

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2020

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 have ADDITIONAL INSURED provisions or 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)

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PRO	DUCER				CONTACT NAME: Yvonne Aguilera							
Toli	man & Wiker Insurance Services, LLC				PHONE (A/C, No, Ext): (805) 585-6764 (A/C, No): (805) 585-6764							
196	S. Fir Street	E-MAIL vaguilera@tolmanandwiker.com						_				
PO	Box 1388				ADDITECO.							
Ver	ntura	INSURER(S) AFFORDING COVERAGE INSURER A. Hanover American Ins Co					36064					
INSL	JRED	INSURER B: Allmerica Financial Benefit						41840				
						LID.		ione			22292	
	Lindamood Bell Learning Proces	2022			INSUR	LKO.	1113 00				22232	
	416 Higuera Street	INSURER D:										
	San Luis Obispo			CA 02404 2005	INSURER E :							
			CA 93401-3865			INSURER F:						
			_	NUMBER: 20/21 GL/AU/				REVISION NUME				
C	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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s		
	COMMERCIAL GENERAL LIABILITY					(11111)	(111112011111)	EACH OCCURRENCE			0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	D	s 100,	000	
	SEAINIG-MADE P COCCIN							PREMISES (Ea occur		s 15,0		
Α		Υ		ZZ3-A802342-05		12/15/2020	12/15/2021	MED EXP (Ally one person) \$		0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		1 1						2.000		0,000	
	PRO-							Indu		ided		
								PRODUCTS - COMP/		\$ Inclu	1404	
	OTHER: AUTOMOBILE LIABILITY		-					COMBINED SINGLE I			0.000	
	X ANY AUTO							(Ea accident) BODILY INJURY (Per	\$ 1,000			
В	OWNED SCHEDULED		AW3-A802333-05		12/15/2020	12/15/2021						
0	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per PROPERTY DAMAGE					
	AUTOS ONLY AUTOS ONLY						(Per accident)		\$			
	NAME OF TAXABLE PARTY O		+						\$			
_	WMBRELLA LIAB OCCUR			11110 4000040 05	12/15/2020	12/15/2021	EACH OCCURRENCE	=	φ	00,000		
С	EXCESS LIAB CLAIMS-MADE			UH3-A802343-05			AGGREGATE	_	\$ 10,0	00,000		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					12/15/2020	12/15/2021	➤ PER STATUTE	OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WH3-A802343-05	12	E.L. EACH ACCIDENT			г	\$ 1,000			
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EN			MPLOYEE	\$ 1,000	0,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$ 1,000	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	may be a	ttached if more sp	ace is required)					
	Mt Diablo Unified School District, its subsidia 0260413. Endorsement applies only as requ				nal Insu	red as respects	s to operations	of the Named Insu	red per fo	rm		
CGZ	.0200413. Endorsement applies only as requ	irea i	by Cur	rent written contract on lile.								
CERTIFICATE HOLDER CANCELLATION												
								CRIBED POLICIES			BEFORE	
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
	Mt Diablo Unified School District				ACCORDANCE WITH THE POLICY PROVISIONS.							
	1936 Carlotta Drive			ŀ	AUTHOR	RIZED REPRESEN	TATIVE					
	Concord			CA 94519	Sham Eyne Caron							



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER									CONTACT Yvonne Aguilera NAME:							
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196 S. Fir Street									E-MAIL ADDRESS: yaguilera@tolmanandwiker.com							
PO Box 1388									SERVICE STATE STATE OF THE SERVICE AND ADDRESS O					NAIC#		
Ventura CA 93002-1388								CA 93002-1388	INSURER A: Hanover Ins Co 22292							
INSURED									INSURER B:							
									INSURER C:							
Lindamood-Bell Learning Processes									INSURER D :							
416 Higuera Street									INSURER E :							
San Luis Obispo CA 93401-3865								CA 93401-3865	INSURER F:							
CO	VER	RAGES			CER	TIFIC	ATE	NUMBER: 20/21 E&O	INOUN	-101 .		REVISION NUMBER:				
		301 (0.000) 10.000	TIFY TH	IAT TI		(A) (C) (C) (C)			N 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			YPE OF I			IADDL	SUBR		TILDO	POLICY EFF	POLICY EXP	1.000	·c			
LIK					L LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	2.00	0,000		
			MS-MAD		OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,00	00,000		
	×	Errors 8	Omiss	ions								MED EXP (Any one person) \$				
Α	×	BREAC	H OF P	RIVA	.CY			LH3 H131781 02		12/15/2020	12/15/2021	PERSONAL & ADV INJURY	s			
	GEI	N'L AGGREC	SATE LIM	IT APF	PLIES PER:							GENERAL AGGREGATE	s 2,000,000			
		POLICY	PR JE	0- CT	LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:		٠.									\$	And the second s		
	AU.	TOMOBILE	IABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANYAUTO)									BODILY INJURY (Per person)	\$			
		OWNED			SCHEDULED							BODILY INJURY (Per accident)	\$			
		AUTOS O			AUTOS NON-OWNED							PROPERTY DAMAGE	\$			
		AUTOS OI	NLY		AUTOS ONLY							(Per accident)	\$	-		
		UMBRELL	A LIAB	7	OCCUR						_	EACH OCCUPPENCE	100			
	-	EXCESS L	IAB		CLAIMS-MADE							EACH OCCURRENCE	\$			
	_	DED	рете	NITION								AGGREGATE	\$			
WORKERS COMPENSATION					ν φ							PER OTH-	\$			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				Y/N							STATUTE ER					
OFFICER/MEMBER EXCLUDED?				?	N/A						E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE	\$					
	DESCRIPTION OF OPERATIONS below			S below							E.L. DISEASE - POLICY LIMIT	\$				
DESC	RIPT	ION OF OP	RATION	S/LO	CATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
Veri	icati	on of Cov	erage													
CEF	TIF	ICATE HO	LDER						CANC	ELLATION						
									0110		IE 400VE DE					
,												SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER		BEFORE		
Mt Diablo Unified School District										ORDANCE WIT						
1936 Carlotta Drive								ļ								
									AUTHOR	RIZED REPRESEN	TATIVE					
Concord CA 94519								CA 94519	$\lambda $ \mathcal{L}							
	CA 94519								Man Cyre Laren							
										_		CODD CODDODATION	2000 2 2			



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INSL	RED					INSURER B: Hanover Ins Co 22292							
						INSURER C:							
		Lindamood Bell Learning Proces	sses			INSURER D :							
		416 Higuera Street				INSURER E:							
		San Luis Obispo			CA 93401-3865	INSURER F:							
CO	/FR	AGES CER	TIFIC	ATF	NUMBER: 20/21 ABUSE								
	-	S TO CERTIFY THAT THE POLICIES OF I			27-2000 1100 27 270-200	ISSUED	TO THE INSU		The second secon	IOD			
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INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		200	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S			
LIK	×		INSD	WVD	POLICI NOMBER		(MM/DD/YYYY)	(MM/UUUTTTT)	EACH OCCURRENCE		0,000		
									DAMAGE TO RENTED	\$			
	V	CLAIMS-MADE OCCUR ABUSE/MOLESTATION							PREMISES (Ea occurrence)	\$			
Α					ZZ3-A802342-05		12/15/2020	12/15/2021	MED EXP (Any one person)	\$			
l ''					ZZ3-A60Z34Z-03		12/13/2020	12/13/2021	PERSONAL & ADV INJURY	\$ 000,000			
		N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000,000			
	×	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	ALI	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$			
	AU	1							(Ea accident)	\$			
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
		AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$			
		AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
										\$			
	×	UMBRELLA LIAB CCCUR							EACH OCCURRENCE	\$ 3,00	0,000		
В		EXCESS LIAB CLAIMS-MADE			UH3-A802343-05		12/15/2020	12/15/2021	AGGREGATE	\$ 3,00	0,000		
		DED RETENTION \$								\$			
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			13.66						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be att	tached if more sp	ace is required)					
Verif	icati	on of Coverage											
CERTIFICATE HOLDER CANCELLATION													
OLIN		SATE HOLDER				CANCI	LLLATION						
						SHOU	JLD ANY OF TH	HE ABOVE DES	SCRIBED POLICIES BE CAN	CELLED	BEFORE		
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN													
		Mt Diablo Unified School District				ACCC	ORDANCE WIT	H THE POLICY	PROVISIONS.				
		1936 Carlotta Drive			}	AUTHOR	IZED REPRESEN	TATIVE					
						AUTHOR	LLD NEFRESEN	λ.					
		Concord			CA 94519		, Z	/\/	E	i			
Manu Cyre Caren													