VERDEDESI Client#: 14483

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/08/2016

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

	terms and conditions of the policy, ificate holder in lieu of such endors				dorsen	nent. A state	ment on this	certificate does	not conf	er rights	to the	
PRODUCER						CONTACT Doris A. Chambers						
Deale	y, Renton & Associates	PHONE (A/C, No, Ext): 510 465-3090 FAX (A/C, No): 510 4				10 452	-2193					
P. O. Box 12675						E-MAIL ADDRESS: dchambers@dealeyrenton.com						
Oakla	ınd, CA 94604-2675				INSURER(S) AFFORDING COVERAGE					NAIC#		
510 465-3090 Julie L. Nelson						INSURER A : Travelers Casualty & Surety Co.				3′	1194	
INSURED					INSURER B:							
Verde Design, Inc. 2455 The Alameda, Suite 200 Santa Clara, CA 95050						INSURER C:						
						INSURER D:						
						INSURER E:						
			INSURER F:									
COVE	RAGES CER	NUMBER:	REVISION NUMBER:									
INDIC CER	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY F LUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA	MENT	T, TERM OR CONDITION OF HE INSURANCE AFFORDER	F ANY D BY T	CONTRACT OF	R OTHER DOO DESCRIBED I	CUMENT WITH REHEREIN IS SUBJE	ESPECT T	O WHICH	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL:		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENC	E \$	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE	ED strence)	6		

LTR	LTR TTPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI12			
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$			
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
							MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$			
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$			
	OTHER:						\$			
1	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO						BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$			
	HIRED AUTOS 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			
	AND EMPLOYERS LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT \$			
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$			
Α	A Professional			106532568	06/13/2016	06/13/2017	\$2,000,000 per Claim			
Liability							\$4,000,000 Annl Aggr.			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PROJECT NAME: MDUSD Various Sites.								
CERTIFICATE LIQUEER	CANCELLATION							

CERTIFICATE HOLDER	CANCELLATION

Mount Diablo Unified School District Attn: Jef McDaniel 1480 Gasoline Alley Concord, CA 94520

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

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Date Entered: 06/13/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/7/2016

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

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				policies may require an (.).	endors	ement. A St	atement on t	nis certificate does no	t conter	rights to the	
PRODUCER						CONTACT Jennie Maltese						
Mary Barnard Insurance							PHONE (A/C, No, Ext): (408) 286-1334 FAX (A/C, No): (408) 286-6425					
2190 Stokes Street							E-MAIL ADDRESS: jennie@barnardinsurance.com					
	Suite 20					ABBIN			RDING COVERAGE		NAIC#	
San Jose CA 95128							ER A: TRUCK	INSURANCE	EXCHANGE		NAIC#	
INS	URED Verde Des	sign, Inc.				INSURER B: Technology Insurance Company						
						INSUR	INSURER C:					
		ALAMEDA, SUI				INSURER D:						
SANTA CLARA, CA 95050-6037							ER E :					
						INSURER F:						
	OVERAGES				NUMBER:				REVISION NUMBER:			
C	DERTIFICATE MAY BE EXCLUSIONS AND COM	HSTANDING ANY R E ISSUED OR MAY	PER POLI	REME TAIN.	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	I OF AN DED BY	IY CONTRACT THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESE ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
LTR	TYPE OF IN			WVD			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
A	COMMERCIAL GEI	T							EACH OCCURRENCE		00,000	
	CLAIMS-MADE	E X OCCUR			605016326		6/13/2016	6/13/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	+ .	00,000	
									MED EXP (Any one person)	\$10,		
					*				PERSONAL & ADV INJURY	+	00,000	
	GEN'L AGGREGATE LIM)-							GENERAL AGGREGATE	2 0	00,000	
	POLICY JEC	T LOC							PRODUCTS - COMP/OP AGG	-	00,000	
	OTHER: AUTOMOBILE LIABILITY	,	-						COMBINED SINGLE LIMIT	\$	00.000	
A	ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$1,0	00,000	
-	ALL OWNED	SCHEDULED			605016326		6/13/2016	6/13/2017	BODILY INJURY (Per person) BODILY INJURY (Per accident			
	AUTOS HIRED AUTOS	AUTOS NON-OWNED			003010320		0,15,2010	0,15,2017	PROPERTY DAMAGE	\$		
	HIRED AUTOS	AUTOS							(Per accident)	\$		
Α_	UMBRELLA LIAB	OCCUR	<u> </u>						EACH COCURRENCE		00,000	
	EXCESS LIAB	CLAIMS-MADE			605016330		6/13/2016	6/13/2017	EACH OCCURRENCE		00,000	
	DED RETEN	ITION \$	1				,, ,, ,, ,,,		AGGREGATE	+	30,000	
	WORKERS COMPENSATI	ON							PER OTH-	\$		
	AND EMPLOYERS' LIABIL ANY PROPRIETOR/PARTN	ER/EXECUTIVE			m.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		c (12 2 (001 c	C (2.0 (004 F	E.L. EACH ACCIDENT	.1.00	00,000	
>	(Mandatory in NH)	DED?	N/A		TWC3551933		6/13/2016	6/13/2017	E.L. DISEASE - EA EMPLOYE	ΙΨ.		
	If yes, describe under DESCRIPTION OF OPERA	TIONS below							E.L. DISEASE - POLICY LIMIT		00,000	
A.	Physical Dam	age			605016326		06/13/2016	06/13/2017	Comp Ded.	\$500)	
									Coll Ded.	\$500)	
DESC	CRIPTION OF OPERATIONS	LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu ays notice for no	le, may b	e attached if mor	e space is requir	ed)			
TMTD	days notice or	Cancellation	n; .	to a	ays notice for no	npaym	ent of pr	remium				
,,,,,,	KEHIM HIMBIHII	.I IS FOLLOW	FOR	M OV.	ER GENERAL LIABIL	ITY/A	OTO LIABI	LLITY and	EMPLOYERS LIABI	LITY.		
'he	District, the	Construction	n Ma	anag	er, their represe	ntati	ves cons	sultante	trustees offic	ere o	fficials	
					e added additiona			our carres,	cruscees, orric	ers, c	riiciais,	
_												
CERTIFICATE HOLDER Mount Diablo Uified School District							CANCELLATION					
			Sch	ool	District	01101						
Mr. Tim Cody									ESCRIBED POLICIES BE			
2010 C - Interim Special Projects Manager						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	3333 Ron	CA 94519].							
	concora,				AUTHORIZED REPRESENTATIVE							

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Mt. Diablo USD, the Construction Manager, their representatives, consultants, trustees, officers, officials, employees, agents and volunteers.

(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, but only with respect to liability arising out of your ongoing operation performed for that insured.

It is agreed that this insurance is primary, and that any insurance issued to the additional insured applicable to a loss, other than that provided by this endorsement, shall be excess over this insurance, to the extent any insured, other than the additional insured, is solely negligent for any liabilities, losses, claims, suits, judgments, injuries, costs and/or otherwise demands.