



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/10/2012

PRODUCER  
 Craig Ichiuji, Agent  
 461 First Ave San Mateo CA 94401  
 Phone 650-342-8857 Fax 650-342-9250

THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED  
 Mary M Bacon Ph'D  
 DBA Images Of A Culture  
 1055 Lakeview Dr  
 Hillsborough, CA 94010

INSURER A: State Farm General Insurance Company	25151	25151
INSURER B: State Farm Fire and Casualty Company	25143	25143
INSURER C:		
INSURER D:		
INSURER E:		

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	GENERAL LIABILITY <input checked="" type="checkbox"/> 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	97-B0-B509-4	07/13/2012	07/13/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	97-B0-B509-4	07/13/2012	07/13/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Mt Diablo Unified School District is named insured as respects liability arising out of work of operations performed by the Consultant.

**CERTIFICATE HOLDER**

Mt Diablo Unified School District  
 1936 Carlotta Dr  
 Concord, CA 94519-1397

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**PROFESSIONAL SERVICES CONTRACTORS- INSURANCE REQUIREMENTS**

- A. General Liability insurance of \$2 million per occurrence for bodily injury, personal injury and property damage.
  - 1. Policy must defend the District with respect to liability arising out of the work or operations performed on behalf of the contractor, including materials, parts or equipment furnished in connection with such worker operations.
  - 2. Professional services contractors performing on contracts of less than \$5,000.00 need only provide general liability insurance of \$1 million per occurrence.
- B. Automobile Liability insurance of \$1 million for bodily injury and property damage. (Applicable if using a vehicle at or near any school site or District facility.)
  - 1. Policy must insure the District, its officers, officials, agents, employees and volunteers with respect to liability arising out of automobiles owned, leased, hired or borrowed on behalf of the contractor.
- C. Workers' Compensation insurance as required by the State of California.
- D. Errors & Omissions Liability of \$1,000,000 per occurrence.
- E. Certificate of Insurance naming the District as an additionally insured.
- F. Requirement the contractor provides the District with notice when 50% of aggregate reserves are depleted.
- G. Requirement the contractor provides the District with notice of policy renewal date and provide new declaration page upon that date.
- H. Indemnification provisions having contractor defend and indemnify the District for any damages related to service.
- I. Thirty (30) days written notice before the expiration of any of the above-referenced insurance provisions.

*Renewed on 7/13/12*