



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/14/2016

**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 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).**

<b>PRODUCER</b> Om Insurance 1336 Trestlewood Lane San Jose, CA 95138	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>CONTACT NAME:</b> Pal</td> <td><b>FAX:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 4082610884</td> <td>(A/C, No): 4085189789</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> allsettyp@gmail.com</td> </tr> </table>	<b>CONTACT NAME:</b> Pal	<b>FAX:</b>	<b>PHONE (A/C, No, Ext):</b> 4082610884	(A/C, No): 4085189789	<b>E-MAIL ADDRESS:</b> allsettyp@gmail.com	
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<b>E-MAIL ADDRESS:</b> allsettyp@gmail.com							
<b>INSURER(S) AFFORDING COVERAGE</b>							
INSURER A : Lloyds of London							
INSURER B :							
INSURER C :							
INSURER D :							
INSURER E :							
INSURER F :							

**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	ADOL EMBR INSD 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:	X	ATR/O/232299	02/17/16	02/17/17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$ 200000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 2000000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 4000000</td></tr> <tr><td>PRODUCTS - COMPROP Agg</td><td>\$ 2000000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$ 200000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500000	MED EXP (Any one person)	\$ 5000	PERSONAL & ADV INJURY	\$ 2000000	GENERAL AGGREGATE	\$ 4000000	PRODUCTS - COMPROP Agg	\$ 2000000		\$
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A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	ATR/O/232299	02/17/16	02/17/17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 200000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 200000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under	N/A	9114244-2015	01/29/16	01/29/17	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>2000000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>2000000</td></tr> </table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$	2000000	E.L. DISEASE - EA EMPLOYEE	\$	2000000					
PER STATUTE	OTH-ER																			
E.L. EACH ACCIDENT	\$	2000000																		
E.L. DISEASE - EA EMPLOYEE	\$	2000000																		
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 2000000														
A	Professional Liability/E and O		MPL 1693279 16	02/02/16	02/02/17	2000000 Retro Date: 02/02/16														

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Mt. Diablo Unified School District is named additional insured with respect to liability arising out of work or operations performed by the Consultant/Named insured.

<b>CERTIFICATE HOLDER</b> MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 Carlotta Drive Concord, CA 94519-1397	<b>CANCELLATION</b>  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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Pentecost</div>
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### POLICY CHANGE DOCUMENT

POLICY NO.: ATR/O/232299

Lloyds of London	Om Insurance
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Name Insured 360 Degree Customer, Inc

Mailing Address 4423 Fortran St, Ste 114 San Jose, CA - 95134

Policy Period: 01/29/2016 TO 1/29/2017

**Description:**

In Consideration of the premium reflected, the policy is amended as indicated below:

**Added:**

~~Additional Insured as follows:~~

Mt. Diablo Unified School District  
1936 Carlotta Dr  
Concord, CA 94519-1358

**Removed:**

Additional Insured as follows:

Total Annual Additional Return Premium \$

0.00  
NO CHANGE

Total prorated

Additional/return Premium \$ 0.00  
NO CHANGE

COUNTERSIGNED

(Date)

By

*Christina Wang*  
(Authorized Representative)

03/11/2016  
Issue Date

# Lloyds of London

## Additional Insured Schedule

Policy Number ATR/O/232299

### Additional Insured

Lake Washington School District  
PO Box 97039  
Redmond, WA 98073-9739

PI-PLSP-103 - Miscellaneous Professional

### Additional Insured

William S. Hart UHSD  
21380 Centre Pointe Pkwy  
Santa Clarita, CA 91350

### Businessowners

### Additional Insured

Elk Grove Unified School District  
9510 Elk Grove Florin Rd  
Elk Grove, CA 95624-1801

### Businessowners

### Additional Insured

San Roman Valley Unified School District  
its subsidiaries, officials, & employees  
699 Old Orchard Dr  
Danville, CA 94526-4331

### Businessowners

### Additional Insured

Mt. Diablo Unified School District  
1936 Carlotta Dr  
Concord, CA 94519-1358

### Businessowners

# Lloyds of London

## Additional Insured Schedule

Policy Number PHSD1007324

### Additional Insured

Arcadia Unified School District  
150 S 3rd Ave  
Arcadia, CA 91006-3703

### Businessowners

### Additional Insured

Lake Elsinore Unified School District  
545 Chaney St Bldg E  
Lake Elsinore, CA 92530-2712

### Businessowners

### Additional Insured

Antioch Unified School District  
510 G St  
Antioch, CA 94509-1259

### Businessowners

### Additional Insured

Menifee Union School District  
30205 Menifee Rd.  
Menifee, CA 92584

### Businessowners