DD/YYYY) GENERAL L LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED Α Х COMMERCIAL GENERAL LIABILITY х \$300,000 PREMISES (Ea. occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$15,000 х PROFESSIONAL LIABILITY PHPK1517794 08/01/16 08/01/17 PERSONAL & ADV INJURY \$1,000,000 Х AGGREGATE \$1,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L. AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$2,000,000 POLICY PROJECT **EMPLOYEE BENEFITS** \$1,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 (Ea accident) Α Х ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED х ALL OWNED AUTOS PHPK1517794 08/01/16 08/01/17 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS \$ **AUTOS** (Per accident) HIRED/PHYSICAL ACV Sched. х х DEDUCTIBLE: COMP/COLL \$1,000 DAMAGE AUTOS В Х UMBRELLA LIAB OCCUR EACH OCCURRENCE \$25,000,000 **EXCESS LIAB** CLAIMS-MADE GLX201600369700 08/01/16 08/01/17 AGGREGATE \$25,000,000 X RETENTION DED \$1,000,000 WORKERS COMPENSATION WC STATU-OTHER AND EMPLOYERS' LIABILITY TORY LIMITS Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE/ E.L. EACH ACCIDENT \$1,000,000 С N/A TC2JUB419J680316 OFFICER/MEMBER EXCLUDED? 07/01/16 07/01/17 (Mandatory in N.H.) 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) Re: As Per Contract or Agreement on File with Insured. Mt. Diablo Unified School District is included as an additional insured on General Liability policy, if required. The additional insured endorsement has been requested for General Liability policy from the insurance company and if approved will be forwarded when received. CERTIFICATE HOLDER 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. Mt. Diablo Unified School District AUTHORIZED 1936 Carlotta Drive REPRESENTATIVE Concord, CA 94519