

**MOLSON** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/9/2022

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				uch end	orsement(s)		require an ene	ioi seilleli	i. A 31	atement on	
PR	ODUCER				CONTAC NAME:	т						
Bozeman Office						PHONE (A/C, No, Ext): (406) 586-3351 FAX (A/C, No): (406) 586-0437						
PayneWest Insurance, a Marsh McLennan Agency LLC Company 1105 E. Main					E-MAIL ADDRESS:							
Bozeman, MT 59715						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : Philadelphia Indemnity Insurance Company 18058						
INSURED Exploring New Horizons						INSURER B:						
						INSURER C:						
PO Box 1514 Felton, CA 95018					INSURE							
					INSURE							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	THIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INS	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE \$		1,000,000		
	CLAIMS-MADE X OCCUR	X		PHPK2448678		8/1/2022	8/1/2023	DAMAGE TO REN' PREMISES (Ea occ	TED currence)	\$	1,000,000	
								MED EXP (Any one person) \$		\$	20,000	
								PERSONAL & ADV INJURY \$		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	3,000,000	
POLICY PRO- JECT LOC								PRODUCTS - COM	IP/OP AGG	\$	3,000,000	
Α	<del></del>							COMBINED SINGL (Ea accident)	E LIMIT	\$ \$	1,000,000	
	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			PHPK2448678		8/1/2022	8/1/2023	BODILY INJURY (F	Per nerson)	\$		
								BODILY INJURY (F		\$		
								PROPERTY DAMA (Per accident)		\$		
								(i oi dooldoni)		\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURREN	ICE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE			PHUB827240		8/1/2022	8/1/2023	AGGREGATE \$		·	2,000,000	
	DED X RETENTION \$ 10,000	)								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	<u> </u>		
								E.L. EACH ACCIDE		\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE \$		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requi	red)				
<u>~</u>					0410	CLLATION:						
CI	ERTIFICATE HOLDER				CANC	ELLATION						
Mt. Diablo Unified School District 1936 Carlotta Drive						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Concord, CA 94518					AUTHORIZED REPRESENTATIVE							