(page 16 of 20) 04/20/2016 02:30:00 PM

ACORD [®] CERTIFICATE OF L	E	DATE (MM/DD/YYYY) 4/20/2016								
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 a certificate holder in lieu of such endorsement(s).										
PRODUCER	CONTACT NAME:	Г								
SelectSolutions Insurance Services, LLC #0I27711	PHONE (A/C, No, E E-MAIL	LAU).	00-6359	FAX (A/C, No)	: (855)	804-8449				
ADDRESS: 50 Carlback Avenue INSURER(S) AFFORDING COVERAGE NAME										
Walnut Creek, CA 94596	INSURER			nce Company		22292				
INSURED	INSURER			Casualty Company of Arr	nerica	25674				
PHD Architects	INSURER	C :		, , ,						
3211 Ronino Way	INSURER	D :								
Lafayette, CA 94549-	INSURER	E:								
	INSURER	F:								
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY H	TION OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPE	ст то	WHICH THIS				
INSR ADDL SUBR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBI	ER (I	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ					
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 2,000	,000				
CLAIMS-MADE 🖌 OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	00				
				MED EXP (Any one person)	\$ 5,000					
B 680-0517M425-TI	II-16	4/22/2016	4/22/2017	PERSONAL & ADV INJURY	\$ 2,000					
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 4,000					
POLICY Y PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 4,000	,000				
OTHER:					\$					
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000	0,000				
ANY AUTO				BODILY INJURY (Per person)	\$					
ALL OWNED SCHEDULED 680-0517M425-T	TII-16	4/22/2016	4/22/2017	BODILY INJURY (Per accident,)\$					
B HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$					
					\$					
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$					
DED RETENTION \$					\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				✓ PER STATUTE OTH- ER						
B ANY PROPRIETOR/PARTNER/EXECUTIVE N A XJUB-5804Y26-7	-16	4/22/2016	4/22/2017	E.L. EACH ACCIDENT	\$ 1,000	,000				
(Mandatory in NH) If yes, describe under		1/22/2010		E.L. DISEASE - EA EMPLOYE						
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000				
A Professional Liability (Errors and Omissions) LHF A284571 0	01	4/22/2015	4/22/2017		\$1,000,0	000 / \$1,000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks So Operations as per contract on file with Insured. The Professional Liability Lir					y.					
CERTIFICATE HOLDER	CANCE	ELLATION								
Mt. Diablo Unified School Dist Mr. Timothy M. Cody	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.						
1480 Gasoline Alley Concord, CA 94520	AUTHORI	ZED REPRESE		ettar of	w	ing				
	<u>I</u>	© 19	88-2014 AC	ORD CORPORATION.	All rig	hts reserved.				

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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 4/20/2016		
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										
IMPORTANT: If the certificate ho the terms and conditions of the po certificate holder in lieu of such en	olicy, cer	tain p	olicies may require an end							
PRODUCER				CONTAC NAME:	т					
SelectSolutions Insurance Services, LLC PHONE (A/C, No, Ext): 866-500-6359 FAX (A/C, No): (855) 804-8449 #0127711 E-MAIL ADDRESS: ADDRESS:										
1350 Carlback Avenue						URER(S) AFFOR	DING COVERAGE		NAIC #	
Walnut Creek, CA 94596				INSURE	A: The Ha	anover Insura	nce Company		22292	
INSURED				INSURE	кв: Travele	ers Property (Casualty Company of An	nerica	25674	
PHD Architects				INSURE	R C :					
3211 Ronino Way				INSURE	RD:					
Lafayette, CA 94549-				INSURE	R E :					
			1	INSURE	R F :					
			NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF S	iy requi May per	REMEI FAIN,	NT, TERM OR CONDITION C THE INSURANCE AFFORDE	OF ANY D BY T	CONTRACT	OR OTHER D	DOCUMENT WITH RESPE	СТ ТО	WHICH THIS	
INSR TVDE OF WOUR ANDE	ADD	SUBR			POLICY EFF	POLICY EXP		TO		
LTR TYPE OF INSURANCE ✔ COMMERCIAL GENERAL LIABILITY	INSE	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 2,000	000	
							EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000		
							PREMISES (Ea occurrence)	\$ 5,000		
в	Yes		680-0517M425-TII-16		4/22/2016	4/22/2017	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 2,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 4,000		
							PRODUCTS - COMP/OP AGG	\$,	,	
							COMBINED SINGLE LIMIT	\$ 2,000	000	
							(Ea accident) BODILY INJURY (Per person)	\$ 2,000	,,000	
ANY AUTO	,		680-0517M425-TII-16		4/22/2016	4/22/2017	BODILY INJURY (Per accident			
AUTOS AUTOS NON-OWNED)					4/22/2011	PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS							(Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-							AGGREGATE	\$		
DED RETENTION \$	VIADE						AGGILGATE	\$		
WORKERS COMPENSATION							✓ PER OTH- STATUTE ER	Ψ		
AND EMPLOYERS' LIABILITY B ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$ 1,000	0.000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N N/A		XJUB-5804Y26-7 -16		4/22/2016	4/22/2017	E.L. DISEASE - EA EMPLOYE	- ·		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	4.000		
A Professional Liability (Errors and Omissions)			LHF A284571 01		4/22/2015	4/22/2017		, ·	000 / \$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mt. Diablo Unified School District, its trustees, employees and agents, the State of California, Construction manager(s), Project manager(s), Inspector(s) and Architect(s) are named as Additional Insured as their interests may appear in regards to General Liability policy per the attached endorsement. This insurance is Primary and Non-contributory to any other insurance provided as respects General Liability policy per the attached endorsement. The Professional Liability Limits shown represent the Per Claim/Aggregate Limits of Liability.										
CERTIFICATE HOLDER				CANC	ELLATION					
				UNING						
Mt. Diablo Unified School Office of Executive Direct 1936 Carlotta Dr.		tions	_	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Concord, CA 94519			ľ	AUTHOR	IZED REPRESE		ettar Di	w	ing	
1			I		© 19	88-2014 AC	ORD CORPORATION.			

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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE									(MM/DD/YYYY) 20/2016	
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 p certificate holder in lieu of such e	olicy, cer	tain po	olicies may require an er	ndorse	ment. A stat					
PRODUCER				CONTA NAME:	СТ					
#0l27711									804-8449	
1350 Carlback Avenue Walnut Creek, CA 94596									NAIC #	
INSURED				INSURE			Ince Company		22292	
PHD Architects 3211 Ronino Way				INSURE INSURE INSURE	RC:	ers Property (Casualty Company of Ar	nerica	25674	
Lafayette, CA 94549-				INSURE	RE:					
COVERACES	CEDTIE	CATE		INSURE	RF:					
COVERAGES THIS IS TO CERTIFY THAT THE POI INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	ICIES OF NY REQUI MAY PER	INSUR REMEN TAIN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN ED BY	Y CONTRACT	OR OTHE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESP D HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS	
INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	IITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000 \$ 300,0	000	
							MED EXP (Any one person)	\$ 5,000		
В			680-0517M425-TII-16		4/22/2016	4/22/2017	PERSONAL & ADV INJURY	\$ 2,000 \$ 4,000		
GEN'L AGGREGATE LIMIT APPLIES PER POLICY V PRO- JECT LOC							GENERAL AGGREGATE	1.000		
OTHER:							PRODUCTS - COMP/OP AGG	\$ \$ 4,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 2,000	0,000	
ANY AUTO ALL OWNED SCHEDULE AUTOS AUTOS	o l		680-0517M425-TII-16		4/22/2016	4/22/2017	BODILY INJURY (Per acciden			
B HIRED AUTOS AUTOS	D						PROPERTY DAMAGE (Per accident)	\$		
								\$		
EXCESS LIAB CLAIMS	MADE						EACH OCCURRENCE	\$		
DED RETENTION \$	MADE							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							✓ PER STATUTE OTH- ER			
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			XJUB-5804Y26-7 -16		4/22/2016	4/22/2017	E.L. EACH ACCIDENT	\$ 1,000	0,000	
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE			
DÉSCRIPTION OF OPERATIONS below A Professional Liability (Errors and Omissions					4/22/2015	4/22/2017	E.L. DISEASE - POLICY LIMIT			
			LHF A284571 01		4/22/2015	4/22/2017		\$1,000,	000 / \$1,000,000	
						<u> </u>				
DESCRIPTION OF OPERATIONS / LOCATIONS /								obilite -		
Re: Operations as per contract on file	with Insui	rea. In	e Professional Liability Lin	nits sno	wn represent	the Per Clair	n/Aggregate Limits of Li	ability.		
CERTIFICATE HOLDER					ELLATION					
Mount Diablo Unified Scl 1936 Carlotta Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Concord, CA 94519-139	7			AUTHO	RIZED REPRESE		2			
							ettar d.	Tw	ing	
I I					© 19	88-2014 AC	ORD CORPORATION.	All ria	hts reserved.	

(page 13 of 20) 04/20/2016 02:30:00 PM

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE										
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										
IMPORTANT: If the certificate holder is a the terms and conditions of the policy, certificate holder in lieu of such endorsem	rtain policies may require an er									
PRODUCER		CONTACT NAME:								
SelectSolutions Insurance Services, LLC #0I27711		DUONE	00-6359	FAX (A/C, No)	(855)	804-8449				
1350 Carlback Avenue			SURER(S) AFFOR	DING COVERAGE		NAIC #				
Walnut Creek, CA 94596		INSURER A: The H	anover Insura	nce Company		22292				
INSURED			ers Property (Casualty Company of Am	nerica	25674				
PHD Architects 3211 Ronino Way		INSURER C :								
Lafayette, CA 94549-		INSURER D : INSURER E :								
		INSURER F :								
THIS IS TO CERTIFY THAT THE POLICIES OF	ICATE NUMBER: INSURANCE LISTED BELOW HAY	VE BEEN ISSUED TO	THE INSURE	REVISION NUMBER:	HE POL	ICY PERIOD				
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL	TAIN, THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBED							
	L SUBR D WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI						
CLAIMS-MADE CCUR				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000 \$ 300,0					
				MED EXP (Any one person)	\$ 5,000					
В	680-0517M425-TII-16	4/22/2016	4/22/2017	PERSONAL & ADV INJURY	\$ 2,000					
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 4,000					
POLICY V PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 4,000 \$,000				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000	,000				
ANY AUTO ALL OWNED SCHEDULED	680-0517M425-TII-16	4/22/2016	4/22/2017	BODILY INJURY (Per person) BODILY INJURY (Per accident	\$					
B V HIRED AUTOS V NON-OWNED AUTOS			4/22/2017	PROPERTY DAMAGE (Per accident)	\$					
HIRED AUTOS					\$					
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$					
DED RETENTION \$				PER OTH-	\$					
AND EMPLOYERS' LIABILITY Y / N				✓ PER OTH- STATUTE ER	\$ 1,000	000				
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N // (Mandatory in NH)	A XJUB-5804Y26-7 -16	4/22/2016	4/22/2017	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	+					
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	4 0 0 0					
A Professional Liability (Errors and Omissions)	LHF A284571 01	4/22/2015	4/22/2017		\$1,000,0	000 / \$1,000,000				
				-						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES			• •		1.565.995					
Re: As per Contract or Agreement on file with In	nsured. The Professional Liability	Limits shown repres	sent the Per C	laim/Aggregate Limits of	Liability	·.				
CERTIFICATE HOLDER		CANCELLATION								
Mount Diablo Unified School Distri 3333 Ronald Way	ct	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Concord, CA 94519		AUTHORIZED REPRESE		2						
				ettain Di	w	ing				
		ا © 19		ORD CORPORATION.						

(page 20 of 20) 04/20/2016 02:30:00 PM

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 4/20/2016	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRI BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCE IMPORTANT: If the certificate ho	ATIVEL INSUR , AND 1 ler is a	Y OF ANCE HE C n ADI	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. DITIONAL INSURED, the J	EXTEN TE A CO policy(ie	D OR ALTE ONTRACT E	ER THE CO BETWEEN T	VERAGE AFFORDED HE ISSUING INSURE	BY THE R(S), AU WAIVED	E POLICIES JTHORIZED
the terms and conditions of the po certificate holder in lieu of such er		-		ndorsem	ient. A stat	ement on th	is certificate does not	conter r	ights to the
PRODUCER		- (-)		CONTAC NAME:	Т				
SelectSolutions Insurance Services, L #0I27711 1350 Carlback Avenue	С			PHONE (A/C, No, E-MAIL ADDRES		b): (855) 804-8449			
Walnut Creek, CA 94596					INS	URER(S) AFFOR	ING COVERAGE		NAIC #
INSURED				INSURER			ince Company		22292
PHD Architects 3211 Ronino Way Lafayette, CA 94549-				INSURER INSURER INSURER	C :	ers Property (Casualty Company of A	merica	25674
Lalayelle, CA 94349-				INSURER					
COVERAGES	EDTIE	CAT	E NUMBER:	INSURER	F:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLI INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF S	CIES OF REQUI	INSUI REME TAIN,	RANCE LISTED BELOW HAV INT, TERM OR CONDITION THE INSURANCE AFFORDE	OF ANY ED BY T	CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR DOCUMENT WITH RESP D HEREIN IS SUBJECT	THE POL PECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE		L SUBR			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
CLAIMS-MADE CCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000 \$ 300,0	00
в					1/00/0010	1/00/00/17	MED EXP (Any one person)	\$ 5,000	
	Yes		680-0517M425-TII-16		4/22/2016	4/22/2017	PERSONAL & ADV INJURY	\$ 2,000 \$ 4,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AG	1 000	
OTHER:								\$	
							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person	\$ 2,000),000
ANY AUTO ALL OWNED SCHEDULED			680-0517M425-TII-16		4/22/2016	4/22/2017	BODILY INJURY (Per person		
B AUTOS AUTOS HIRED AUTOS V AUTOS						-1/22/2011	PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
CLAIMS-	ADE						AGGREGATE	\$	
DED RETENTION \$							✓ PER OTH STATUTE ER	-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					4/00/0040	4/22/2017	E.L. EACH ACCIDENT	\$ 1,000	0,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		`	XJUB-5804Y26-7 -16		4/22/2016		E.L. DISEASE - EA EMPLOY	EE \$ 1,000	,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM	IT \$ 1,000	0,000
A Professional Liability (Errors and Omissions)			LHF A284571 01		4/22/2015	4/22/2017		\$1,000,0	000 / \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / L	HICLES		D 101. Additional Remarks Schedul	lle, may be	attached if mor	e space is requir	ed)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Northgate High School Modular Buildings. MT. Diablo Unified School District is named as Additional Insured as their interests may appear in regards to General Liability policy per the attached endorsement.									
CERTIFICATE HOLDER				CANC	ELLATION				
MT. Diablo Unified Schoo James W. Dent Educatior 1936 Carlotta Drive				SHOL THE ACCC	ILD ANY OF T EXPIRATION ORDANCE WI	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		
COncord, CA 94519-1397				AUTHOR	IZED REPRESE		ettar d	Tu	ing
·					© 19	88-2014 AC	ORD CORPORATION	. All ria	hts reserved

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ACORD [®] CERTIFICATE OF LIABILITY INSURANCE										
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 certificate holder in lieu of such	olicy, certai	in policies may require an er								
PRODUCER			CONTACT NAME:							
SelectSolutions Insurance Services, LLC PHONE (A/C, No, Ext): 866-500-6359 FAX (A/C, No): (855) 804 #0I27711 E-MAIL ADDRESS:										
1350 Carlback Avenue Walnut Creek. CA 94596				SURER(S) AFFOR	DING COVERAGE		NAIC #			
			INSURER A: The H	anover Insura	nce Company	22	2292			
PHD Architects				ers Property (Casualty Company of Ame	rica 2	5674			
3211 Ronino Way			INSURER C :							
Lafayette, CA 94549-			INSURER E :							
			INSURER F :							
COVERAGES THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OF EXCLUSIONS AND CONDITIONS OF	LICIES OF IN NY REQUIRE MAY PERTA SUCH POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OTHE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO WH	ICH THIS			
INSR LTR TYPE OF INSURANCE	ADDL S INSD V		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
COMMERCIAL GENERAL LIABILIT					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000 \$ 5,000)			
в		680-0517M425-TII-16	4/22/2016	4/22/2017		\$ 2,000,000)			
GEN'L AGGREGATE LIMIT APPLIES PE	:					\$ ^{4,000,000}				
POLICY PRO- JECT LOC						\$ 4,000,000)			
					(=========)	\$ 2,000,000)			
B ALL OWNED AUTOS SCHEDUL AUTOS V NON-OWN HIRED AUTOS V NON-OWN AUTOS		680-0517M425-TII-16	4/22/2016	4/22/2017	PROPERTY DAMAGE (Per accident)	\$ \$				
UMBRELLA LIAB OCCU						\$ \$				
	-MADE					\$\$				
DED RETENTION \$						\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				✓ PER OTH- STATUTE ER					
B ANY PROPRIETOR/PARTNER/EXECUTIVI OFFICER/MEMBER EXCLUDED?	N N/A	XJUB-5804Y26-7 -16	4/22/2016	4/22/2017		\$ 1,000,000				
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000				
A Professional Liability (Errors and Omission)	LHF A284571 01	4/22/2015	4/22/2017		•	/ \$1,000,000			
					-					
DESCRIPTION OF OPERATIONS / LOCATIONS Re: Operations as per contract on fil	•		· •			ility.				
CERTIFICATE HOLDER			CANCELLATION							
Mt. Diablo Unified Scho 1936 Carlotta Drive Concord, CA 94519-13			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 REPRESE	X	eticia Dr					
			© 19	88-2014 AC	ORD CORPORATION. A	All rights	reserved.			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED (ARCHITECTS, ENGINEERS AND SURVEYORS)

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following is added to WHO IS AN INSURED (Section II):

Any person or organization that you agree in a "contract or agreement requiring insurance" to include as an additional insured on this Coverage Part, but only with respect to liability for "bodily injury", "property damage" or "personal injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **a.** In the performance of your ongoing operations;
- **b.** In connection with premises owned by or rented to you; or
- **c.** In connection with "your work" and included within the "products-completed operations hazard".

Such person or organization does not qualify as an additional insured for "bodily injury", "property damage" or "personal injury" for which that person or organization has assumed liability in a contract or agreement.

The insurance provided to such additional insured is limited as follows:

- **d.** This insurance does not apply on any basis to any person or organization for which coverage as an additional insured specifically is added by another endorsement to this Coverage Part.
- e. This insurance does not apply to the rendering of or failure to render any "professional services".
- f. The limits of insurance afforded to the additional insured shall be the limits which you agreed in that "contract or agreement requiring insurance" to provide for that additional insured, or the limits shown in the Declarations for this Coverage Part, whichever are less. This endorsement does not increase the limits of insurance stated in the LIMITS OF INSURANCE (Section III) for this Coverage Part.

B. The following is added to Paragraph a. of 4. Other Insurance in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

However, if you specifically agree in a "contract or agreement requiring insurance" that the insurance provided to an additional insured under this Coverage Part must apply on a primary basis, or a primary and noncontributory basis, this insurance is primary to other insurance that is available to such additional insured which covers such additional insured as a named insured, and we will not share with the other insurance, provided that:

- (1) The "bodily injury" or "property damage" for which coverage is sought occurs; and
- (2) The "personal injury" for which coverage is sought arises out of an offense committed;

after you have entered into that "contract or agreement requiring insurance". But this insurance still is excess over valid and collectible other insurance, whether primary, excess, contingent or on any other basis, that is available to the insured when the insured is an additional insured under any other insurance.

C. The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us in COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

We waive any rights of recovery we may have against any person or organization because of payments we make for "bodily injury", "property damage" or "personal injury" arising out of "your work" performed by you, or on your behalf, under a "contract or agreement requiring insurance" with that person or organization. We waive these rights only where you have agreed to do so as part of the "contract or agreement requiring insurance" with such person or organization entered into by you before, and in effect when, the "bodily injury" or "property damage" occurs, or the "personal injury" offense is committed.

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D. The following definition is added to **DEFINITIONS (Section V)**:

"Contract or agreement requiring insurance" means that part of any contract or agreement under which you are required to include a person or organization as an additional insured on this Coverage Part, provided that the "bodily injury" and "property damage" occurs, and the COMMERCIAL GENERAL LIABILITY "personal injury" is caused by an offense committed:

- **a.** After you have entered into that contract or agreement;
- **b.** While that part of the contract or agreement is in effect; and
- c. Before the end of the policy period.