

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/29/2022

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(les) 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	CONTACT NAME: Lindsay H. Hunter										
Arthur J. Gallagher & Co. Insurance Brokers of CA. 500 N. Brand Boulevard Suite 100 Glendale CA 91203					PHONE (A/C, No, Ext): 818-539-1306 (FAX (A/C, No): 818-539-1606		
					E-MAIL ADDRESS: Lindsay_Hunter@ajg.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A: United Educators Ins, a Reciprocal Risk Retention 1002						
INSURED CLARCLG-01 Claremont Graduate University					INSURER B:						
150 East 10th Street					INSURER C:						
Claremont, CA 91711-5909					INSURER D:						
	INSURER E :										
	INSURER F :										
COVERAGES CER	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 INSD WVD POLICY NUMBER				POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS				
A X COMMERCIAL GENERAL LIABILITY E74-11B CLAIMS-MADE X OCCUR			E74-11B		7/1/2022	7/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000		
									\$1,000	,000	
X Deductible:\$0							MED EXP (Any one person)		\$5,000		
							PERSONAL & ADV	INJURY	\$ Included		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$3,000,000		
X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$ Includ	ed	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$		
ANY AUTO							(Ea accident)		\$		
OWNED SCHEDULED							` ' '		<u> </u>		
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							` '		\$		
							(Per accident)		\$		
									\$		
UMBRELLA LIAB OCCUR							EACH OCCURREN	EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
DED RETENTION \$ WORKERS COMPENSATION							DED	OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Subject to all policy terms, conditions and exclusions. Evidence of Insurance											
CERTIFICATE HOLDER	CANCELLATION										
Mount Diablo Unified School District 1936 Carlotta Dr. Concord CA 94519					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						