

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		terms		licy, ce	rtain policies		•	nt. A state	ement	on .	
PRODUCER						CONTACT Rebecca Bradhurst CISR						
Chu	ch & Casualty Ins Agency Inc	PHONE (A/C, No, Ext): FAX (A/C, No): (800) 995-7525					995-7521					
3440	Irvine Ave	E-MAIL beckie@ccia.com ADDRESS:										
					ADDRES	33.		DING COVEDAGE			NAIC#	
New	port Beach	INSURER(S) AFFORDING COVERAGE  INSURER A: Church Mutual Insurance Company					NAIC#					
INSU	•	INCORERA.										
	KULASIS LLC DBA LIVERMOR	F \/ΔΙ	IFY	ACADEMY	INSURER B:							
557 OLIVINA AVE BLDG B					INSURER C:							
337 OLIVINAAVE BEDG B					INSURE							
LIVERMORE				CA 94551-6504	INSURER E :							
		TIFIC	ATE		INSURER F:							
			II 107 (12 INGINIBEI (I			70 REVISION NUMBER: N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
	DICATED. NOTWITHSTANDING ANY REQUI											
CE	RTIFICATE MAY BE ISSUED OR MAY PERT	AIN, T	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBEI	D HEREIN IS S					
	CLUSIONS AND CONDITIONS OF SUCH PO		S. LIM <b>SUBR</b>		REDUCED BY PAID CLAIMS.   POLICYEFF   POLICYEXP							
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		Ψ	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occu	irrence)	φ .	0,000	
								MED EXP (Any one p	person)	\$ 15,0		
Α		Y	0355656-02-402723			08/01/2022	08/01/2023	T ETTOCHTIE WYTE WITHOUTT			0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	AGGILGATE \$		00,000	
	POLICY PRO- LOC							PRODUCTS - COMP	P/OP AGG	\$ 2,00	00,000	
	OTHER:								I	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	r person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		0355656-07-408802		08/01/2022	08/01/2023	E.L. EACH ACCIDEN	NT.	\$ 1,00	00,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,00	0,000	
	Sexual Misconduct or Molestation							Per Occurrence		1,00	0,000	
Α	Sexual Miscoriduct of Molestation			0355656-07-408802		08/01/2022	08/01/2023	Annual Aggregate	e	1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	pace is required)					
	Diablo Unified School District, its officers, of									to		
	activities of the Named Insured on the abov LUDED. Refer to attached A2014 Addition				tions not	specifically ru	n/or conducted	by the Named Ins	sured are			
ENGLOSES. Note: to diluction / E017 / Additional modera Endotochioni.												
CERTIFICATE HOLDER CANCELLATION												
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
								F, NOTICE WILL BE Y PROVISIONS.	E DELIVER	ED IN		
*Mt. Diablo Unified School District						ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE						
	1936 Carlotta Drive			CA 94519								
1	CONCORD			UA 94519				///				

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY

This endorsement modifies insurance provided under the General Liability Coverage Part.

The following is added to the General Liability Additional Provisions Form.

Additional Insured Person(s) or Organization(s):											
Name: Mt. Diablo Unified School District its officers, officials, employees, and volunteers											
_											
Address: 1936 Carlotta Drive											
	Concord	CA	94519								
	City	State	ZIP								
Activity:	Tuition Payments										
Date(s):	6/15/2023 - 8/1/2023 POLICY #0355656-02-402723										

## A. ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY

1. Paragraph C., Who is An Insured, is amended to include the person(s) or organization(s) shown above, but only with respect to "bodily injury," "property damage," personal injury," and "advertising injury" liability, and only with respect to operations of the Named Insured that are directly related to the activity shown above during the dates shown above.