



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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					
		INSURER(S) AFFORDING COVERAGE				NAIC #	
		INSURER A: Hiscox Insurance Company Inc				10200	
		INSURER B:					
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
INSURED CARRIE WEIL 1116 Heavenly Drive MARTINEZ CA 94553							

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			UDC-4872221-CGL-21	06/16/2021	06/16/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 <input type="checkbox"/> 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						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 are additional insured per policy's 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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Hiscox Insurance Company Inc.

Policy Number: UDC-4872221-CGL-21
Named Insured: CARRIE WEIL
Endorsement Number: 16
Endorsement Effective: June 16, 2021

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

Table with header 'Name Of Additional Insured Person(s) Or Organization(s)' and content: 'Mount Diablo Unified School District, 1936 Carlotta Drive, Concord, CA 94519'. Includes a footer note: 'Information required to complete this Schedule, if not shown above, will be shown in the Declarations.'

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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



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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	
INSURER(S) AFFORDING COVERAGE		NAIC #
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INSURED CARRIE WEIL 1116 Heavenly Drive MARTINEZ CA 94553	INSURER B:	
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			UDC-4872221-EO-21	06/16/2021	06/16/2022	Each Claim: \$ 1,000,000 Aggregate: \$ 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Amended auto policy declarations
 Policy number: **927 326 599**
 Policy effective date: February 17, 2021



Coverage detail for 2009 Honda Civic

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$286.08
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Actual cash value	\$500	\$215.31
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$35.50
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	\$44.50
Automobile Medical Payments	\$5,000 each person	Not applicable	\$25.92
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2009 Honda Civic			\$607.31

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

VIN 19XFA16539E004872

Rating information

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

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

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

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

The following odometer information was used to determine your annual mileage for current policy period:

Odometer Reading: 98,490
 Date : 10/26/2018

Odometer Reading: 104,689
 Date : 10/23/2019

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



Coverage detail for 2001 Ford Truck Escape

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$258.26
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		
Auto Collision Insurance	Not purchased*		
Auto Comprehensive Insurance	Not purchased*		
Rental Reimbursement	Not purchased*		
Towing and Labor Costs	Not purchased*		
Uninsured Motorists Insurance		Not applicable	\$68.57
• Bodily Injury	\$100,000 each person \$300,000 each accident		
• Property Damage	\$3,500 each accident		
Automobile Medical Payments	\$5,000 each person	Not applicable	\$28.54
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2001 Ford Truck Escape			\$355.37

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

VIN 1FMYU04141KA03981

Rating information

Your premium is determined based on certain information, including the following:
 • This vehicle is driven 3-9 miles to work/school, married person licensed 36 years.

Allstate uses mileage information as one factor to help determine your premium amount. The estimated number of miles that this vehicle is driven annually is 4,000 - 4,499.

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

Coverage detail for 2017 Ram Trucks 1500 4wd

Coverage	Limits	Deductible	Premium
Automobile Liability Insurance		Not applicable	\$285.46
• Bodily Injury	\$100,000 each person \$300,000 each occurrence		
• Property Damage	\$100,000 each occurrence		

(continued)

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Amended auto policy declarations
 Policy number: **927 326 599**
 Policy effective date: February 17, 2021



Coverage	Limits	Deductible	Premium
Auto Collision Insurance	Actual cash value	\$500	\$286.35
Waiver of deductible applies			
Auto Comprehensive Insurance	Actual cash value	\$50	\$97.93
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	\$73.93
Automobile Medical Payments	\$5,000 each person	Not applicable	\$26.88
Coordinated Medical Protection	Not purchased*		
Sound System	Not purchased*		
Tape	Not purchased*		
Total premium for 2017 Ram Trucks 1500 4wd			\$770.55

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

VIN 1C6RR7GT9HS578661

Rating information

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

- This vehicle is driven 3-9 miles to work/school, married person licensed 28 years.

Allstate uses mileage information as one factor to help determine your premium amount. The estimated number of miles that this vehicle is driven annually is 14,500 - 14,999.

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*		
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.

