

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/7/2024

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).

COVERAGES CERT	TIFICATE NUMBER: 814219343	REVISION	NUMBER:	
		INSURER F:		
		INSURER E :		
PLEASANTON CA 94566		INSURER D: Bankers Standard Insurance Com	pany 18279	,
DIANNE ADAIR DAY CARE CENTER, 6605 AMBER LANE	INC.	INSURER C: ACE American Insurance Compar	ny 22667	,
INSURED		DIANADA-01 INSURER B : ACE Fire Underwriters Insurance Company		2
	License#: 0D69293	INSURER A: Indemnity Insurance Company of	N A 43575	<u>; </u>
		INSURER(S) AFFORDING COVERA	GE NAIC#	
Walnut Creek CA 94596	300	E-MAIL ADDRESS:		
Arthur J. Gallagher Risk Management 9 2121 North California Boulevard, Suite	Services, LLC	PHONE (A/C, No, Ext): 925-310-1026	FAX (A/C, No): 925-299-0328	
PRODUCER		CONTACT NAME: KYLE PETERSON		

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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP								
				POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Х	COMMERCIAL GENERAL LIABILITY	Υ		D35584328	11/1/2023	11/1/2024	EACH OCCURRENCE	\$ 1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GEN							GENERAL AGGREGATE	\$3,000,000
Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY			CALH07309776	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
OWNED AUTOS ONLY X AUTOS NED AUTOS ONLY X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
								\$
Х	UMBRELLA LIAB X OCCUR			N01162871	11/1/2023	11/1/2024	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000
	DED RETENTION\$							\$
	EMDLOVEDS! LIADILITY			C69334623	11/1/2023	11/1/2024	X PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
		17.6					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	X AUT X WORAND AND AND If vee	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODICT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$ WORKERS COMPENSATION ANY PROPRETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH)) I ves. describe under	TYPE OF INSURANCE TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY Y D35584328 111/1/2023 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) It ves, describe under	TYPE OF INSURANCE ADDL SUBR (NMS) WVD POLICY NUMBER POLICY EXP (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Mandatory in NH) It ves. describe under	TYPE OF INSURANCE ADDI SUBR INSD W/D POLICY NUMBER POLICY EFF. (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR DAMAGE TO RENTED DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X INDO-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ NOA NOA C69334623 T1/1/2023 T1/1/2023 T1/1/2024 EACH OCCURRENCE DAMAGE TO RENTED AND LA RENTED BACH OCCURRENCE ACHOR AND LA RENTED BACH OCCURRENCE ACHOR DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED ACHOR BACH OCCURRENCE DAMAGE TO RENTED ACHOR BACH OCCURRENCE ACHOR BACH OCCURRENCE ACH

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED PER FORM CG2026.

CERTIFICATE HOLDER CAN	CELLATION
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MOUNT DIABLO UNIFIED SCHOOL DISTRICT 1480 GASOLINE ALLEY CONCORD CA 94520

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

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 Organi	ization(s):
MOUNT DIABLO UNIFIED SCHOOL DI	STRICT
1480 GASOLINE ALLEY	
CONCORD, CA 94520	

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

- A. 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:
 - **1.** In the performance of your ongoing operations; or
 - **2.** In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.