

### CERTIFICATE OF LIABILITY INSURANCE

7/6/2021

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 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).

С	ertificate holder in lieu of such endorse	emen		ioloo may toquilo all ollao	13011101	nii. A statonii	me on unis co	itinicate does not come	rigina	io tile	
PRODUCER						CONTACT Joel Rubinstein					
M A Hays Insurance					PHONE (510) 235-0353 FAX (A/C, No): (510) 235-5058						
CA License #0094750						E-MAIL ADDRESS: joel@mahays.com					
232 Broadway					INSURER(S) AFFORDING COVERAGE				NAIC #		
Richmond CA 94804					INSURER A: Non-profits Insurance Alliance				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
INSURED					INSURER B: California State Fund						
Mindful Life Project					INSURER C :						
124 Washington Ave. Suite B						INSURER D:					
						INSURER E :					
Richmond CA 94801					INSURER F:						
		RTIFICATE NUMBER: CL17870448				5 REVISION NUMBER:					
C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH POR THE PORT OF SUCH PORT OF S	IIREM FAIN, OLICI	IENT, THE II	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T	Y CONT HE POL	FRACT OR OTI ICIES DESCRI UCED BY PAIL	HER DOCUMEI BED HEREIN I CLAIMS:	NT WITH RESPECT TO WH	ICH THIS	)	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A	x COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE x OCCUR						8/2/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
		х	Y	202152479		8/2/2021		MED EXP (Any one person)	\$	20,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								\$		
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			202152479		8/2/2021	8/2/2022	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
				1					\$		
A	x UMBRELLA LIAB x OCCUR			202152479		08/02/2021	8/2/2022	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE				- 1			AGGREGATE	\$	1,000,000	
_	DED X RETENTION \$ 0							Toro I For	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		921568121		8/8/2021	8/8/2022	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under		Y					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DÉSCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A	Sexual Misconduct			202152479		8/2/2021	8/2/2022	Each Claim		\$1,000,000	
								Aggregate Limit		\$3,000,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	- /ACC	DPD 40:	1 Additional Damarka Cahadula	au ba atta	shad if sees and	a la sassila di				
	tificate Holder is named as i			· ·	., 20 111						
CERTIFICATE HOLDER						CANCELLATION					
Mt. Diablo Unified School District							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

© 1988-2014 ACORD CORPORATION. All rights reserved.

Concord, CA 94519

AUTHORIZED REPRESENTATIVE

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

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following: 202152479

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

#### SCHEDULE

## Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.