

CERTIFICATE NO.

ISSUE DATE (MM/DD/YYYY)

GL1-2978	CO	CERTIFICATE OF COVERAGE	06/22/2017
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<p>CSAC Excess Insurance Authority C/O ALLIANT INSURANCE SERVICES, INC. PO BOX 6450 NEWPORT BEACH, CA 92658-6450 PHONE (949) 756-0271 / FAX (619) 699-0901 LICENSE #0C36861</p>	<p>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 BELOW. THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>
	<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>
	<p>COVERAGE AFFORDED A - CSAC Excess Insurance Authority</p>

<p>Member: MT. DIABLO UNIFIED SCHOOL DISTRICT ATTN: OFFICE OF GENERAL COUNSEL 1936 CARLOTTA DRIVE CONCORD, CA 94519</p>	<p>COVERAGE AFFORDED B</p>
	<p>COVERAGE AFFORDED C</p>
	<p>COVERAGE AFFORDED D</p>


Coverages
 THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	<input checked="" type="checkbox"/> General Liability	EIA-PE 17 EL-88	07/01/2017	07/01/2018	\$1,000,000
	<input checked="" type="checkbox"/> Excess Auto Liability				\$1,000,000
					Limits inclusive of the Member's Self-Insured Retention of \$250,000

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS EVIDENCE OF COVERAGE FOR MEMORANDUM OF UNDERSTANDING AND AGREEMENT BETWEEN MT. DIABLO UNIFIED SCHOOL DISTRICT AND SAINT MARY'S COLLEGE OF CALIFORNIA TO PROVIDE EDUCATION SPECIALISTS, PUPIL PERSONNEL SERVICES, SCHOOL COUNSELING, EDUCATIONAL THERAPY, SCHOOL PSYCHOLOGY, SCHOOL ADMINISTRATION AND TEACHING INTERNS.

COVERAGE INCLUDES ERRORS AND OMISSIONS.

<p>Certificate Holder</p> <p>SAINT MARY'S COLLEGE OF CALIFORNIA PO BOX 3554 MORAGA, CA 94575</p>	<p>Cancellation SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> 

WC-1574	CERTIFICATE OF COVERAGE	06/22/2017
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<p>Member: MT. DIABLO UNIFIED SCHOOL DISTRICT ATTN: OFFICE OF GENERAL COUNSEL 1936 CARLOTTA DRIVE CONCORD, CA 94519</p>	<p>COVERAGE AFFORDED BY: B</p> <p>COVERAGE AFFORDED BY: C</p> <p>COVERAGE AFFORDED BY: D</p>
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Coverages


THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE AND POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE 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 COVERAGE AFFORDED BY THE MEMORANDUMS AND POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS AND POLICIES.

CO LTR	TYPE OF COVERAGE	MEMORANDUM/ POLICY NUMBER	COVERAGE EFFECTIVE DATE (MM/DD/YYYY)	COVERAGE EXPIRATION DATE (MM/DD/YYYY)	LIABILITY LIMITS
A	WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	See attached Schedule of Insurers for policy numbers	07/01/2017	07/01/2018	WORKERS' COMPENSATION: Statutory EMPLOYERS' LIABILITY: \$5,000,000

LIMITS APPLY PER OCCURRENCE FOR ALL PROGRAM MEMBERS COMBINED.

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<p>Certificate Holder</p> <p>SAINT MARY'S COLLEGE OF CALIFORNIA PO BOX 3554 MORAGA, CA 94575</p>	<p>Cancellation</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGE/POLICIES BE CANCELLED BEFORE THE EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE/POLICIES PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"></p> <p style="text-align: center;">CSAC EXCESS INSURANCE AUTHORITY</p>
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