



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2018

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

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		UDC-1899034-CGL-18	02/01/2018	02/01/2019	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.
								\$
	AUTOMOBILE LIABILITY <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)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Mount Diablo Unified School District is named as additional insured with respect to liability arising out of the work or operations performed by the consultant/ named insured. Subject to the policy terms and conditions.

CERTIFICATE HOLDER Mount Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2018

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

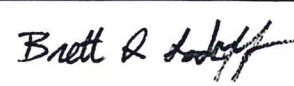
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N <input type="checkbox"/> N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			UDC-1899034-EO-18	02/01/2018	02/01/2019	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

CERTIFICATE HOLDER **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.
	AUTHORIZED REPRESENTATIVE 

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GET THE RIGHT INSURANCE, RIGHT NOW

Your Insurance documents

Enclosed you will find the policy documents that make up your insurance contract with us.

Please read through all of these documents. If you have any questions or need to update any of your information please call us at 800-867-4001 (Mon-Fri, 8am-10pm EST).

Your insurance documents

Declarations Page

This contains specific policy information, such as the limits and deductibles you have selected.

Policy Wording

This details the terms and conditions of your coverage, subject to policy endorsements.

Endorsements

These documents modify the Policy Wording or Declarations Page. These include relevant terms and conditions as required by your state and are part of your policy.

Notices

These documents provide information that may affect your coverage such as optional terrorism coverage (if purchased) and other important items required by your state.

Reporting a claim

Please inform us immediately if you have a claim or loss to report. Please have your policy number available so we can handle your call quickly.

Email: reportclaim@hiscox.com

Phone: 866-424-8508

Mail: Attn: Direct Claims
Hiscox
520 Madison Avenue - 32nd Floor
New York, NY, 10022



GET THE RIGHT INSURANCE, RIGHT NOW

Endorsements



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 1
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFINITION OF EMPLOYEE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In **Section V – DEFINITIONS**, Definition 5. "Employee" is deleted and replaced with the following:

5. "Employee" includes a "leased worker" and a "temporary worker".



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 2
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE INFORMATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Where To Send Notice

Phone: 866-424-8508
Email: reportclaim@hiscox.com
Mail: Hiscox
520 Madison Avenue-32nd Floor
Attn: Direct Claims
New York, NY, 10022

Subparagraph 2. **Duties In The Event Of Occurrence, Offense, Claim Or Suit in Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended to include the following:

Any notification required by this policy shall be provided to us at the address listed in the above **SCHEDULE**.



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 3
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – PERSONAL INFORMATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Paragraph 2. Exclusions under Section I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY, and COVERAGE C – MEDICAL PAYMENTS is amended to include the following exclusion:

Personal Information

“Bodily injury”, “property damage” or “personal and advertising injury” caused by the insured’s failure to protect any non-public, personally identifiable information in the insured’s care, custody or control.



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 4
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DAMAGE TO PRIMARY RESIDENCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to a premises that is an insured's primary residence:

- A. The last paragraph ("Exclusions c. through n. do not apply . . .") of Paragraph 2., **Exclusions** under **Section I – Coverage A – Bodily Injury And Property Damage Liability** is deleted.
- B. The first exception ("Paragraphs (1), (3) and (4) of this exclusion do not apply . . .") to Exclusion j., **Damage To Property** of Paragraph 2., **Exclusions** of **Section I – Coverage A – Bodily Injury And Property Damage Liability** is deleted.
- C. Paragraph 6. of **Section III – Limits Of Insurance** is deleted.
- D. Any reference in the Declarations to "Damage To Premises Rented To You" is deleted.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 5
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – PROFESSIONAL SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Paragraph 2. **Exclusions** under **Section I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, and **COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY**, is amended to include the following exclusion:

Professional Services

“Bodily injury”, “property damage” or “personal and advertising injury” caused by the rendering or failure to render any professional service.

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the “occurrence” which caused the “bodily injury” or “property damage”, or the offense which caused the “personal and advertising injury”, involved the rendering or failure to render any professional service.



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 6
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION PROVISION (14 DAY FULL REFUND)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

All Coverage Parts included in this policy are subject to the following condition:

Notwithstanding anything in the "**COMMON POLICY CONDITIONS**" or any other cancellation provision to the contrary, if the first Named Insured cancels within 14 days of the inception of the policy period shown in the Declarations without there having been: (i) an "occurrence" that caused "bodily injury" or "property damage"; (ii) an offense arising out of your business that caused a "personal and advertising injury"; or (iii) an accident that caused "bodily injury"; then we shall return in full any premium amount actually paid to us. In such event, the effective date of cancellation shall be deemed to be the inception date of the policy period shown in the Declarations.



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 7
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RIGHT AND DUTY TO SELECT DEFENSE COUNSEL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In regard to any covered "suit" seeking damages under **Section I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** or **COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY**, our right and duty to defend shall include the right to select defense counsel.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 8
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s) for whom you are performing operations or leasing a premises when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person or organization is an additional insured 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.

A person's or organization's status as an additional insured under this endorsement ends when your operations or lease agreement for that additional insured are completed.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 9
Endorsement Effective: February 01, 2018

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;
 - b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 10
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a)** Any "nuclear reactor";
- (b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 11
Endorsement Effective: February 01, 2018

RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Exclusion q. of Paragraph 2. Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability is replaced by the following:

2. Exclusions

This insurance does not apply to:

q. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transaction Act (FACTA); or
- (4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

B. Exclusion p. of Paragraph 2. Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability is replaced by the following:

2. Exclusions

This insurance does not apply to:

p. Recording And Distribution Of Material Or Information In Violation Of Law

"Personal and advertising injury" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law;
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transaction Act (FACTA); or
- (4) Any federal, state or local statute, ordinance or regulation, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 12
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – INTERCOMPANY PRODUCTS SUITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to any claim for damages by any Named Insured against another Named Insured because of "bodily injury" or "property damage" arising out of "your products" and included within the "products-completed operations hazard."



Hiscox Insurance Company Inc.

Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 13
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The term "spouse" is replaced by the following:

Spouse or registered domestic partner under California law.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 14
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraphs 2. and 3. of the Cancellation Common Policy Condition are replaced by the following:

2. All Policies In Effect For 60 Days Or Less

If this policy has been in effect for 60 days or less, and is not a renewal of a policy we have previously issued, we may cancel this policy by mailing or delivering to the first Named Insured at the mailing address shown in the policy and to the producer of record, advance written notice of cancellation, stating the reason for cancellation, at least:

- a.** 10 days before the effective date of cancellation if we cancel for:
 - (1)** Nonpayment of premium; or
 - (2)** Discovery of fraud by:
 - (a)** Any insured or his or her representative in obtaining this insurance; or
 - (b)** You or your representative in pursuing a claim under this policy.
- b.** 30 days before the effective date of cancellation if we cancel for any other reason.

3. All Policies In Effect For More Than 60 Days

- a.** If this policy has been in effect for more than 60 days, or is a renewal of a policy we issued, we may cancel this policy only upon the occurrence, after the effective date of the policy, of one or more of the following:
 - (1)** Nonpayment of premium, including payment due on a prior policy we issued and due during the current policy term covering the same risks.
 - (2)** Discovery of fraud or material misrepresentation by:
 - (a)** Any insured or his or her representative in obtaining this insurance; or
 - (b)** You or your representative in pursuing a claim under this policy.
 - (3)** A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.

- (4) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by you or your representative, which materially increase any of the risks insured against.
 - (5) Failure by you or your representative to implement reasonable loss control requirements, agreed to by you as a condition of policy issuance, or which were conditions precedent to our use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
 - (6) A determination by the Commissioner of Insurance that the:
 - (a) Loss of, or changes in, our reinsurance covering all or part of the risk would threaten our financial integrity or solvency; or
 - (b) Continuation of the policy coverage would:
 - (i) Place us in violation of California law or the laws of the state where we are domiciled; or
 - (ii) Threaten our solvency.
 - (7) A change by you or your representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, unless the added, increased or changed risk is included in the policy.
- b.** We will mail or deliver advance written notice of cancellation, stating the reason for cancellation, to the first Named Insured, at the mailing address shown in the policy, and to the producer of record, at least:
- (1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium or discovery of fraud; or
 - (2) 30 days before the effective date of cancellation if we cancel for any other reason listed in Paragraph **3.a.**
- B.** The following provision is added to the **Cancellation** Common Policy Condition:
- 7. Residential Property**
- This provision applies to coverage on real property which is used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household personal property in a residential unit, if such coverage is written under one of the following:
- Commercial Property Coverage Part
Farm Coverage Part – Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form
- a.** If such coverage has been in effect for 60 days or less, and is not a renewal of coverage we previously issued, we may cancel this coverage for any reason, except as provided in **b.** and **c.** below.
 - b.** We may not cancel this policy solely because the first Named Insured has:
 - (1) Accepted an offer of earthquake coverage; or
 - (2) Cancelled or did not renew a policy issued by the California Earthquake Authority (CEA) that included an earthquake policy premium surcharge.

However, we shall cancel this policy if the first Named Insured has accepted a new or renewal policy issued by the CEA that includes an earthquake policy premium surcharge but fails to pay the earthquake policy premium surcharge authorized by the CEA.
 - c.** We may not cancel such coverage solely because corrosive soil conditions exist on the premises. This Restriction (**c.**) applies only if coverage is subject to one of the following, which exclude loss or damage caused by or resulting from corrosive soil conditions:
 - (1) Capital Assets Program Coverage Form (Output Policy);
 - (2) Commercial Property Coverage Part – Causes Of Loss – Special Form; or
 - (3) Farm Coverage Part – Causes Of Loss Form – Farm Property, Paragraph **D.** Covered Causes Of Loss – Special.

C. The following is added and supersedes any provisions to the contrary:

NONRENEWAL

1. Subject to the provisions of Paragraphs **C.2.** and **C.3.** below, if we elect not to renew this policy, we will mail or deliver written notice stating the reason for nonrenewal to the first Named Insured shown in the Declarations and to the producer of record, at least 60 days, but not more than 120 days, before the expiration or anniversary date.

We will mail or deliver our notice to the first Named Insured, and to the producer of record, at the mailing address shown in the policy.

2. Residential Property

This provision applies to coverage on real property used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household property contained in a residential unit, if such coverage is written under one of the following:

Capital Assets Program (Output Policy) Coverage Part

Commercial Property Coverage Part

Farm Coverage Part – Farm Property – Farm Dwellings, Appurtenant Structures And Household Personal Property Coverage Form

a. We may elect not to renew such coverage for any reason, except as provided in **b.**, **c.** and **d.** below:

b. We will not refuse to renew such coverage solely because the first Named Insured has accepted an offer of earthquake coverage.

However, the following applies only to insurers who are associate participating insurers as established by Cal. Ins. Code Section 10089.16. We may elect not to renew such coverage after the first Named Insured has accepted an offer of earthquake coverage, if one or more of the following reasons applies:

(1) The nonrenewal is based on sound underwriting principles that relate to the coverages provided by this policy and that are consistent with the approved rating plan and related documents filed with the Department of Insurance as required by existing law;

(2) The Commissioner of Insurance finds that the exposure to potential losses will threaten our solvency or place us in a hazardous condition. A hazardous condition includes, but is not limited to, a condition in which we make claims payments for losses resulting from an earthquake that occurred within the preceding two years and that required a reduction in policyholder surplus of at least 25% for payment of those claims; or

(3) We have:

(a) Lost or experienced a substantial reduction in the availability or scope of reinsurance coverage; or

(b) Experienced a substantial increase in the premium charged for reinsurance coverage of our residential property insurance policies; and

the Commissioner has approved a plan for the nonrenewals that is fair and equitable, and that is responsive to the changes in our reinsurance position.

c. We will not refuse to renew such coverage solely because the first Named Insured has cancelled or did not renew a policy, issued by the California Earthquake Authority that included an earthquake policy premium surcharge.

d. We will not refuse to renew such coverage solely because corrosive soil conditions exist on the premises. This Restriction (d.) applies only if coverage is subject to one of the following, which exclude loss or damage caused by or resulting from corrosive soil conditions:

(1) Capital Assets Program Coverage Form (Output Policy);

(2) Commercial Property Coverage Part – Causes Of Loss – Special Form; or

(3) Farm Coverage Part – Causes Of Loss Form – Farm Property, Paragraph **D.** Covered Causes Of Loss – Special.

3. We are not required to send notice of nonrenewal in the following situations:

a. If the transfer or renewal of a policy, without any changes in terms, conditions, or rates, is between us and a member of our insurance group.

- b. If the policy has been extended for 90 days or less, provided that notice has been given in accordance with Paragraph **C.1**.
- c. If you have obtained replacement coverage, or if the first Named Insured has agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
- d. If the policy is for a period of no more than 60 days and you are notified at the time of issuance that it will not be renewed.
- e. If the first Named Insured requests a change in the terms or conditions or risks covered by the policy within 60 days of the end of the policy period.
- f. If we have made a written offer to the first Named Insured, in accordance with the timeframes shown in Paragraph **C.1**., to renew the policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 15
Endorsement Effective: February 01, 2018

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 1936 Carlotta Drive Concord, CA 94519
--

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.



Policy Number: UDC-1899034-CGL-18
Named Insured: CARRIE WEIL
Endorsement Number: 16
Endorsement Effective: February 01, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- B.** The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for injury or damage that is otherwise excluded under this Coverage Part.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

GET THE RIGHT INSURANCE, RIGHT NOW

Your Insurance documents

Enclosed you will find the policy documents that make up your insurance contract with us.

Please read through all of these documents. If you have any questions or need to update any of your information please call us at 800-867-4001 (Mon-Fri, 8am-10pm EST).

Your insurance documents

Declarations Page

This contains specific policy information, such as the limits and deductibles you have selected.

Policy Wording

This details the terms and conditions of your coverage, subject to policy endorsements.

Endorsements

These documents modify the Policy Wording or Declarations Page. These include relevant terms and conditions as required by your state and are part of your policy.

Notices

These documents provide information that may affect your coverage such as optional terrorism coverage (if purchased) and other important items required by your state.

Reporting a claim

Please inform us immediately if you have a claim or loss to report. Please have your policy number available so we can handle your call quickly.

Email: reportclaim@hiscox.com

Phone: 866-424-8508

Mail: Attn: Direct Claims
Hiscox
520 Madison Avenue - 32nd Floor
New York, NY, 10022



GET THE RIGHT INSURANCE, RIGHT NOW

Endorsements

Endorsement 1

NAMED INSURED: CARRIE WEIL

E5041.2 Tutoring Services Endorsement

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph O., "**Professional Services**," is amended to read as follows:

O. Professional Services means tutoring services performed for others for compensation.

2. Clause III. **EXCLUSIONS** is amended to include the following at the end thereof:

This Policy does not apply to and **We** will have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

TS-A. based upon or arising out of any actual or alleged training or instruction of animals.

TS-B. based upon or arising out of any actual or alleged physical fitness, exercise, or other physical activity.

TS-C. based upon or arising out of **Your** performance of or failure to perform **Professional Services** in connection with the following industries, fields, or activities:

1. architecture or engineering;
2. aviation;
3. behind the wheel driving;
4. cooking or food preparation;
5. construction management;
6. daycare or childcare;
7. physical fitness;
8. law enforcement;
9. medical services;
10. safety; or
11. security guard services.

All other terms and conditions remain unchanged.

Endorsement effective: February 01, 2018 Policy No.: UDC-1899034-EO-18
Endorsement No: 1



By : Brett Sadoff
(Appointed Representative)

DPL E5041 CW (08/15)

Endorsement 2

NAMED INSURED: CARRIE WEIL

E5102.1 California Amendatory Endorsement

Page 1 of 3

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY - ERRORS AND OMISSIONS INSURANCE

In consideration of the premium charged, it is understood and agreed that the Policy is modified as follows:

1. Section V. **OTHER MATTERS AFFECTING COVERAGE** is amended to include the following at the end thereof:

CANCELLATION

Notice of Cancellation

- A. The **Named Insured** may cancel this Policy by giving **Us** advance written notice stating when thereafter such cancellation shall be effective. If the **Named Insured** cancels this Policy, the refund may be less than pro rata. Provided, however, if this Policy shall be cancelled by the **Named Insured** within 14 days of the inception of the **Policy Period** without having submitted a **Claim**, **We** shall return in full any premium amount actually paid to **Us**. In such event, the effective date of cancellation shall be deemed to be the inception date of the **Policy Period**.

- B. **Policies In Effect For 60 Days or Less**

If this Policy has been in effect for sixty (60) days or less, and is not a renewal of a Policy **We** have previously issued, **We** may cancel this Policy by mailing or delivering to the **Named Insured** at the mailing address shown in the Declarations and to the producer of record, if any, advance written notice of cancellation stating the reason for cancellation at least :

Ten (10) days before the effective date of cancellation if **We** cancel for:

(a) Non-payment of premium; or

(b) Discovery of fraud by:

i. The **Insured** or the **Insured's** representative in obtaining this insurance; or

ii. The **Insured** or the **Insured's** representative in pursuing a **Claim** under the Policy.

Thirty (30) days before the effective date of cancellation if **We** cancel for any other reason.

- C. **Policies In Effect For More Than 60 Days**

If this Policy has been in effect for more than sixty (60) days, **We** may also cancel this Policy by mailing or delivering to the **Named Insured** at the address shown in the Declarations, the producer of record, if any, written notice, including the reason for cancellation, stating when not less than thirty (30) days thereafter (or ten (10) days thereafter when cancellation is due to non-payment of premium or discovery of fraud), the cancellation shall be effective.

Endorsement 2

NAMED INSURED: CARRIE WEIL

E5102.1 California Amendatory Endorsement

Page 2 of 3

We may only cancel this Policy for one or more of the following reasons:

- (a) Nonpayment of premium, including payment due on a prior policy issued by **Us** and due during the current policy term covering the same risks;
 - (b) Discovery of fraud or material misrepresentation by:
 - i. The **Insured** or the **Insured's** representative in obtaining this insurance; or
 - ii. The **Insured** or the **Insured's** representative in pursuing a **Claim** under the Policy.
 - (c) A judgment by a court or an administrative tribunal that the **Insured** has violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against;
 - (d) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by the **Insured** or the **Insured's** representative, which materially increase any of the risks insured against;
 - (e) Failure by the **Insured** or the **Insured's** representative to implement reasonable loss control requirements, agreed to by the **Insured** as a condition of policy issuance, or which were conditions precedent to **Our** use of a particular rate or rating plan, if that failure materially increases any of the risks insured against;
 - (f) A determination by the Commissioner of Insurance that the
 - i. Loss of, or changes in, our reinsurance covering all or part of the risk would threaten **Our** financial integrity or solvency; or
 - ii. Continuation of the policy coverage would:
 - a. Place **Us** in violation of California law or the laws of the state where **We** are domiciled; or
 - b. Threaten **Our** solvency.
 - (g) A change by the **Insured** or the **Insured's** representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, is included in the Policy.
- D. The mailing of the notice of cancellation shall be sufficient proof of notice and this Policy shall terminate at the date and hour specified in such notice. If **We** cancel this Policy, any return premium shall be calculated pro rata. Payment or tender of any unearned premium by **Us** shall not be a condition precedent to the effectiveness of the cancellation, but such payment shall be made as soon as practicable.

Nonrenewal

- A. If **We** elect not to renew this Policy, **We** will mail or deliver to the **Named Insured** written notice of nonrenewal, stating the reason for nonrenewal, not less than sixty

Endorsement 2

NAMED INSURED: CARRIE WEIL

E5102.1 California Amendatory Endorsement

Page 3 of 3

(60) days, but not more than one hundred twenty (120) days before the end of the **Policy Period**.

We will mail the notice of nonrenewal to the **Named Insured** at the last mailing address known **Us**. If the notice of nonrenewal is mailed, proof of mailing will be sufficient proof of notice.

- B. **We** are not required to send notice of nonrenewal in the following situations:
- (a) If the transfer or renewal of a policy, without any changes in terms, conditions or rates, is between **Us** and a member of **Our** insurance group.
 - (b) If the policy has been extended for 90 days or less, provided that notice has been given in accordance with paragraph A above.
 - (c) If the **Named Insured** has obtained replacement coverage, or if the **Named Insured** has agreed, in writing, within 60 days of the termination of the Policy, to obtain that coverage.
 - (d) If the Policy is for a period of no more than 60 days and the **Named Insured** is notified at the time of issuance that it will not be renewed.
 - (e) If the **Named Insured** requests a change in the terms or conditions or risks covered by the Policy within 60 days of the end of the **Policy Period**.
 - (f) If **We** made a written offer to the **Named Insured**, in accordance with the timeframes shown in paragraph A above, to renew the Policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.

2. Section VII. **DEFINITIONS**, Paragraph E **Damages**, is modified to the extent necessary to provide the following:

Punitive and exemplary damages shall not be insurable in cases where California law governs the **Claim**.

3. The Policy is amended by adding the following Clause at the end thereof:

Policy Conflicts

To the extent any term or condition contained in the Policy or any Endorsement attached thereto conflicts with any term or condition contained in this or any other State Amendatory Endorsement attached to the Policy, such terms and conditions most favorable to the Insured shall apply.

All other terms and conditions remain unchanged.

HISCOX INSURANCE COMPANY INC.



Endorsement effective: February 01, 2018 Policy No.: UDC-1899034-EO-18
Endorsement No: 2

By : Brett Sadoff
(Appointed Representative)

DPL E5102 CA (01/10)



Policy Number: UDC-1899034-EO-18
Named Insured: CARRIE WEIL
Endorsement Number: 3
Endorsement Effective: February 01, 2018

E5424.1 Blanket Additional Insured Endorsement (PL)

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph V., “**You**’ or **Your**’,” is amended to include the following at the end thereof:

You or **Your** shall also include any **Additional Insured** but only for the **Wrongful Acts** of those contemplated in paragraphs 1., 2. or 3. of the definition of “**You**’ or **Your**’”:

2. The following definition is added to Clause VI. **DEFINITIONS**:

AI-A. **Additional Insured** means any person(s) or organization(s) with whom **You** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Policy, provided the contract or agreement:

1. is currently in effect or becomes effective during the **Policy Period**; and
2. was executed before the **Professional Services** from which the **Claim** arises were performed.

3. In Clause III. **EXCLUSIONS**, paragraph F. is deleted in its entirety and replaced with the following:

F. brought by or on behalf of one **Insured** against another **Insured**; provided, however, this Exclusion will not apply to any **Claim** brought by an **Additional Insured** in any capacity other than that of an **Additional Insured**.

All other terms and conditions remain unchanged.



Jeff Macdonald
5433-A Clayton Rd
Clayton CA 94517

Information as of December 26, 2017
Policyholder(s) Page 1 of 2

Carrie Weil

Policy number
927 326 599

Your Allstate agency is
Jeff Macdonald
(925) 673-2170
JMACDONALD@ALLSTATE.COM



CARRIE WEIL
1116 HEAVENLY DR
MARTINEZ CA 94553-3513

Thank you for being a loyal Allstate customer—we're happy to have you with us!

Here's your automobile insurance renewal offer for the next six months. I've also included a guide to what's in this package and answers to some common questions.

Renewing your policy is easy

Keep an eye out for your bill, which should arrive in a couple weeks. Just send your payment by the due date on your bill.

If you're enrolled in the Allstate® Easy Pay Plan, you won't receive a bill—we'll send you a statement with your payment withdrawal schedule.

How to contact us

Give me a call at (925) 673-2170 if you have any questions. It's my job to make sure you're in good hands.

(ed. 2)

Sincerely,

Jeff Macdonald
Your Allstate Agent

Agent License Number:
0F07128

RA719-1



Your Insurance Coverage Checklist

We're happy to have you as an Allstate customer! This checklist outlines what's in this package and provides answers to some basic questions, as well as any "next steps" you may need to take.

- What's in this package?**
See the guide below for the documents that are included. **Next steps:** review your *Policy Declarations* to confirm you have the coverages, coverage limits, premiums and savings that you requested and expected. Read any *Endorsements* or *Important Notices* to learn about new policy changes, topics of special interest, as well as required communications. Keep all of these documents with your other important insurance papers.
- Am I getting all the discounts I should?**
Confirm with your Allstate Agent that you're benefiting from all the discounts you're eligible to receive.
- What about my bill?**
Unless you've already paid your premium in full, we'll send your bill separately. **Next steps:** please pay the minimum amount by the due date listed on it.
You can also pay your bill online at allstate.com or by calling 1-800-ALLSTATE (1-800-255-7828). Para español, llamar al 1-800-979-4285. If you're enrolled in the Allstate® Easy Pay Plan, we'll send you a statement detailing your payment withdrawal schedule.
- What if I have questions?**
You can either contact your Allstate Agent or call us 24/7 at 1-800-ALLSTATE (1-800-255-7828) – para español, llamar al 1-800-979-4285 – with questions about your coverage, or to update your coverages, limits, or deductibles. Or visit us online at allstate.com.

A guide to your renewal package



Proof of Insurance ID Cards

Your insurance cards are legally required, so please keep them in your vehicle at all times.



Policy Declarations*

The Policy Declarations lists policy details, such as your specific drivers, vehicles and coverages.



Important Notices

We use these notices to call attention to particularly important coverages, policy changes and discounts.



Insurance Made Simple

Insurance seem complicated? Our online guides explain coverage terms and features:
www.allstate.com/madesimple
Espanol.allstate.com/facildeentender

* To make it easier to see where you may have gaps in your protection, we've highlighted any coverages you do not have in the Coverage Detail section in the enclosed Policy Declarations.

Policy number: **927 326 599**
Policy effective date: February 17, 2018



Important Privacy Choices For Consumers

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choices

Restrict Information Sharing With Companies We Own or Control (Affiliates):

Unless you say "No," we may share personal and financial information about you with our affiliated companies.

NO, please do not share personal and financial information with your affiliated companies.

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services:

Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: Carrie Weil

ACCOUNT OR POLICY NUMBER(S): 927 326 599

Signature: _____

To exercise your choices do one of the following:

- (1) Call our toll-free number 1-800-856-2518;
- (2) Fax our toll-free number 1-855-219-7425; or
- (3) Fill out, sign and send back this form to us using the envelope provided (you may want to make a copy for your records).

X73499



Policy number:

927 326 599

Policy effective date:

February 17, 2018



Privacy Policy Statement

Thank you for choosing Allstate. We value you, respect your privacy and work hard to protect your personal information.

This statement is provided on behalf of Allstate Insurance Company and the affiliates ("Allstate") listed at the end of this notice. We would like to explain how we collect, use and share the information we obtain about you in the course of doing business.

Our Privacy Assurance

- We do not sell your personal or medical information to anyone.
- We do not share your information with non-affiliate companies that would use it to contact you about their own products and services, unless permitted pursuant to a joint marketing agreement.
- We require persons or organizations that represent or assist us in servicing your policy and claims to keep your information confidential.
- We require our employees to protect your personal information and keep it confidential.

As you can see, protecting your personal information is important to us. In addition to the practices described above, we use a variety of physical, technical and administrative security measures that help to safeguard your information. For Social Security Numbers (SSN), this includes restricting access to our employees, agents and others who use your SSN only as permitted by law: to comply with the law, to provide you with products and services, and to handle your claims. Also, our employees' and agents' access to and use of your SSN are limited by the law, our policies and standards, and our written agreements.

Our privacy practices continue to apply to your information even if you cease to be an Allstate customer.

What Personal Information Do We Have and Where Do We Get It

We gather personal information from you and from outside sources for business purposes. Some examples of the information we collect from you may include your name, phone number, home and e-mail addresses, driver's license number, social security number, marital status, family member information and healthcare information. Also, we maintain records that include, but are not limited to, policy coverages, premiums, and payment history. We also collect information from outside sources that may include, but is not limited to, your driving record, claims history, medical information and credit information.

In addition, Allstate and its business partners gather information through Internet activity, which may include, for example, your operating system, links you used to visit allstate.com, web pages you viewed while visiting our site or applications, Internet Protocol (IP) addresses, and cookies. We use cookies, analytics and other technologies to help:

- Evaluate our marketing campaigns
- Analyze how customers use our website and applications
- Develop new services
- Know how many visitors have seen or clicked on our ads

Also, our business partners assist us with monitoring information including, but not limited to, IP addresses, domain names and browser data, which can help us to better understand how visitors use allstate.com.

How We Use and Share Your Personal Information

In the course of normal business activities, we use and share your personal information. We may provide your information to persons or organizations within and outside of Allstate. This would be done as required or permitted by law. For example, we may do this to:

- Fulfill a transaction you requested or service your policy
- Market our products
- Handle your claim
- Prevent fraud
- Comply with requests from regulatory and law enforcement authorities
- Participate in insurance support organizations

The persons or organizations with whom we may share your personal information may include, among others:

- Your agent, broker or Allstate-affiliated companies
- Companies that perform services, such as marketing, credit card processing, and performing communication services on our behalf
- Business partners that assist us with tracking how visitors use allstate.com.
- Other financial institutions with whom we have a joint marketing agreement
- Other insurance companies that play a role in an insurance transaction with you
- Independent claims adjusters
- A business or businesses that conduct actuarial or research studies
- Those who request information pursuant to a subpoena or court order
- Repair shops and recommended claims vendors

The Internet and Your Information Security

We use cookies, analytics and other technologies to help us provide users with better service and a more customized web



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experience. Additionally, our business partners use tracking services, analytics and other technologies to monitor visits to allstate.com. The website may also use Web beacons (also called "clear GIFs" or "pixel tags") in conjunction with cookies. If you prefer, you can choose to not accept cookies by changing the settings on your web browser. Also, if you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement located at the bottom of the allstate.com homepage.

To learn more, the allstate.com Privacy Statement provides information relating to your use of the web site.

This includes, for example, information regarding:

- 1) how we collect information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site;
- 2) who should use our web site;
- 3) the security of information over the Internet; and
- 4) links and co-branded sites.

How You Can Review and Correct Your Personal Information

You can request to review your personal information contained in our records at any time. To do this, please send a letter to the address below requesting to see your information for the previous two years. If you believe that our information is incomplete or inaccurate, you can request that we correct it. Please note we may not be able to provide information relating to investigations, claims, litigation, and other matters. We will be happy to make corrections whenever possible.

Please send requests to:

Allstate Insurance Company Customer Privacy Inquiries
PO Box 660598
Dallas, TX 75266-0598

Sharing Personal Information: Privacy Choices for California Customers

Unless you request otherwise, we may share your personal information with one or more Allstate affiliates. We may do this for a number of reasons, including making you aware of the different products, services and offers they can provide. Similarly, unless you request otherwise, we may share your personal information with outside companies with which we have a written agreement to jointly offer you products and services that we believe may be of interest to you.

You have the right to limit some sharing of your personal information by reviewing and completing an "Important Privacy Choices for Consumers" form. We've enclosed this form unless

you previously opted to limit some sharing of your personal information. Please keep in mind that regardless of your choices, Allstate may share your personal information with its affiliates, outside companies and other entities to comply with the law, provide you with the best service on your Allstate accounts, or as otherwise permitted by law.

We Appreciate Your Business

Thank you for choosing Allstate. We understand your concerns about privacy and confidentiality, and we hope this notice has been helpful to you. We value our relationship with you and look forward to keeping you in Good Hands®.

If you have questions or would like more information, please don't hesitate to contact your Allstate agent or call the Allstate Customer Information Center at 1-800-ALLSTATE.

We reserve the right to change our Privacy practices, procedures, and terms.

Allstate Insurance Company

Allstate affiliates to which this notice applies: Allstate County Mutual Insurance Company, Allstate Finance Company, Allstate Financial Services, LLC (LSA Securities in LA and PA), Allstate Fire and Casualty Insurance Company, Allstate Indemnity Company, Allstate Investment Management Company, Allstate Life Insurance Company, Allstate Life Insurance Company of New York, Allstate Motor Club, Inc., Allstate New Jersey Insurance Company, Allstate New Jersey Property and Casualty Insurance Company, Allstate Northbrook Indemnity Company, Allstate Property and Casualty Insurance Company, Allstate Texas Lloyd's, Allstate Texas Lloyd's, Inc., Allstate Vehicle and Property Insurance Company, Deerbrook General Agency, Inc., Deerbrook Insurance Company, Lincoln Benefit Life Company, North Light Specialty Insurance Company.

Please Note: Allstate affiliates American Heritage Life Insurance Company, Castle Key Insurance Company and Castle Key Indemnity Company participate in information sharing with the affiliates listed above, but have a separate privacy notice for their customers.

(ed. 2/11/2014)

X73497-1

Renewal auto policy declarations

Your policy effective date is February 17, 2018



Information as of December 26, 2017

Total Amount Due for the Policy Period

Please review your insured vehicle and verify its VIN is correct.

Vehicle covered	Identification Number (VIN)	Premium
2009 Honda Civic	19XFA16539E004872	\$769.39
California Fraud Assessment Fee		0.88
Additional coverages		15.00
Total*		\$785.27

* 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	\$1.84	Good Driver (20%)	\$174.63
Distinguished Driver	\$140.29		
Total discounts			\$316.76

Discounts per vehicle

2009 Honda Civic				\$316.76
Anti-theft	\$1.84	Good Driver (20%)	\$174.63	
Distinguished Driver	\$140.29			

Listed driver on your policy

Carrie Weil

Excluded drivers from your policy

None

Summary

Named Insured(s)
Carrie Weil
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, 2018** through
August 17, 2018 at 12:01 a.m. standard time









Your Allstate agency is
Jeff Macdonald
5433-A Clayton Rd
Clayton CA 94517
(925) 673-2170
JMACDONALD@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.



Renewal auto policy declarations
 Policy number: **927 326 599**
 Policy effective date: February 17, 2018

Coverage detail for 2009 Honda Civic

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$355.57
 Bodily Injury	\$100,000 each person \$300,000 each occurrence		
 Property Damage	\$100,000 each occurrence		
 Auto Collision Insurance	Actual cash value	\$500	\$247.06
	Waiver of deductible applies		
 Auto Comprehensive Insurance	Actual cash value	\$50	\$35.10
 Rental Reimbursement	Not purchased*		
 Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance for Bodily Injury	\$100,000 each person \$300,000 each accident	Not applicable	\$78.55
 Automobile Medical Payments	\$5,000 each person	Not applicable	\$53.11
Coordinated Medical Protection	Not purchased*		
Lease/Loan Gap	Not purchased*		
Repair or Replacement Cost Option	Not purchased*		
 Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2009 Honda Civic			\$769.39

* 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, unmarried female licensed 25 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: 9,000 - 9,499. The annual mileage figure applicable to this vehicle for the current policy period is: 9,500 - 9,999.

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*		

(continued)

Renewal auto policy declarations
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Coverage	Limits	Deductible	Premium
Automobile Disability Income Protection	Not purchased*		
Identity Theft Expenses	\$25,000 per premium period	Not applicable	\$15.00
Total			\$15.00

* 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
- California Amendatory Endorsement - AU14629-2
- Amendment of Policy Provisions - AU14626-1
- 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 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.

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

Steven P. Sorenson
President

Susan L. Lees
Secretary



Important notices

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Reasons for Extension, Cancellation or Nonrenewal

California law requires Allstate to provide you with reasons why your policy may be extended, canceled or nonrenewed or your premium increased.

Allstate may cancel or nonrenew your policy for one or more of the following reasons:

- Nonpayment of premium;
- Fraud or material misrepresentation affecting the policy or the insured; or
- Substantial increase in the hazard we insure against.

In addition, your policy may be nonrenewed or your premium may be increased for any of the following reasons:

- Accident involvement by an insured and whether the insured is at fault in the accident;
- A change in, or addition of, an insured vehicle;
- A change in, or addition of, an insured under the policy;
- A change in the location of garaging of an insured vehicle;
- A change in the use of an insured vehicle;
- Conviction for violating any provision of the Vehicle Code or Penal Code relating to the operation of a motor vehicle;
- The payment made by an insurer due to a claim filed by an insured or a third party;
- Any other reason that is lawful and not unfairly discriminatory.

Accidents and convictions for violating any provision of the Vehicle Code or Penal code relating to the operation of a motor vehicle that occur within the 36-month period ending on the effective date of the policy may lead to an increase of your premium. You have the right to be informed, upon your request, of any increase in premium, in whole or in part, charged to you because of an accident or conviction.

Under certain circumstances, if we fail to send your renewal offer at least 20 days prior to your renewal effective date or if we fail to send your nonrenewal notice at least 30 days prior to the nonrenewal effective date, California law requires us to extend your existing policy term for 30 days from the date the notice is mailed or delivered to you.

Other Uninsured Motorist Coverage Options

Your policy has been issued with the coverages and options you requested. Please refer to the enclosed Policy Declarations to verify that your policy has been issued according to your requests.

However, please be aware that you still have options concerning coverage for damages to your insured auto that you are legally entitled to recover from the owner or operator of an uninsured motor vehicle.

The following options are available **for each vehicle under your policy**. Please see your Policy Declarations to determine your current coverages for each of your vehicles.

- If your vehicle is insured for Auto Collision Insurance, we are offering a Waiver of your Collision Coverage Deductible to apply when the vehicle is damaged in an accident caused by an uninsured motor vehicle.
- If your vehicle is not insured for Auto Collision Insurance and is insured for Uninsured Motorists Insurance for bodily injury, we are offering you the opportunity to extend your Uninsured Motorists Insurance to cover property damage.
- You still have the option of rejecting either the Waiver of Collision Coverage Deductible or Uninsured Motorists Insurance for property damage, or both coverages.

If a vehicle insured under your policy is damaged by an uninsured motor vehicle and you are legally entitled to recover damages, we will, depending on the coverage you purchase, either:

- Pay the collision deductible on the insured motor vehicle when you have purchased collision coverage, or
- Pay for the damage to the insured motor vehicle when you have not purchased collision coverage but have purchased Uninsured Motorists Insurance for property damage.

Payment shall not include damage to personal property or loss of use of a motor vehicle and shall not exceed the smaller of:

- The amount of the collision deductible,
- The actual cash value of the insured motor vehicle,
- \$3500.

The law also permits you to reject these coverages completely.

If you would like to purchase one of these coverages or make any other changes concerning these coverage options, please call your Allstate Agent.

If You Have a Problem with Your Insurance

Please contact your Allstate representative if you have any questions or concerns about your insurance. If a problem arises that you and your Allstate representative are unable to resolve satisfactorily, please call or write to:

**Allstate Customer Service
 PO Box 660598, Dallas, TX 75266-0598
 1-800-ALLSTATESM (1-800-255-7828)**

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If the problem remains unresolved, you may contact the California Department of Insurance at:

Consumer Services Division

California Department of Insurance

300 South Spring Street, Los Angeles, CA 90013

Consumer Hotline: 1-800-927-4357

Website:

<http://www.insurance.ca.gov/01-consumers/101-help/index.cfm>

Please contact the Department of Insurance only if you have been unable to satisfactorily resolve the problem with your Allstate representative and with Allstate.

X5126-4

Allstate Has Discounts Available on Your Auto Premium

We have several discounts available to our auto insurance customers. For your information, here is a listing of our discounts, including a brief description of each. (Certain rating information and any discounts that you're currently receiving are shown on the enclosed Policy Declarations.)

Specialized Professionals Discount—You may qualify for this discount when either you or your spouse has a professional degree in one of the following occupations:

- Education or Library Sciences, which could include College Professor, Counselor, Curator, Librarian, Principal, Teacher
- Science/Engineering/Information Technology, which could include Administrator, Analyst, Architect, Computer Programmer, Drafter, Engineer, Engineering or Information Technology Supervisor, Manager, Researcher, Scientist

Distinguished Driver Discount—The Distinguished Driver Discount applies to most major auto coverages. To qualify, the rated operator on a vehicle must meet certain requirements, including those explained below:

- For the past three years, the rated operator must have been licensed to drive a motor vehicle;
- The rated operator has had no traffic violation convictions for the past three years; and
- The rated operator has remained accident-free for the past five years, or has been less than 51% at fault in any accident that has occurred during the past five years and for which no claim payment was made.

In addition, rated operators that have had no traffic violation convictions or accidents for even longer consecutive time

periods may qualify for an even larger Distinguished Driver Discount amount.

The Distinguished Driver Discount is applied on a per vehicle basis. Therefore, if a vehicle does not have an assigned operator, the Distinguished Driver Discount will apply only if all operators in the household qualify for the Distinguished Driver Discount.

Multiple Policy Discount—You may qualify for a discount on most major auto coverages if you or your spouse or registered domestic partner are also the named insured on a qualifying Allstate Insurance Company Homeowners, Condominium Owners, Mobile Home Owners, or Renters policy that covers the principal place of residence. If you or your spouse or registered domestic partner are the named insured on a qualifying Allstate individual life insurance policy or Allstate Personal Umbrella Policy, you may qualify for a discount on most of your major auto coverages.

Good Driver Discount—Depending on your driving experience and information in your driving record, such as the number of traffic violation convictions or accidents, you could be eligible for a 20% discount on your auto insurance premiums.

Defensive Driver Discount—Drivers age 55 or older who provide proof of successful completion of a Mature Driver Improvement Course approved by the California Department of Motor Vehicles may qualify for a 5% discount on some coverages. In order to be eligible, the driver must have voluntarily attended the course. This discount will be applied for three years after successful completion of the course; in order to continue to receive the discount after this three-year period, the course must again be successfully completed and proof presented.

Anti-Theft Device Discount—You may be eligible to receive a discount on your comprehensive coverage if you have a qualifying anti-theft device installed on your car.

Occasional Operator Discount—You may be eligible to receive a discount on most major auto coverages if the rated operator on a vehicle has been licensed for less than nine years and has 25% or less use of the vehicle.

Good Student Discount—You may be eligible to receive a discount on most major auto coverages if you have an unmarried driver on your policy who is a full-time student (high school, college, or academic home study program) and meets certain scholastic and other requirements.

teenSMART™ Discount—You may be eligible to receive a discount on most major auto coverages if you have a rated operator who is single, has been licensed five years or less, and



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completes the teenSMART™ program. The teenSMART™ program is a home study driver training program designed to help reduce the chances of your young driver being involved in an accident. Successfully completing the program can earn a discount of up to 15% on most major coverages provided by your auto policy.

Other Rating Factors—In addition to the discounts described above, we offer a number of special rates that can lower your premium. For example, you may be eligible to receive a lower rate if your insured auto (model year 2000 or earlier) is on our list of "economy cars." Ask your Allstate Agent for details about our special rates.

The premium for your insurance policy is based on a variety of factors, including information you have given us. Factors that can affect your premium include, for example, annual mileage driven, years of licensed driving experience and driving record. It is important that you notify us if the information upon which your premium is based is incorrect, incomplete, or changes, so that we may adjust your premium accordingly.

This notice provides only a general description of the qualifications and conditions for the discounts and special rates shown above. Other qualifications and conditions may apply. For complete details on qualifications and conditions, how your premium is determined, or if you have any questions about the information in this notice, including whether you may qualify for one or more discounts or special rates or whether your premium is accurate, please call your Allstate Agent.

X5284-13

We Have Adjusted Your Annual Mileage Amount

As you may know, Allstate considers many factors when determining the auto premiums of our customers. One of these factors is the annual mileage of the vehicles we insure.

Your Annual Mileage

We previously sent you a questionnaire that included a request for odometer readings for all of the insured vehicles on your policy. We recently received your completed questionnaire with this information, but the odometer reading listed on the form for one or more of your vehicles is either illegible or less than a previous odometer reading we have on file.

Because of this discrepancy, we could not determine your annual mileage information for the current policy period. As a result, we may have attempted to obtain your vehicle's odometer information from a third-party vendor. If this

information was available, we used it to determine your annual mileage and rate your policy accordingly. If your vehicle's odometer information was not available from this vendor, we may have increased your annual mileage amount by 1,000 miles and rated your policy accordingly. Please refer to the "Rating Information" section of the enclosed Policy Declarations for any changes to your mileage information.

Have Questions? Please Contact Us

Please contact your Allstate Agent to provide a current odometer reading for your insured vehicle(s). When we receive this information, we will update your annual mileage amount based on the reading you provide, and, if necessary, adjust your overall premium. Your agent can also answer any questions you may have about the information in this notice.

Thank you for choosing Allstate.

X73372-1

Voluntary Provider Networks

We want to let you know about a program that may be available to you.

If you, or anyone covered under your policy, is injured in a loss covered under your auto policy, a Voluntary Provider Network may be available to you. A Voluntary Provider Network includes a variety of participating medical providers that can treat those injuries.

Voluntary Provider Networks maintain lists of their participating providers. In the event that you experience a loss, your claims representative can provide you with contact information for any participating Allstate networks that may be available in your state at that time.

You are under no obligation to use a medical provider who is a member of one of these networks, and you are free to seek medical services from a provider of your choice. There is no penalty if you choose a provider outside the network. If you are injured and treated by a provider who is a member of one of the participating networks, we may review their bills for covered medical services for re-pricing based on the approved rate for that provider's network.

You do not need to make a choice about these networks at this time. Please keep in mind that using a provider within a network should not be considered a confirmation that you have coverage. This notice is for informational purposes only.

X73469

Important notices

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Notice of Right to Designate a Third Party

We want you to know that you have the right to designate one additional individual to receive copies of any coverage termination notices that we may issue if you fail to pay the required premium when due. You also have the right to replace the individual you previously designated or terminate the third party designation entirely. This third party will not receive copies of your regular billing statements or any other documents for your policy.

How to start, change or end a third party designation

To add, change or remove a third party simply contact your Allstate Agent or representative to receive a copy of a Third Party Designation form. After you return the form with the name and address of the designee or any changes you wish to make, we will process your request.

Additionally, we will notify you annually of your right to designate a third party. If you have already designated a third party and do not wish to make any changes, you do not need to do anything.

If you have questions

Please contact your Allstate Agent or representative, or call us at 1-800-ALLSTATE (1-800-255-7828) if you have any questions or would like more information.

X73598

Regarding Your Discounts

We want to let you know about a change we've made to available discounts in California. We are discontinuing the Professionals, Homeowner Association, Condo Association, Alumni Association and Allstate Motor Club® Discounts. If you previously received one of these discounts, your premium may have increased at this renewal.

Please keep in mind that we offer many other ways to help you manage the cost of your insurance protection. For more information about available discounts, please see the explanatory insert included with your Policy Declarations titled "Allstate Has Discounts Available on Your Auto Premium" (form X5284-13).

You can always feel free to give me a call at (925) 673-2170 if you have any questions about your discounts or your insurance protection in general.

X73777



**California Proof of
Auto Insurance Card**

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
Carrie Weil
1116 Heavenly Drive
Martinez CA 94553-3513

Allstate.

You're in good hands.

NAIC# 36455

This policy meets the requirements of the applicable California financial responsibility law(s).

POLICY NUMBER
927 326 599

YEAR / MAKE / MODEL
2009 Honda Civic

EFFECTIVE DATE
02/17/18

VEHICLE ID NUMBER
19XFAT6539E004872

EXPIRATION DATE
08/17/18

This card must be carried in the vehicle at all times as evidence of insurance.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent as soon as possible.

Jeff Macdonald
(925) 673-2170
5433-A Clayton Rd
Clayton, CA 94517