

CERTIFICATE OF COVERAGE		DATE (MM/DD/YYYY) 2/11/2011
PRODUCER Alliant Insurance Services, Inc. 600 Montgomery Street 9th Floor San Francisco CA 94111	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 PROGRAMS BELOW.	
COVERED PARTY University Corporation at Monterey Bay 100 Campus Center Seaside CA 93955-8001	PROGRAM AFFORDING COVERAGE A: CSURMA AORMA B: CSURMA AORMA WC C: Safety National Casualty Corp. D: E:	

COVERAGES

THIS IS TO CERTIFY THAT THE COVERAGE IS AFFORDED TO THE ABOVE NAMED MEMBER, AS PROVIDED BY THE MEMORANDUM(S) OF COVERAGE, FOR THE COVERAGE PERIOD SHOWN BELOW, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE PROGRAM DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUM(S) OF COVERAGE. THE FOLLOWING COVERAGE IS IN EFFECT.

PRO LTR	COVERAGE	MEMORANDUM OF COVERAGE	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	AORMA-1011-01	7/1/2010	7/1/2011	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occur)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> EPL \$500,000				PERSONAL & ADV INJURY	\$
	<input checked="" type="checkbox"/> Contractual Liab				GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	AORMA-1011-01	7/1/2010	7/1/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED VEHICLES				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	5558-020	7/1/2010	7/1/2011	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	500,000
	IF YES, DESCRIBE UNDER SPECIAL PROVISIONS BELOW				E.L. DISEASE-EA EMPLOYEE	\$ 500,000
					E.L. DISEASE-POLICY LIMIT	\$ 500,000
A	OTHER	AORMA-1011-01	7/1/2010	7/1/2011	Limit	\$50,000
	Hired/NonOwned APD				Deductible	\$1,000
C	OTHER	SP-4042059	7/1/2010	7/1/2011	Worker's Comp. Employer's Liab.	Statutory \$4,500,000
	Excess WC (Excess of SIR)					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Note: Workers' Compensation Coverage is provided as evidence only.
Mt. Diablo Unified School District is named as additional cover party as respects use of facilities by the Name Insured for Camp Sea Lab on the following dates: 2/22/11 - 2/24/11 (Westlake Middle School); 3/21/11 - 3/23/11 (Ayers Elementary School); and 3/28/11 - 3/30/11 (Westwood Elementary School)

CERTIFICATE HOLDER	CANCELLATION	30
Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519	SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING PROGRAM AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.	
	AUTHORIZED REPRESENTATIVE <i>Memo Song</i>	