# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 08/30/2011

PRODUCER 0564249 1-800-833-7337
Heffernan Insurance Brokers/
Heffernan Professional Practices
1808 Embarcadero Road, Suite A

Palo Alto, CA 94303

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Capital Engineering Consultants, Inc.

11020 Sun Center Drive, #100

Rancho Cordova, CA 95670

INSURER A: The Travelers Indemnity Co. of CT
INSURER B: Travelers Property & Casualty Co. of America
INSURER C: Continental Casualty Company
INSURER D:
INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY | 6807347R255 | 09/01/11 | 09/01/12 | EACH OCCURRENCE | $ 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | $ 1,000,000 |
| | CLAIMS MADE X OCCUR | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | |
| A | AUTOMOBILE LIABILITY | 6807347R255 | 09/01/11 | 09/01/12 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ANY AUTO | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS | | | | | |
| | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS | | | | | |
| | X NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | $ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | $ |
| | ANY AUTO | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | AGG | $ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | $ |
| | OCCUR CLAIMS MADE | | | | AGGREGATE | $ |
| | | | | | | $ |
| | DEDUCTIBLE | | | | | $ |
| | RETENTION $ | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | UB3551T535 | 09/01/11 | 09/01/12 | X WC STATU-TORY LIMITS 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 |
| C | OTHER Professional Liability | AEA003987192 | 09/01/11 | 09/01/12 | Per Claim | $ 1,000,000 |
| | | | | | Aggregate | $ 2,000,000 |
| | | | | | | $ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
RE: Mt. Diablo USD HVAC Upgrade.
All operations of the Named Insured.
Professional Liability is written in aggregate limits not less than the amount shown.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: ____

Mt. Diablo Unified School District

Attn: Tim Cody
1480 Gasoline Alley

Concord, CA 94520
USA

CANCELLATION *10 Day Notice for Non-Payment of Premium

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDEAVOR TO~~ MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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