

SEP 1 2 2019 HS ASST SUPERINTENDENT

MT. DIABLO UNIFIED SCHOOL DISTRICT

1936 Carlotta Drive Concord, CA 94519

AGREEMENT BETWEEN MT. DIABLO UNIFIED SCHOOL DISTRICT AND INDEPENDENT CONTRACTOR

| District (hereina | (here | GREEMENT is made this 5th day of September '19, by and between the Mt. Diablo Unified School inafter "District") and Events To The 'T', Inc. |
|----------------------|--------------------|--|
| | District | hereby engages Contractor to render services under the terms and conditions of this Agreement. |
| 1. | Perform | ance of Services |
| | (a) | Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District. |
| | (b) | Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed. |
| 2. | Compen basis: | sation. District agrees to compensate Contractor for the performance of the services on the following $01-9010-1010-4000-393120000-399-399-580$ |
| | Not to e | xceed \$ 43,100.00 for Services \$ |
| | The bas | s of the fee for Services shall be as follow S |
| | | a. \$ per hour, |
| | Check (| <u>One</u> : |
| | | Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement. |
| | र्ख | Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline. |
| | | Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed. |
| | Contrac | tor shall be responsible for all expenses incurred in association with the performance of the Services. |
| 3. | Term an | d Termination. This Agreement will become effective on 9/5/19. This Agreement ninate upon the completion of the Services or when terminated as set forth below. |
| | party. provisio | arty may terminate this Agreement at any time by giving thirty (30) days written notice to the other Should either party default in the performance of this Agreement or materially breach any of its ns, the non-breaching party may terminate this Agreement by giving written notice to the breaching remination shall be effective immediately on receipt of said notice. |

Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

- Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit _____ prior to commencing work under this Agreement.
- Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of
 Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by
 Contractor pursuant to this Agreement.
- 7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
- 8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

- 1. Commercial General Liability (CGL): Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. <u>EXCEPTION</u>: Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
- Automobile Liability: ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than \$1,000,000 per accident for bodily injury and property damage.
- 3. Workers' Compensation: as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
- 4. Professional Liability/Errors & Omissions Liability, if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

| | | | | | | .,, | _ | • |
|----------|----|------|------|---|---|-----|---|-------|
| Purchase | Re | duis | itio | n | # | | | |

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

| | INSURANCE REQUIREMENTS |
|--|---|
| No waiver will be gracircumstances, certain are hereby waived or m | anted to eliminate the insurance requirements outlined in this contract. However, in special insurance requirements may be modified or waived. The following items in Insurance section 8 odified as follows: |
| Limits: | |
| Other: | |
| The initials of the Supe Insurance requirements | rintendent, or his/her designee, and the General Counsel, are <u>required</u> to waive or modify any in this Agreement: |
| Superintendent | General Counsel |

- 9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

CONTRACTOR

| Mt. Diablo Unified School District | Name: | Events To The 'T', Inc. | |
|------------------------------------|----------|-------------------------|--|
| 1936 Carlotta Drive | Attn: | Toby Proescher | |
| Concord CA 94519-1397 | Address: | PO Box 3440 | |
| Attn: Superintendent | | Walnut Creek, CA 94598 | |
| | Phone: | 925.525.8629 | |
| | Fax: | 925.335.9797 | |
| | Tay ID # | 22 1012077 | |

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

AT DIADIO MANIEIED CCUOOL DISTRICT

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. <u>California Law</u>. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

Evente To The 'T' Inc

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

| IVI I . D | MALO WIFIED SCHOOL DISTRICT | N. C | Events to the 1, inc. | _ |
|--|--|------------|---|---|
| By: | Signature of Principal/Budget Administrator Date | By: | Signature of Contractor/Consultant | |
| Title: | Print Name and Title | Title: | Print Name and Title | |
| M | lulue 2 mm 9 | 13/6 | 5 | |
| | tendent or Designee | Date | | |
| Prior t | o commencement of service, sign and forward of | ompleted | d original contract to Fiscal Services. | |
| | (IA | | Yarracio Valley His | 1 |
| A STATE OF THE PARTY OF THE PAR | Lovisa Stobing Direct | Date | Site/Department Originating this Contract | |
| Print Na | me of Originator and Title | | | |
| Billing | Address if reimbursed by outside agency—i.e. AS | SB, PTA, I | PFC | |
| | #175 | | Distribution original: Fiscal Services for payment copy: Contractor | |

Originator/Budget Administrator

copy:

EXHIBIT A

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE

Booking yacht Cabernet Sauvignon Commodore

9/10/19 \$ 2,500.00 2/15/21 \$19,050.00 4/30/21 \$21,550.00

EXHIBIT B Contractor REQUIRED to Complete CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District Consultant/Independent Contractor Agreement - Criminal Background Check

| Name | of Inde | pendent Consultant/Contractor: | Events To The 'T', Inc. |
|--------|----------|----------------------------------|--|
| Servic | es to be | e performed under the Agreement: | Prom event planning |
| 0000 | ls/Loca | ntions where services | Commodore Cruises 2394 Mariner Square Dr. Alameda, CA 94501 |
| | | to be paid by the District | \$ 43,100.00 |
| Term | of Agre | eement: | Partial Payments |
| | | Check the applicable | box(es) and fill in any blanks. |
| 1 | 1 | | yees, nor myself, will have more than limited contact (as rict students during the term of the Agreement. Therefore, |
| 2A | | employees have been fingerprinte | x 2B also applies and must be checked to indicate these ed. The following employees will have more than limited ct) with District students during the term of the Agreement as needed): |
| 2B | | established by the California De | ed in 2A above have been fingerprinted under procedures partment of Justice, and the results of those fingerprints ees have been arrested or convicted of a serious or violent a Penal Code. |

Certification by Contractor/Consultant

| | that the information provided herein is true and accurate. I further acknowledge that during the |
|----------|---|
| | y Agreement with the District, if I learn of additional information which differs from the response |
| provided | above, I promise to forward this additional information to the District immediately." |

Independent Contractor/Consultant Signature

Superintendent or Designee's Signature

Michael Amenez Allie

Print Name

Date

Print Name

Date

Independent Contractor/Consultant Superintendent or Designee's Signature

Events to the 'T' Inc.

Northern California's Largest School Event Planner SFproms.com for everything you need!

INVOICE

9/5/19

Please make deposits payable and remit to: Events To The 'T', Inc. PO Box 3440, Walnut Creek, CA 94598

Client Name: Ygnacio Valley High School Event Date: 5/15/21

Event Location: Cabernet Sauvignon Commodore Event Type: Prom

| Date Due | <i>D</i> escription | Amount Due |
|--------------|---------------------|------------|
| Upon Receipt | Initial deposit | \$2,500.00 |
| | | |
| | | |
| | Total: \$ | \$2,500.00 |



Booking Agreement with Deposit Accommodation

Thank you for choosing Commodore Cruises & Events for your next event. Charter services hired by client ("Charterer") and provided by Commodore Cruises & Events, Inc. ("Commodore") pursuant to this agreement are subject to the following terms and conditions:

- 1. Timing: The Vessel will be ready for boarding 15 minutes prior to the confirmed start time and will return to the dock 15 minutes before the end time to allow passengers to debark leisurely. Out of respect to our neighbors in the marina, music must be turned off as the yacht approaches the dock. We reserve the right to assess an overtime charge if passengers have not debarked by the scheduled end time.
- 2. Guest Comfort and Safety: Commodore cannot allow more passengers aboard than the yacht is certified to carry. Due to the zero tolerance law set forth by the U.S. Coast Guard, the possession of controlled substances aboard our yachts is strictly prohibited. Possession of such controlled substance on the part of the Charterer's guests will not be tolerated. Charterer shall ensure that alcoholic beverages are served only by the licensed concessionaire aboard the Vessel and consumed only by persons aged 21 or older. Charterer agrees that no guest of Charterer shall bring alcoholic beverages aboard the Vessel. Commodore reserves the right to confiscate any alcohol brought aboard the Vessel without the permission of Commodore. Charterer agrees that there will be no form of illegal gambling whatsoever conducted or permitted aboard the Vessel. Any misconduct, possession of an alcoholic beverage by a minor, controlled substances or illegal gambling on the part of Charterer's guests will not be tolerated and the Captain may choose to immediately return to dock, in which event Charterer shall be responsible for full payment of the stated compensation plus any damages or expenses incurred by Commodore. Student or other groups under 18 years of age must be chaperoned by a reasonable number of parents, faculty, or school staff members. Commodore reserves the right to refuse admittance to the Yacht to any agent, employee or guest of Charterer at its sole discretion.
- 3. Deposit Accommodation Schedule: Commodore normally requires a deposit equal to 25% of the total contracted fees to reserve a yacht more than 120 days in advance and a 50% deposit 120 days prior to the event. Commodore recognizes that Charterer relies upon ticket purchases by those who will attend the function and that the majority of these sales are made shortly before the event takes place. In order to accommodate Charterer's constrained cash flow position far in advance of the event, Commodore will accept a non-refundable deposit of an agreed upon amount to reserve a date and yacht.
- 4. Cancellation: Our business is built around the availability of our yachts; therefore, Commodore takes the reservation process very seriously. After tendering the initial deposit, the yacht, date, and time period are reserved and any other interested party is turned away. Therefore, should Charterer have to cancel for whatever reason, all deposits are non-refundable and Charterer is responsible for 50% of the charter fees if canceling within 120 days of the event. If, by way of this accommodation schedule, less than 50% of the contracted fees have been collected prior to cancellation, the 50% balance will still be owed to Commodore. Charterer further agrees to pay collection charges, should they be incurred.
- 5. Balances: Final payment must be received at least 10 days prior to the event, at which time guest count and menu selections must be confirmed. To compensate for increased costs accommodating last minute additions, all additions to guest count within 7 days of the event are subject to a 10% surcharge.

Commodore is not liable for any shortages of food, beverage, or services resulting from a higher than expected guest count, and fees will still be collected for additional guests without exception.

- 6. *Personal checks*: Commodore accepts personal checks up to 21 days prior to the event. Any payments made inside of 21 days must be made by cashier's check or credit card.
- 7. Damage: Charterer shall pay the replacement value of all property and equipment lost or stolen by Charterer's guests and the cost of repair for all damage to the yacht, its furnishings, and equipment, caused by Charterer or its agents, employees or guests, with the exception of reasonable wear and tear.
- 8. Performance: The Captain shall be in complete control of the navigation of the Yacht and shall have the right to delay or forgo departure and to deviate from the agreed upon route of the voyage where he determines, at his sole discretion, that such a deviation is necessary for the safety or comfort of the guests. It is further agreed that, if by reason of storm, strike, accident, vessel traffic, breakdown, governmental restrictions/regulations or other causes beyond the control of Commodore, Commodore deems it shall be unable to fulfill this Contract, such failure will not be considered a breach of this Contract. If Commodore cannot cruise for the reasons listed above, but Commodore can perform the event dockside, Commodore will refund 50% of the yacht rental portion of the contract. In the event of mechanical failure, Commodore may substitute a vessel of similar capacity to perform the charter. Commodore shall not be liable, under any circumstances, for special or consequential damages of any nature whatsoever and the maximum liability arising from Commodore's inability to furnish the services provided in this Contract shall be limited to a refund of the fees paid.
- 9. Articles left aboard: Charterer and guests are responsible for maintaining possession of personal items during the event. Charterer and guests must retrieve all personal items before disembarking the yacht, as Commodore will not be held responsible for them. Items found by the yacht staff will be held in the company office for thirty days before being given to charity.
- 10. Agreement Final: This Booking Agreement represents the final and complete agreement between us, and all prior written or oral proposals are superseded by this agreement. Any modifications or additions to this agreement must be in writing and signed by both parties. By signing this contract, Charterer accepts financial responsibility of the stated guest minimum requirement, regardless of any future changes. Any claim or controversy of any nature whatsoever relating to this Contract, or the breach thereof, shall be settled by a single arbitrator administered by the American Arbitration Association in accordance with its Arbitration of Commercial Disputes. This Agreement shall be governed by the General Maritime Law of the United States and, to the extent state law is applicable, by the laws of the State of California. In the event of a dispute, the losing party agrees to pay the prevailing party's reasonable legal fees as well as collection charges, should they be incurred. By signing below you acknowledge that you have carefully read the foregoing terms and conditions of the Booking Agreement and know the contents thereof and that you have the authority to act on behalf of and bind Charterer to this Charter Agreement.

Have a great & memorable event! We hope to have you aboard often and hope you will tell others of your satisfaction!

Charterer Signature

Date

Charterer Name (Print

Food and Beverage Quote/Contract



2394 Mariner Square Drive, Alameda, CA, 94501

Phone: 510-337-9000 / Fax: 510-373-5488

| Client Name: | Ygnacio Valley High School, | Coris | sa Sto | bing | | |
|--|----------------------------------|--------|----------|------------|--------------------|-------------|
| Phone Number: | <u>510-368-8166</u> | | Emai | 0 | stobingc@mdusd.org | |
| Event Type: | Prom | | Event | t Planner: | Toby Proescher-ET | TT |
| Cruise Date: | Saturday, May 15, 2021 | | Dock. | : | Alameda, Mariner S | |
| Boarding Time: | 7:30PM | | Dock | side Time: | , | 1 |
| Cruise Time: | 8:00PM to 12:00AM | | Estim | ated Guest | Count: | 380+chap |
| Yacht Selection: | Cabernet Sauvignon | | Guest | Minimum | Requirement: | 300 |
| Package Details | Four Hour Din | ner Cı | uise | | | |
| Dinner Tier Option | Dinner Package | 380 | @ | \$105.00 | \$39,900.00 | |
| Additional Chaperones | | | @ | \$52.50 | ") | |
| Hors d'Oeuvres | | 380 | @ | , | | |
| Bar Options | Hosted Sodas and Juices | 380 | @ | | Included | |
| 7 | , | 380 | @ | | | |
| Seated Service | | 380 | @ | | | |
| Each Additional Guest at | \$105.00 | 500 | <u> </u> | | | |
| Subtotal Food & Beverage | #103.03 | | | | \$39,900.00 | |
| Service Charge, Sales Tax, and | Port Fees | | 25% | | Included | - |
| Total - Food & Beverage with T | | | 23/0 | | \$39,900.00 | |
| Special Client | ax and betvice charge | | | | #22,200.00 | - |
| NOTE: One free chaperone for | e avery 25 atridents; additional | ara ha | 16 maio | o Clienter | andom models = #25 | |
| • | every 25 students, additional | ale Ha | прис | е. Спет ус | nuoi meais – \$25. | |
| Package Add-Ons | SOS Entertainment | | | | #1 000 00 | |
| DJ Service | | | <i>@</i> | | \$1,000.00 | |
| Linen Option | Standard | | @ | | Included | |
| Photo Booth | by ETTT | | @ | | \$1,200.00 | |
| 4Security | TBD | | @ | | | |
| Other Vendor | | | | | | |
| Total Package Add-Ons | | | | | \$2,200.00 | |
| Event Total | | | | | \$42,100.00 | |
| Refundable Security Damage D | Deposit | | | | \$1,000.00 | |
| Grand Total | 7 | | | | \$43,100.00 | |
| Deposit Schedule: | | | | | | Paid / Date |
| Deposit Amount: 25% of estimated total | al due to reserve date: | | | | \$2,500.00 | |
| Additional Deposit: 25% of estimated t | total due February 15, 2021 | | | | \$19,050.00 | , |
| Event Balance Due Two Weeks Prior: | _ 3 | | | | \$21,550.00 | |
| To confirm, sign, date, and return to Ev | nents To The 'T', Inc.: | | | | | |
| (Signature) | | | | (Date) | | |

We are not able to hold dates without deposits. Therefore, this quote is subject to change. By signing this contract you are accepting financial responsibility of this guest minimum requirement, regardless of any future changes.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

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

| tl | ne terms and conditions of the policy ertificate holder in lieu of such endor | , cer | tain p | policies may require an e | ndorse | ment. A sta | tement on th | is certificate does not confe | r rights to the |
|---------------|---|-----------------------------|---------------------------------|--|--|---|--|--|-----------------|
| _ | DUCER | 30111 | citto | | CONTA NAME: | CT | | | |
| His | cox Inc. d/b/a/ Hiscox Insurance Agenc | v in C | A | | PHONE (A/C, No. Ext): (888) 202-3007 FAX (A/C, No): | | | | |
| | O Madison Avenue | , | | | E-MAIL | | | | |
| 32 | nd Floor | | | | | | | | |
| Ne | w York, NY 10022 | | | | INCUE | RA: HISCOX | | | NAIC# |
| | RED | _ | | | | | msurance CO | impany inc | 10200 |
| | Events To The 'T', Inc. | | | | INSURE | | | | |
| | 2754 Venado Camino | | | | INSURE | | | | |
| | 2701 Venado Gamino | | | | INSURE | | | | |
| | Walnut Creek | | | CA 94598 | INSURE | | | | |
| СО | | TIFIC | CATE | NUMBER: | INSURE | in r : | | REVISION NUMBER: | |
| C E | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | OF EQUIF PERT POLI | INSUF REME TAIN, CIES. | RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN' | Y CONTRACT THE POLICIE REDUCED BY | THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS | ED NAMED ABOVE FOR THE P | O MULICIL TIME |
| INSR LTR | | INSD | SUBR WVD | POLICY NUMBER | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ 2 | 2,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5 | 50,000 |
| | X CGL is on BOP Form | | | | | | | MED EXP (Any one person) \$ 5 | 5,000 |
| Α | | Y | Y | UDC-1666925-BOP-18 | | 12/02/2018 | 12/02/2019 | PERSONAL & ADV INJURY \$ \$ | S/T Each Occ. |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ 2 | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ S | S/T Gen. Agg. |
| | OTHER: | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | |
| Α | ALL OWNED SCHEDULED AUTOS | | | UDC-1666925-BOP-18 | | 12/02/2018 | 12/02/2019 | BODILY INJURY (Per accident) \$ | |
| | HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | |
| | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT \$ | |
| | (Mandatory in NH) | | | | | | Ī | E.L. DISEASE - EA EMPLOYEE \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | | | | | | | | |
| Mt. | Diablo Unified School District, its officer | s, off | icials, | agents, employees and vo | oluntee | rs are named | as additional | insureds. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CEF | TIFICATE HOLDER | | | | CANC | ELLATION | | | |
| | Diablo Unified School District, its officers | , offic | cials. | agents, employees and | | | | | |
| volui 1936 | nteers Carlotta Drive cord, 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. | | | | |
| | | | | Ť | AUTHOR | IZED REPRESEN | ITATIVE | 1/ | |
| | | | | | | | | Koulle | |



Hiscox Insurance Company Inc.

Policy Number:

UDC-1666925-BOP-18

Named Insured:

Events To The 'T', inc.

Endorsement Number: 16

Endorsement Effective: December 02, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers 1936 Carlotta Drive Concord, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who is An Insured in Section II - Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 09-01-2019

GROUP:

POLICY NUMBER:

1702731-2019

CERTIFICATE ID:

17

CERTIFICATE EXPIRES: 09-01-2020 09-01-2019/09-01-2020

MT DIABLO UNIFIED SCHOOL DISTRICT

1936 CARLOTTA DR CONCORD CA 94519-1358 NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

EVENTS TO THE 'T', INC. 2754 VENADO CAMINO WALNUT CREEK CA 94598

M0409

PRINTED : 08-15-2019

Marine Company of the Company of the



United States of America Department of Homeland Security United States Coast Guard

Certification Date: 27 Nov 2017 Expiration Date: 27 Nov 2022

Certificate of Inspection

For ships on international voyages this certificate fulfills the requirements of SOLAS 74 as amended, regulation V/14, for a SAFE MANNING DOCUMENT.

| Vessei Name | Official f | Nijeroac | IMO Numi | iek | Ora Sine | Cantag | |
|---|-----------------------------|---------------|----------------------------------|--------------------------|-------------------------------|----------------------------|----------------------------------|
| CABERNET SAUVIGNO | | | mile Auri | · W | Call Sign | Service | -1 |
| COMMODORE | DN 1102 | 705 | | | WDB3227 | Passen | ger (Inspected) |
| | | | | | | | |
| Hairing Port | | Huri Material | Horse | No Proper pole | Propulsion | | |
| ALAMEDA, CA | | | | | | | |
| | | Steel | 860 | | Diesel Red | luction | |
| UNITED STATES | | | | | | | |
| | | | | | | | |
| Place Suit | Det | ivery Date | Keel Laid Date | Gress Tons | Net Tons | DWT | Length |
| PALATKA, FL | 01 | Dec2000 | 09Dec1 999 | R-97 | H-87 | | R-\$14.8 |
| UNITED STATES | C/-1 | D602000 | 03Dec 1333 | 1-687 | 1-199 | | Life B |
| ONTEDOTATES | | | | | | | |
| | | | | | | | |
| CABERNET SAUVIGNO | N COMMODORE LI | | Operator MACIP | DAN BOEL | IM PROESCHE | . D | |
| 2394 MARINER SQUAR | | | NTS 2394 | | SQUARE DR | -17 | |
| ALAMEDA, CA 94501 | | | | EDA, CAS | | | |
| UNITED STATES | | | UNITE | ED STATES | 3 | | |
| This constitution the | | Postorio | 1 0 | - | | | |
| This vessel must be mann 0 Certified Lifeboatmen, (|) Certified Tankerme | n. 0 HSC | and uniicensed Type Rating, a | Personnei. nd 0 GMDS | included in wh S Operators | ich there mu | st be |
| 1 Masters | 1 Licensed Mates | | Engineers | 0.01 | | | |
| 0 Chief Mates | 0 First Class Pilots | | ssistant Engineers | | | | |
| 0 Second Mates | 0 Radio Officers | | d Assistant Engine | | | | |
| 0 Third Mates | 0 Able Seamen | 0 Third | Assistant Engineer | S | | | |
| 0 Master First Class Pilot | 0 Ordinary Seamen | 0 Licens | ed Engineers | | | | |
| 0 Mate First Class Pilots | 3 Deckhands | 0 Qualifi | ed Member Engine | er | | | |
| In addition, this vessel ma Persons allowed: 363 | y carry 343 P asseng | jers, 13 Ot | her Persons in | crew, 0 Pe | rsons in additior | n to crew, an | d no Others. Total |
| Route Permitted And C | onditions Of Opera | tion: | | | | | |
| Lakes, Bays, and | | | | | | | |
| SAN FRANCISCO BAY AND I | TS TRIBUTARIES. L | IMITED TO | NOT MORE THA | N CWE WILE | FROM SBORE. | | |
| WHEN THE DIRECT VERIFIC THE TOTAL WEIGHT OF ALL | ATION METHOD IS U | SED FOR D | ETERMINING TR S. DOES NOT E | E VESSEL'S XCEED 64,0 | STABILITY, T OO 188 AND 42 | KE MASTER M O TOTAL PER | UST ENSURE THAT SOME ONBOARD. |
| THIS VESSEL MAY NOT OFF | RAYE IN WAVES GRE. | ATER TRAN | 4 FEET HIGH. | | | | |
| THIS VESSEL MAY NOT OPE | RATE WHEN GALE FO | RCE WINES | ART FORECAST | ED BY MOSE | WEDTHER REST | ö. | |

SEE NEXT PAGE FOR ADDITIONAL CERTIFICATE INFORMATION

With this Inspection for Certification having been completed at ALAMEDA, CA, UNITED STATES, the Officer in Charge, Marine Inspection, Sector San Francisco certified the vessel, in all respects, is in conformity with the applicable vessel inspection laws and the rules and regulations prescribed thereunder.

| Annual/Periodic/Re-Inspection | | | ction | This Amended certificate issued by W. V. Poll, LCOR |
|-------------------------------|------|-------|-----------|---|
| Date | Zone | A/P/R | Signature | K.V. POHL LCDR, USCG, By Direction |
| | | | | Officer in Charge, Marine Inspection Sector San Francisco |
| | | | | inspection Zone |



United States of America Department of Homeland Security United States Coast Guard

Certification Date: 27 Nov 2017 Expiration Date: 27 Nov 2022

Certificate of Inspection

Vessel Name: CASERNET SAUVIONON COMMODORE

WHEN THE VESSEL IS AWAY FROM A SHORESIDE DOCK, OF HAS PASSENGERS ON BOARD, OR BOTH, FOR MORE THAN 12 HOURS IN ANY 24-HOUR PERIOD, AN ALTERNATE CREW SHALL BE PROVIDED.

A DESTONATED SENTOR DECKHAND MAY REPLACE THE MATE PROVIDED HE/SHE IS QUADIFIED UNDER MVIC 1-91. DREWMEMBERS QUALIFIED AS SENIOR DECKHAND SHALL BE DESIGNATED IN WRITING BY THE MASTER WITH A COPY RETAINED ON BOARD. A SENIOR DECKHAND SHALL OF CAPABLE OF DIRECTING THE EMERGENCY RESPONSE ACTIONS OF THE VESSEL'S CREW. IN THE EVENT THE MASTER BECOMES INCAPACITATED; A SENIOR DECKBAND MOST BE CAPABLE OF MANEUVERING THE VESSEL AND RETURNING IN TO A SAFE POSITION.

THE MUMBER OF REQUIRED DECKHANDS WILL BE AS FOLIOWS AND SHALL INCLUDE AT LEAST ONE SENIOR DECKHAND AT ALL

PASSENGERS:

REQUIRED DECREANDS:

1 - 200 201 - 400

ONE APPROVED CHILD-SIZE LISE PRESERVER SHALL BE PROVIDED FOR EACH PERSON ON BOARD WEIGHING LESS THAN 90 POUNDS.

---Hull Exams---

Exam Type

Next Exam

Last Exam

Prior Exam

DryDock

28Feb2019

03Feb2017

22Jul2015

---Stability---

Type

Issued Date

Office

Letter

01Jul2013

Marine Safety Center (MSC)

---Lifesaving Equipment---

Total Equipment for 420 Persons

| Primary Lifesaving Equipment | Quantity | Capacity | | Required |
|------------------------------------|----------|----------|--------------------------|----------|
| Lifeboats (Total) | 0 | 0 | Life Preservers (Adult) | 420 |
| Lifeboats (Port) | O | 0 | Life Preservers (Child) | 42 |
| Lifeboats (Starboard) | 0 | 0 | Ring Buoys (Total) | 3 |
| Motor Lifeboats | 0 | 0 | With Lights | 1 |
| Lifeboats With Radio | 0 | 0 | With Line Attached | 1 |
| Rescue Boats/Platforms | 0 | 0 | Other | 0 |
| Inflatable Rafts | 0 | Ō | Immersion Suits | 0 |
| Life Floats/Buoyant App | 0 | 0 | Portable Lifeboat Radios | 0 |
| Inflatable Buovant Apparatus (IBA) | 0 | 0 | Equipped With EPIRB? | NO |

--- Fire Fighting Equipment ---

Number of Fire Pumps - 1

Hose Information

| Location | Quantity | Diameter | Length |
|-----------|----------|----------|--------|
| Machinery | 4 | 1.5 | Other |

Fixed Extinguishing Systems

| Location | Type | Capacity |
|--------------------------|----------------|----------|
| ENGINE ROOM | Carbon Dioxide | 225 |
| BOW THRUSTER COMPARTMENT | Other | 60 |



United States of America Department of Homeland Security United States Coast Guard

Certification Date: 27 Nov 2017 Expiration Date: 27 Nov 2022

Certificate of Inspection

Vesse Name: CABERNET SAUVIGNON COMMODORS

Fire Extinguishers - Hand portable and semi-portable

Quantity

Class Type

3

A-II

4

B-I

4

8-11

--- Certificate Amendments---

Unit Amending

Amendment Date

Amendment Remark

Sector San Francisco

25Jun2018

Amended Route and Conditions with new manning scale. Also updated

minimum manning.

END

Form (Rev. August 2013)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| internal | Revenue Service | | | | | | |
|--|--|--|---|--|--|--|--|
| | Name (as shown on your income tax return) | | | | | | |
| Je 2. | Business name/disregarded entity name_if different from above T . (\(\Omega\)C. | | | | | | |
| Print or type Specific Instructions on page | Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate | Exemptions (see instructions): Exempt payee code (if any) | | | | | |
| r type struction | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) | Exemption from FATCA reporting code (if any) | | | | | |
| OE | Other (see instructions) | | | | | | |
| Prin | Address (number, street, and apt. or suite no.) BOX 3440 | | er's name and address (optional) to the 'T', Inc. | | | | |
| See S | Walnut Creek, CA 94598 | 286 Brady St. Martinez CA 94553 | | | | | |
| | List account number(s) here (optional) | | | | | | |
| | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | |
| avoid | your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to backup withholding. For individuals, this is your social security number (SSN). However, for a resider sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. | | - Land - | | | | |
| | If the account is in more than one name, see the chart on page 4 for guidelines on whose | Employe | r identification number | | | | |
| number to enter. | | 33 | -1013077 | | | | |
| Par | t II Certification | | | | | | |
| Under | penalties of perjury, I certify that: | | | | | | |
| 1. TI | he number shown on this form is my correct taxpayer identification number (or I am waiting for a num | ber to be iss | ued to me), and | | | | |
| S | I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and | | | | | | |
| 3. 14 | am a U.S. citizen or other U.S. person (defined below), and | | | | | | |
| 4. TI | he FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is | correct | | | | | |
| interes gener | fication instructions. You must cross out item 2 above if you have been notified by the IRS that you use you have failed to report all interest and dividends on your tax return. For real estate transactions, at paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an indially, payments other than interest and dividends, you are not required to sign the certification, but you ctions on page 3. | item 2 does vidual retiren | not apply. For mortgage ment arrangement (IRA), and | | | | |
| Sign Here | Signature of U.S. person | Date > | 8/10/16 | | | | |
| | | | 1 | | | | |