		~
AC	OR	D_{ϵ}
` []		

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/23/2015

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.

REPRESENTATIVE OR PRODUCER, AI	ND THE	CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder in terms and conditions of the policy, conditions of the policy, conditions and conditions of the policy.	ertain no	dicies may require an en	policy(les) must be dorsement. A state	endorsed. If	SUBROGATION IS WA	IVEO, su	ubject to the
certificate noticer in fleu of such endors	sement(s),					
PRODUCER	CONTACT MARY@EBASSOC.COM						
ERNEST BLOOMFIELD & ASSOCIATES REHABILITATION & RECOVERY INSURANCE AGENCY, INC.			PHONE (A/C, No. Ext): 415-272-0417 [A/C, No. 415-381-1303				81-1303
			E-MAIL ADDRESS:				
P.O. BOX 2163			INSURER(S) AFFORDING COVERAGE				NAIC#
SAN RAFAEL, CA. 94912			INSURER A: PHILADELPHIA INDEMNITY INSURANCE CO.				
LA CHEIM SCHOOL, INC.			INSURER B:				
P.O. BOX 21330 EL SOBRANTE, CA 94820-1330			INSURER C:				
			INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES		E NUMBER: 10061	0		REVISION NUMBER:		
CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH P	QUIREME ERTAIN, OLICIES.	NT, TERM OR CONDITION (THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE B	OF ANY CONTRACT (ED BY THE POLICIES IEEN REDUCED BY PA	OR OTHER DO DESCRIBED I NO CLAIMS,	かいいせいて いかい りじぐりころ	T TO LAG !	IOI E TELIO
	ADDL SUB INSR WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	KITS	
A GENERAL LIABILITY		PHPK857759	4/26/2015	04/25/2016	EACH OCCURRENCE	\$	1,000,000
X COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$	1,000,000
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	20,000
SEXUAL MISCONDUCT					PERSONAL & ADV INJURY	\$	1,000,000
MOLESTATION/INCLUD					GENERAL AGGREGATE	\$	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC					PRODUCTS - COMPIOP AGG	<u>s</u>	3,000,000
A AUTOMOBILE LIABILITY					CAMBINED SINGLE TIMIT	<u> </u>	
X ANY AUTO		PHPK857759	4/25/2015	04/25/2016		\$	1,000,000
ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per person)	3	
X HIRED AUTOS X NON-OWNED					BODILY INJURY (Per accident	 	
Autos					PROPERTY DAMAGE (Per accident)	3	
A X UMBRELLA LIAB X OCCUR		DUUDAAAA	LIDE ISOAP	0410510045		. \$	2 000 000
EXCESS LIAB CLAWS-MADE		PHUB380509	4/25/2015	04/25/2016	EACH OCCURRENCE	\$	3,000,000
DEO RETENTION \$	- 1		Ī		AGGREGATE	\$	3,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTI	1- 5	
ANY PROPRIETOR/PARTNER/EXECUTIVE				,	EL EACH ACCIDENT	4	
(Mandatory In NH)	N/A		ļ		E.L. DISEASE - EA EMPLOYE	E 3	
If yes, describe under DESCRIPTION OF OPERATIONS below		,			EL DISEASE - POLICY LIMIT		
	•				TEL DIDENCE - FOLIOT CIMIT	1.4	~
A PROFESSIONAL LIABILITY		PHPK857759	04/25/2015	04/25/2016	\$1,000,000 OCCUR	/\$3.000.0	000 AGG
A JEMPLOYEE DISHONESTY		PHPK857759	04/25/2015	04/25/2016	\$200,000 LIMIT-\$2,8		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (Attach /	ACORD 101, Additional Remarks S	chedule, if more soace is	retuired)			
CERTIFICATE HOLDER, ITS OFFICER THEIR INTEREST AS IT MAY APPEAR	S, AGE	N 18, AND EMPLOYEE	S ARE NAMED AS	ADDITION	AL INSURED BUT O	NLY AS	RESPECTS
	TORC	ONINCI.					
FAXED TO: 925-674-0667		•					
*10 DAY NOTICE OF GANGELLATION							
*10 DAY NOTICE OF CANCELLATION	FOR NO	ON-PAYMENT OF PREM	AIUM.				
CERTIFICATE HOLDER							
O LITTLE MOLDER	CANCELLATION						
MT. DIABLO UNIFIED SCHOOL DISTRICT 1938 CARLOTTA DRIVE CONCORD, CA 94519-1397			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
ATTN: YVONNE BENITEZ	AUTHORIZED REPRESENTATIVE						
			Colon fill				
4			ı C		79		

FUJMI1

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2015

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. If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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) PRODUCER License # 0564249 PHONE CAC No. Ext): 1 (650) 842-5200 E-Mail ADDRESS: Heffernan Insurance Brokers 1460B O'Brien Drive FAX, Not: 1 (650) 842-5201 Menio Park, CA 94025 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Cypress Insurance Company 10855 INSURED INSURER B: INSURER C: La Cheim School, Inc 4892 San Pablo Dam Rd INSURER D: El Sobrante, CA 94803 INSURER E: INSURER F REVISION NUMBER: COVERAGES CERTIFICATE 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY INSR LTR ADDLISUBR LIMITS TYPE OF INSURANCE NSD WYD **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea accurrence) CLAIMS-MADE **OCCUR** MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO: PROCUCTS - COMP/OP AGG POLICY LOC COMBINED SINGLE LIMIT [Ea accident] AUTOMOBILE LIABILITY **BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS NON-OVINED ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS **UMBRELLA LIAB EACH OCCURRENCE** OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X STATUTE 05/25/2015 05/25/2016 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? LAWC602073 E L. EACH ACCIDENT 1,000,000 OPPICTOREMENT OF COLORS OF COMMENT OF COLORS OF CO E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: As Per Contract or Agreement on File with Insured CANCELLATION CERTIFICATE HOLDER 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

1936 Carlotta Dr.

Concord, CA 94519

Non Public Schools/Alternative Dispute Resolutions

ALITHORIZED REPRESENTATIVE

POLICY NO: PHPK857758

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Mt. Diablo unified School District, its Officers, Agents, Employees and Commissioners 1936 Carlotta Drive Concord, CA 94619-1397

Information required to complete this Schedule; if not shown above, will be shown in the Declarations.

Section II - Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "properly damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: LA CHEIM SCHOOL, INC.

Policy #PHUMB380509 Effective Date: April 25, 2015 Philadelphia Indemnity Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following: UMBRELLA LIABILITY FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Changes in Umbrella Liability Coverage:

Who Is An Insured is changed to include the person or organization named in this endorsement, but only for bedily injury" Or "property damage" resulting from the acts or omissions of:

Additional insured: Mt. Diablo Unified School District, its Officers, Agents, and Employees

& Commissioners, 1936 Carlotta Drive, Concord, CA 94519-1397

Any person or organization to whom you become obligated to include as Additional Insured for coverages as specifically required in a written contract you enter into WHERE THE ADDITIONAL INSURED PROVIDES FUNDING TO THE NAMED INSURED, but only as respects "bodily injury" and "property damage" arising out of operations performed by or on behalf of the named insured.

This insurance is primary as outlined in the 'other insurance' provisions in the Coverage Form, In the event of cancellation or reduction in the Limits of Insurance of the Coverage Form, we will endeavor to mail at least thirty (30) days prior written notice to the additional insured shown in the Schedule.

INSURED: LA CHEIM SCHOOL, INC.