



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/18/2023

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> Statewide Commercial Insurance Brokers 2406 N. Lake Ave  Altadena CA 91001		<b>CONTACT NAME:</b> Customer Service Department <b>PHONE (A/C, No, Ext):</b> (626) 744-2911 <b>FAX (A/C, No):</b> (626) 340-4807 <b>E-MAIL ADDRESS:</b> mail@st8wide.com																						
<b>INSURED</b>  My Other Brother MOB 2713 Chestnut St  Oakland CA 94607		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Mount Vernon Fire Insurance Company</td> <td></td> <td>26522</td> </tr> <tr> <td><b>INSURER B:</b> Infinity Select Insurance</td> <td></td> <td>20260</td> </tr> <tr> <td><b>INSURER C:</b> United States Liability Insurance Company</td> <td></td> <td>25895</td> </tr> <tr> <td><b>INSURER D:</b> Technology Insurance Company, Inc.</td> <td></td> <td>42376</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Mount Vernon Fire Insurance Company		26522	<b>INSURER B:</b> Infinity Select Insurance		20260	<b>INSURER C:</b> United States Liability Insurance Company		25895	<b>INSURER D:</b> Technology Insurance Company, Inc.		42376	<b>INSURER E:</b>			<b>INSURER F:</b>		
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**COVERAGES****CERTIFICATE NUMBER:** CL23121814847**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input 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		NPP2583276A	08/17/2023	08/17/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			504-61016-6461-001	12/03/2023	12/03/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		CUP1567427B	12/10/2023	12/10/2024	EACH OCCURRENCE \$ 2,000,000
	AGGREGATE \$ 2,000,000						
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4332405	10/05/2023	10/05/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
A	Management Liability			NPP2583276A	08/17/2023	08/17/2024	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	D & O Each Claim \$1,000,000						
							D & O Aggregate \$1,000,000
							D & O Retention \$0

**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.

Employment Practices Liability Each Claim: \$1,000,000  
 Employment Practices Liability In The Aggregate: \$1,000,000  
 Employment Practices Liability Retention: \$5,000  
 Abuse And Molestation Each Claim \$1,000,000  
 Abuse And Molestation Aggregate \$3,000,000

**CERTIFICATE HOLDER****CANCELLATION**

Mount Diablo Unified School District 1936 Carlotta Drive  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 
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