

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2024

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 SUBROGATIONIS 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).

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PRODUCER	CONTACT						
NUTMEG INS AGENCY INC/PHS	NAME:						
76210775		(888) 925-3137 FAX (A/C, No):					
The Hartford Business Service Center	(A/C, No, Ext):	(A/C, NO).					
3600 Wiseman Blvd	E-MAIL						
San Antonio, TX 78251	ADDRESS:						
Sall Allionio, 1X 70231	INSURER(S) AFFORDING COVERAGE NAIG						
INSURED	INSURER A: Sentinel Insurance	Company Ltd.	11000				
AIR TUTORS LLC	INSURER B:						
2830 SEBASTAN LN STOCKTON CA 95212-2846	INSURER C:						
01001(101101101122010	INSURER D:						
	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELI	OW HAVE BEEN ISSUED TO THE INSU	IRED NAMED ABOVE FOR T	HE 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 TYPE OF INSURANCE ADDL SUBR POLICY NUMB	ER POLICY EFF POLICY EXP	LIMIT	S				

COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED CLAIMS-MADE Х OCCUR \$1,000,000 PREMISES (Ea occurrence) General Liability \$10,000 Χ MED EXP (Any one person) PERSONAL & ADV INJURY Α Χ 76 SBU BH9127 02/01/2024 02/01/2025 \$2,000,000 \$4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-POLICY Х LOC PRODUCTS - COMP/OP AGG \$4,000,000 JECT OTHER: COMBINED SINGLE LIMIT \$2,000,000 **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEDULED 76 SBU BH9127 02/01/2024 02/01/2025 BODILY INJURY (Per accident) Α **AUTOS** AUTOS HIRED NON-OWNED PROPERTY DAMAGE Х Χ **AUTOS** AUTOS (Per accident) OCCUR EACH OCCURRENCE **UMBRELLA LIAB** CLAIMS-**EXCESS LIAB** AGGREGATE MADE DED RETENTION \$ WORKERS COMPENSATION PER ОТН-AND EMPLOYERS' LIABILITY STATUTE Y/N E.L. EACH ACCIDENT PROPRIETOR/PARTNER/EXECUTIVE N/ A OFFICER/MEMBER EXCLUDED? E.L. DISEASE -EA EMPLOYEE (Mandatory in NH) If ves. describe under E.L. DISEASE - POLICY LIMIT **DESCRIPTION OF OPERATIONS below DATA BREACH - DEFENSE &** 76 SBU BH9127 02/01/2024 02/01/2025 Limit \$50,000 LIAB COVG

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 an additional insured per the Business Liability Coverage Form SS0008 attached to this policy

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
1936 CARLOTTA DR	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
CONCORD CA 94519	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Sugar S. Castaneda

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PRODUCER A J GALLAGHER RISK MGMNT SVCS/PHS 83550537 The Hartford Business Service Center 3600 Wiseman Blvd				CONTACT NAME: PHONE (888) 920-6259 FAX (A/C, No, Ext): E-MAIL ADDRESS:						
San	Antonio, TX 78251				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#				NAIC#	
INSURED				INSURER A: Hartford Fire and Its P&C Affiliates					00914	
AIR	TUTORS LLC				INSURE	RB:				
2830 SEBASTAN LN			INSURER C :							
510	CKTON CA 95212-2846				INSURER D:					
				-	INSURER E :					
				-	INSURER F:					
CO1	/ERAGES CI	DTIE	IC A TI	E NUMBER:	INSURE	Kr.	DEVIC	ION NUMBER:		
TH INI CE TE	IIS IS TO CERTIFY THAT THE POLICIE: DICATED.NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MA RMS, EXCLUSIONS AND CONDITIONS	S OF I EQUIR AY PE OF SI	NSURA EMENT RTAIN UCH PO	ANCE LISTED BELO F, TERM OR CONDI , THE INSURANCE	TION O	F ANY CONTRAC RDED BY THE I IAY HAVE BEEN I	TO THE INSURE OT OR OTHER I POLICIES DESI REDUCED BY P	ED NAMED ABOVE DOCUMENT WITH CRIBED HEREIN	RESPECT	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBE	R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC OTHER:							EACH OCCURRENCE DAMAGE TO RENTE PREMISES (Ea occur MED EXP (Any one p PERSONAL & ADV I GENERAL AGGREG PRODUCTS - COMF	ED rrrence) person) NJURY GATE P/OP AGG	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	
	ANY AUTO							BODILY INJURY (Pe	er person)	
	ALL OWNED AUTOS AUTOS NON-OWNED AUTOS AUTOS							BODILY INJURY (Per PROPERTY DAMAG (Per accident)		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		83 WEC AU2A	3 WEC AU2AGJ		10/01/2024	X PER STATUTE E.L. EACH ACCIDEN E.L. DISEASE - EA E E.L. DISEASE - POL	MPLOYEE	\$1,000,000 \$1,000,000 \$1,000,000	
	RIPTION OF OPERATIONS / LOCATIONS / VE se usual to the Insured's Operations.								SS0008	attached to this
CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 CARLOTTA DR				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						
CONCORD CA 94519				IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Susan S. Castaneda						

POLICY NUMBER: 76 SBU BH9127



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

THE HAWTHORNE SCHOOL DISTRICT, ITS GOVERNING BOARD AND THE INDIVIDUAL MEMBERS, THEREOF AND ALL DISTRICT OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS
14120 HAWTHORNE BLVD
HAWTHORNE CA 90250

MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR CONCORD, CA 94519

Form IH 12 00 11 85 T SEQ. NO. 001 Printed in U.S.A. Page 001

Process Date: 11/14/23 Expiration Date: 02/01/25