



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2018

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 certificate holder in lieu of such endorsement(s).

| | | | | | |
|---|--|---|--|----------------|-----------------|
| PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022 | | CONTACT NAME: PHONE (A/C No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com | | FAX (A/C, No): | |
| INSURED Sonja Biggs Educational Services 7483 Dornoch Ct GILROY, CA 95020 | | INSURER(S) AFFORDING COVERAGE | | | |
| | | INSURER A: Hiscox Insurance Company Inc | | | NAIC # 10200 |
| | | INSURER B: | | | |
| | | INSURER C: | | | |
| | | INSURER D: | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**


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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|-------------------------------------|--------------------|-------------------------|-------------------------|---|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | | UDC-2022164-CGL-18 | 07/19/2018 | 07/19/2019 | EACH OCCURRENCE \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 | |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY | | | | | | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | | | | | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N <input type="checkbox"/> N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mt. Diablo Unified School District is listed as an additional insured.

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---|--|
| Diablo Unified School District 1936 Carlotta Dr. Concord 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. |
| | AUTHORIZED REPRESENTATIVE  |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/04/2018

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| | | |
|---|---|--|
| PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022 | CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com | |
| | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Hiscox Insurance Company Inc 10200 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : | |
| INSURED Sonja Biggs Educational Services 7483 Dornoch Ct GILROY, CA 95020 | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liability | Y | | UDC-2022164-EO-18 | 07/19/2018 | 07/19/2019 | Each Claim: \$ 1,000,000 Aggregate: \$ 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 is listed as additional insured

CERTIFICATE HOLDER

Mt. Diablo Unified School District
 1936 Carlotta Dr. Concord, CA 94519

CANCELLATION

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



SONJBIG-01

SJOHNSON

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 04/27/2018

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.

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| | |
|--|--|
| PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd. Suite 174 Waltham, MA 02451 | CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: support@apintego.com INSURER(S) AFFORDING COVERAGE INSURER A : Guard Insurance Group*** NAIC # 25844 INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____ |
| INSURED Sonja Biggs Educational Services Inc 7483 Dornoch Court Gilroy, CA 95020 | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____ | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | SOWC898049 | 01/26/2018 | 01/26/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|--|--|
| CERTIFICATE HOLDER Proof of Coverage | CANCELLATION 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 |
|--|--|



Hiscox Insurance Company Inc.

Policy Number: UDC-2022164-CGL-18
 Named Insured: Sonja Biggs Educational Services
 Endorsement Number: 21
 Endorsement Effective: October 04, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

| | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Insured's Name | <input type="checkbox"/> | Insured's Mailing Address |
| <input type="checkbox"/> | Policy Number | <input type="checkbox"/> | Company |
| <input type="checkbox"/> | Effective/Expiration Date | <input type="checkbox"/> | Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> | Payment Plan | <input type="checkbox"/> | Premium Determination |
| <input type="checkbox"/> | Additional Interested Parties | <input checked="" type="checkbox"/> | Coverage Forms and Endorsements |
| <input checked="" type="checkbox"/> | Limits/Exposures | <input type="checkbox"/> | Deductibles |
| <input type="checkbox"/> | Covered Property/Located Description | <input type="checkbox"/> | Classification/Class Codes |
| <input type="checkbox"/> | Rates | <input type="checkbox"/> | Underlying Insurance |

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

| | | | | | |
|--------------------------|-------------------|--------------------------|--------------------------------|---------------------------|-----------------------|
| <input type="checkbox"/> | NO CHANGES | <input type="checkbox"/> | TO BE ADJUSTED AT AUDIT | ADDITIONAL PREMIUM | RETURN PREMIUM |
| | | | | \$ 351.38 | \$ |

POLICY CHANGES ENDORSEMENT DESCRIPTION

| | |
|--|---|
| Each Occurrence Limit: | \$ 1000000 |
| Damage to Premises Rented to You Limit: | \$ 100000 Any one premises |
| Medical Expense Limit: | \$ 5000 Any one person |
| Personal & Advertising Injury Limit: | \$ 1000000 Any one person or organization |
| General Aggregate Limit: | \$ 2000000 |
| Products/Completed Operations Aggregate Limit: | \$ Products-completed operations are subject to the General Aggregate Limit |
| Supplemental Business Personal Property Floater Coverage Limit: | \$ 25000 |
| Supplemental Business Personal Property Floater Coverage Deductible: | \$ 500 |

It is hereby understood and agreed that the changes shown above, as appropriate, apply only to:

1. an offense arising out of your business that caused a "personal and advertising injury";
2. an "occurrence" that caused "bodily injury" or "property damage"; or
3. an accident that caused "bodily injury"

that takes place on or after the effective date of this endorsement.

It is understood and agreed that effective October 04, 2018, Endorsement # 23 entitled Supplemental Business Personal Property Floater Coverage is added in its entirety. In addition, Endorsement # 20 entitled Disclosure Pursuant to Terrorism Risk Insurance Act has been deleted and is replaced in its entirety by attached Endorsement # 22 entitled Disclosure Pursuant to Terrorism Risk Insurance Act.

All other terms and conditions remain unchanged.



Hiscox Insurance Company Inc.

Policy Number: UDC-2022164-CGL-18
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 22
Endorsement Effective: October 04, 2018

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Table with 2 main sections: SCHEDULE - PART I (Terrorism Premium \$ 8.95) and SCHEDULE - PART II (Federal share of terrorism losses 85% year 2015; 84% year 2016; 83% year 2017; 82% year 2018; 81% year 2019 and 80% year 2020).

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Policy Number: UDC-2022164-CGL-18
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 23
Endorsement Effective: October 04, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUPPLEMENTAL BUSINESS PERSONAL PROPERTY FLOATER COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The terms and conditions of the Commercial General Liability Form and the following terms and conditions all apply to this Coverage. Words and phrases that appear in quotes are defined in the Commercial General Liability Form or this form and are given their defined meaning.

SCHEDULE

Table with 2 columns: Limit of Insurance (per "occurrence") and Deductible (per "occurrence"). Values: \$ 25000 and \$ 500.

COVERAGE D – SUPPLEMENTAL BUSINESS PERSONAL PROPERTY COVERAGE FLOATER

1. Insuring Agreement – WHAT WE COVER

We will pay for direct physical loss or damage to "computer equipment" or "contents" caused by an "occurrence".

2. What We Will Pay

If you have first paid the deductible stated in the Schedule, we will pay the following amounts up to the Limit of Insurance stated in the Schedule. Loss or damage to "contents" and "computer equipment" away from the premises shall be subject to a sublimit of \$ 2500.00, which shall be part of, and not in addition to the Limit of Insurance shown in the Schedule.

a. For loss or damage to "computer equipment" or "contents" you own, we will pay the lesser of:

- (1) the cost to repair the "computer equipment" and "contents"; or
(2) the "replacement cost" of the "computer equipment" and "contents".

b. For loss or damage to "computer equipment" or "contents" you do not own that are in your care, custody or control, we will pay the least of:

- (1) the cost to repair the "computer equipment" and "contents";
(2) the "replacement cost" of the "computer equipment" and "contents"; or

(3) the amount for which you are legally liable for the "computer equipment" and "contents".

If the lowest amount is "replacement cost", we will pay the "actual cash value" as of the date of loss and then pay the difference between "actual cash value" and "replacement cost" if you replace the "computer equipment" or "contents" within one year from the date of the "occurrence".

3. Exclusions – What We Do Not Cover

a. We will pay only for loss or damage to the "computer equipment" or "contents" themselves. We will not pay for any loss or damage caused by or ensuing from loss or damage to "computer equipment" or "contents", including without limitation:

(1) personal injury;

(2) property damage to property other than "computer equipment" or "contents";

(3) loss of or damage to electronic data, applications or systems; or

(4) economic loss or damage, including loss of use, loss of market or business interruption.

b. We will not pay for loss or damage to "computer equipment" attributable solely to wear and tear, deterioration or inherent fault.

DEFINITIONS

1. "Actual cash value" means the fair market value of the lost or damaged property as of the date of the "occurrence" taking into account deterioration, depreciation and obsolescence.

2. "Computer equipment" means the following equipment used primarily in your business:

a. hardware capable of accepting information, processing it according to a plan, and producing the desired results (including without limitation desktop and laptop computers, electronic tablets and mobile phones), as well as related peripheral equipment, including without limitation

printers, video display monitors, modems, surge protectors, keyboards, routers and servers;

b. air conditioning and fire protection equipment used exclusively in computer operations; and

c. telephone systems and their component parts that you own.

3. "Contents" means all business personal property used primarily in your business.

4. "Replacement cost" means the cost to replace lost or damaged property with property of like kind, quality and utility, without deduction for deterioration, depreciation or obsolescence. Replacement cost will be valued as of the date of the "occurrence".