

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/14/2016

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).

certificate holder in lieu of such endorsement(s).										
PRODU	CER		NAME: Pal							
Om	Insurance		PHONE (A/C, No	o, Ext): 4082	2610884	FAX (A/C, No): 4085169789				
1336	3 Trestlewood Lane		ADDRESS: alisettyp@gmail.com							
San Jose, CA 95138					INSURER(S) AFFORDING COVERAGE				NAIC#	
				INSURE	RA: Lloyds	of London				
INSURE	D		INSURER B:							
360 Degree Customer,Inc					INSURER C:					
4423 Fortran Dr					INSURER D:					
				INSURER E:						
San Jose			95134	INSURER F:						
COVE	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 SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
Αλ	COMMERCIAL GENERAL LIABILITY	X	ATR/O/232299	_	02/17/16	02/17/17	EACH OCCURRENCE	\$	2000000	
							DAMAGE TO RENTED		E00000	

INSR LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Х	ATR/O/232299	02/17/16	02/17/17	EACH OCCURRENCE	\$ 2000000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500000		
						MED EXP (Any one person)	\$ 5000		
						PERSONAL & ADV INJURY	\$ 2000000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4000000		
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2000000		
	OTHER:						\$		
А	AUTOMOBILE LIABILITY	Х	ATR/O/232299	02/17/16	02/17/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 2000000		
	ANY AUTO					BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
							\$		
	X UMBRELLA LIAB X OCCUR		ATR/O/232299	02/17/16	02/17/17	EACH OCCURRENCE	\$ 5000000		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5000000		
	DED RETENTION \$					LDED LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	9114244-2015	01/29/16	01/29/17	E.L. EACH ACCIDENT	\$ 2000000		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$ 2000000		
	DESCRIPTION OF OPERATIONS below	'				E.L. DISEASE - POLICY LIMIT	\$ 2000000		
A Professional Liability/E MPL 1693279 16 02/02/16 02/02/17 20000						2000000			
	and O			Retro Date: 02/02/16					
I									

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

CERTIFICATE HOLDER

MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 Carlotta Drive Concord, CA 94519-1397

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

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