



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2022

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 have ADDITIONAL INSURED provisions or 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).


<b>PRODUCER</b> Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, New York 10022	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007      FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Hiscox Insurance Company Inc      10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> CARRIE WEIL 1116 Heavenly Drive MARTINEZ, CA 94553		

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		P100.333.471.2	06/16/2022	06/16/2023	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability	Y		P100.332.927.2	06/16/2022	06/16/2023	Each Claim: \$ 1,000,000	Aggregate: \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Mount Diablo Unified School District is listed as Additional Insured subject to the policy's terms and conditions.

<b>CERTIFICATE HOLDER</b> Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	<b>CANCELLATION</b> 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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Hiscox Insurance Company Inc.

Policy Number: P100.333.471.2  
Named Insured: CARRIE WEIL  
Endorsement Number: 18  
Endorsement Effective: 06/16/2022

**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)
Mount Diablo Unified School District
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", "property 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.



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<b>INSURED</b> CARRIE WEIL 1116 Heavenly Drive MARTINEZ, CA 94553		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS						EACH OCCURRENCE	\$
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A	Professional Liability			P100.332.927.2	06/16/2022	06/16/2023	Each Claim: \$ 1,000,000 Aggregate: \$ 2,000,000	

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

**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.

AUTHORIZED REPRESENTATIVE

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# Renewal auto policy declarations



Your policy effective date is February 17, 2023

Information as of December 27, 2022

## Total Amount Due for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	Identification Number (VIN)	Premium
2009 Honda Civic	19XFA16539E004872	\$670.32
2001 Ford Truck Escape	1FMYU04141KA03981	282.11
2017 Ram Trucks 1500 4wd	1C6RR7GT9HS578661	842.88
California Fraud Assessment Fee		2.64
Additional coverages		15.00
<b>Total*</b>		<b>\$1,812.95</b>

\* Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).

See the **Important payment and coverage information** section for details about installment fees.

## Discounts (included in your total premium)

Anti-theft	\$10.03	Good Driver (20%)	\$431.12
Multiple Policy	\$34.96	Distinguished Driver	\$174.61

**Total discounts \$650.72**

### Discounts per vehicle

**2009 Honda Civic \$164.70**

Anti-theft	\$2.68	Good Driver (20%)	\$149.88
Multiple Policy	\$12.14		

**2001 Ford Truck Escape \$76.25**

Good Driver (20%)	\$70.52	Multiple Policy	\$5.73
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**2017 Ram Trucks 1500 4wd \$409.77**

Anti-theft	\$7.35	Good Driver (20%)	\$210.72
Multiple Policy	\$17.09	Distinguished Driver	\$174.61

### Listed drivers on your policy

Carrie Weil  
Robert Christiansen

### Excluded drivers from your policy

None

## Summary

Named Insured(s)  
**Carrie Weil, Robert Christiansen**

Mailing address  
**1116 Heavenly Drive  
Martinez CA 94553-3513**

Policy number  
**927 326 599**

Your policy provided by  
**Allstate Northbrook Indemnity  
Company**

Policy period  
Beginning **February 17, 2023** through  
**August 17, 2023** at 12:01 a.m. standard  
time

Your Allstate agency is  
**Jeff Macdonald**  
3775 Main St #B  
Oakley CA 94561-5793  
(925) 625-3820  
JEFFMACDONALD@ALLSTATE.COM

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.



Policy number: **927 326 599**  
 Policy effective date: February 17, 2023

**Coverage detail for 2009 Honda Civic**

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$290.31
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$500	\$222.86
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$50.74
Rental Reimbursement	<b>Not purchased*</b>		
Towing and Labor Costs	<b>Not purchased*</b>		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$88.77
Automobile Medical Payments	\$5,000 each person	Not applicable	\$17.64
Coordinated Medical Protection	<b>Not purchased*</b>		
Sound System	<b>Not purchased*</b>		
Tape	<b>Not purchased*</b>		
<b>Total premium for 2009 Honda Civic</b>			<b>\$670.32</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 19XFA16539E004872

**Rating information**

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, rated as an extra vehicle with no assigned operator.

Allstate uses mileage information as one factor to help determine your premium amount.

**Important Note:** The annual mileage figure applicable to this vehicle for the expiring policy period was: 7,000 - 7,499. The annual mileage figure applicable to this vehicle for the current policy period is: 8,000 - 8,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



### Coverage detail for 2001 Ford Truck Escape

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$190.24
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	<b>Not purchased*</b>		
Auto Comprehensive Insurance	<b>Not purchased*</b>		
Rental Reimbursement	<b>Not purchased*</b>		
Towing and Labor Costs	<b>Not purchased*</b>		
Uninsured Motorists Insurance		Not applicable	\$81.09
• Bodily Injury	\$100,000 each person \$300,000 each accident		
• Property Damage	\$3,500 each accident		
Automobile Medical Payments	\$5,000 each person	Not applicable	\$10.78
Coordinated Medical Protection	<b>Not purchased*</b>		
Sound System	<b>Not purchased*</b>		
Tape	<b>Not purchased*</b>		
<b>Total premium for 2001 Ford Truck Escape</b>			<b>\$282.11</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1FMYU04141KA03981

**Rating information**

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, married person licensed 38 years.

Allstate uses mileage information as one factor to help determine your premium amount.

**Important Note:** The annual mileage figure applicable to this vehicle for the expiring policy period was: 5,000 - 5,499. The annual mileage figure applicable to this vehicle for the current policy period is: 6,000 - 6,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



Policy number: **927 326 599**  
 Policy effective date: February 17, 2023

### Coverage detail for 2017 Ram Trucks 1500 4wd

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$281.17
▪ Bodily Injury	\$100,000 each person \$300,000 each occurrence		
▪ Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$500	\$283.19
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$139.68
Rental Reimbursement	<b>Not purchased*</b>		
Towing and Labor Costs	<b>Not purchased*</b>		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$122.78
Automobile Medical Payments	\$5,000 each person	Not applicable	\$16.06
Coordinated Medical Protection	<b>Not purchased*</b>		
Sound System	<b>Not purchased*</b>		
Tape	<b>Not purchased*</b>		
<b>Total premium for 2017 Ram Trucks 1500 4wd</b>			<b>\$842.88</b>

\* This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.

VIN 1C6RR7GT9HS578661

**Rating information**

Your premium is determined based on certain information, including the following:

- This vehicle is driven 3-9 miles to work/school, married person licensed 30 years.

Allstate uses mileage information as one factor to help determine your premium amount.

**Important Note:** The annual mileage figure applicable to this vehicle for the expiring policy period was: 15,500 - 15,999. The annual mileage figure applicable to this vehicle for the current policy period is: 16,500 - 16,999.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.



## Additional coverage

The following policy coverage is also provided.

Coverage	Limits	Deductible	Premium
Automobile Death Indemnity Insurance	Not purchased*		
Automobile Disability Income Protection	Not purchased*		
Identity Theft Expenses	\$25,000 per premium period	Not applicable	\$15.00
<b>Total</b>			<b>\$15.00</b>

\* **This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

## Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Automobile Policy - AU104-3
- Amendment of Policy Provisions - AU14626-1
- California Amendatory Endorsement - AU14629-3
- California Paperless Disclosure - AU14943
- Identity Theft Expenses-Coverage IT - AU14256

## Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

- ▶ Your rate is lower because you are insuring multiple cars.
- ▶ Your bill will be sent to you in a separate mailing and will list any payment option(s) available to you. If you are eligible to pay your premium in installments, your first bill will reflect your available payment options, including the option to pay in full or to pay in monthly installments. Please note that any amounts payable for the first renewal bill will not include an installment fee (unless you have an unpaid balance from a previous policy period, in which case the Minimum Amount Due will include an installment fee, or unless you are participating in the Allstate Easy Pay Plan). The following applies to installment payments made after your first renewal bill.

If you decide to pay your premium in installments, there will be a \$3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be \$21.00.

If you are on the Allstate® Easy Pay Plan, there will be a \$1.00 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and remain on the Allstate® Easy Pay Plan, then the total amount of installment fees during the policy period will be \$6.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Allstate® Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.





Renewal auto policy declarations

Policy number:

**927 326 599**

Policy effective date:

February 17, 2023

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**Allstate Northbrook Indemnity Company's** Secretary and President have signed this policy with legal authority at Northbrook, Illinois.



Phil Telgenhoff  
President



Susan L. Lees  
Secretary