HBCT02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2012

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.

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PRODUCER License # 0564249		CONTACT NAME:					
(MP) Heffernan Insurance Brokers 1460B O'Brien Drive		PHONE (A/C, No, Ext): 1 (650) 842-5200 FAX (A/C, No): 1 (650))) 842-5201				
Menlo Park, CA 94025		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Travelers Property Casualty Insurance Company o 25674					
INSURED		INSURER B: Atlantic Specialty Insurance Company					
PHD Architects		INSURER C:					
3211 Ronino Way		INSURER D:					
Lafayette, CA 94549		INSURER E:					
		INSURER F:					
COVERACES	CEDITICIOATE NUMBER.	DEVICION NUMBER.					

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		ADDL:		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY				, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY		6800517M425	4/22/2012	4/22/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	2,000,000
						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	4,000,000
	POLICY X PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
Α	ANY AUTO		6800517M425	4/22/2012	4/22/2013	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	UB5804Y267	4/22/2012	4/22/2013	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Professional		DPL-1837-12	10/7/2012	4/22/2014	Per Claim		1,000,000
В	Liability		DPL-1837-12	10/7/2012	4/22/2014	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Operations as per contract on file with Insured.

CERTIFICATE HOLDER	CANCELLATION

Johnson Controls, Inc. Attn: Timothy Clark 103 Woodmere Road, Suite 110 Folsom, CA 95630 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

HBCT02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2012

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PRODUCER License # 0564249	CONTACT NAME:		
(MP) Heffernan Insurance Brokers 1460B O'Brien Drive	PHONE (A/C, No, Ext): 1 (650) 8	42-5200 FAX (A/C, No)	_{):} 1 (650) 842-5201
Menlo Park, CA 94025	E-MAIL ADDRESS:		
	INSUR	ER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Travelers I	Property Casualty Insurance Com	npany o 25674
INSURED	INSURER B : Atlantic S	pecialty Insurance Company	!
PHD Architects	INSURER C:		
3211 Ronino Way	INSURER D:		
Lafayette, CA 94549	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY		6800517M425	4/22/2012	4/22/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	2,000,000
						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	4,000,000
	POLICY X PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
Α	ANY AUTO		6800517M425	4/22/2012	4/22/2013	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	UB5804Y267	4/22/2012	4/22/2013	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Professional		DPL-1837-12	10/7/2012	4/22/2014	Per Claim		1,000,000
В	Liability		DPL-1837-12	10/7/2012	4/22/2014	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Cert Holder Cont: Asst. Program Manager 2010 Measure C, Holbrook Elementary School. Operations as per contract on file with Insured.

CERTIFICATE HOLDER	CANCELLATION

Mount Diablo Unified School District Attn: Mitchell Stark, CCM 3333 Ronald Way Concord, CA 94519 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

HBCT02



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DATE (MM/DD/YYYY) 10/16/2012

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PRODUCER License # 0564249		CONTACT NAME:				
(MP) Heffernan Insurance Brokers 1460B O'Brien Drive	•	PHONE (A/C, No, Ext): 1 (650) 842-5200	FAX (A/C, No): 1 (650) 842-5201		
Menlo Park, CA 94025		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Travelers Property Casualty Insurance Company o 25674				
INSURED		INSURER B: Atlantic Specialty Insurance Con	npany			
PHD Architects		INSURER C:				
3211 Ronino Way		INSURER D:				
Lafayette, CA 94549		INSURER E:				
		INSURER F:				
COVEDAGES	CEDTIEICATE NI IMPED.	DEVISION NIIM	DED.			

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INSR LTR		ADDL:		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY				, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	\$	2,000,000
Α	X COMMERCIAL GENERAL LIABILITY		6800517M425	4/22/2012	4/22/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	2,000,000
						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	4,000,000
	POLICY X PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
Α	ANY AUTO		6800517M425	4/22/2012	4/22/2013	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	UB5804Y267	4/22/2012	4/22/2013	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Professional		DPL-1837-12	10/7/2012	4/22/2014	Per Claim		1,000,000
В	Liability		DPL-1837-12	10/7/2012	4/22/2014	Aggregate		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Operations as per contract on file with Insured.

CERTIFICATE HOLDER	CANCELLATION

Mt. Diablo Unified School Dist Attn: Jefferry McDaniel 1480 Gasoline Alley Concord, CA 94520

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AUTHORIZED REPRESENTATIVE

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PRODUCER License # 0564249		CONTACT NAME:				
(MP) Heffernan Insurance Brokers 1460B O'Brien Drive	•	PHONE (A/C, No, Ext): 1 (650) 842-5200	FAX (A/C, No): 1 (650) 842-5201		
Menlo Park, CA 94025		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Travelers Property Casualty Insurance Company o 25674				
INSURED		INSURER B: Atlantic Specialty Insurance Con	npany			
PHD Architects		INSURER C:				
3211 Ronino Way		INSURER D:				
Lafayette, CA 94549		INSURER E:				
		INSURER F:				
COVEDAGES	CEDTIEICATE NI IMPED.	DEVISION NIIM	DED.			

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INSR	TYPE OF INSURANCE	ADDL			POLICY EFF	POLICY EXP	LIMIT	
LTR		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		0.000.000
	GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
Α	X COMMERCIAL GENERAL LIABILITY			6800517M425	4/22/2012	4/22/2013	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 4,000,000
	POLICY X PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
Α	ANY AUTO			6800517M425	4/22/2012	4/22/2013	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		UB5804Y267	4/22/2012	4/22/2013	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
В	Professional			DPL-1837-12	10/7/2012	4/22/2014	Per Claim	1,000,000
В	Liability			DPL-1837-12	10/7/2012	4/22/2014	Aggregate	1,000,000

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CERTIFICATE HOLDER	CANCELLATION

Mt. Diablo Unified School Dist Mr. Timothy M. Cody 1480 Gasoline Alley Concord, CA 94520

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AUTHORIZED REPRESENTATIVE