

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALTE	R THE CO	UPON THE CERTIFICATE HO VERAGE AFFORDED BY THE	E POLICIES	
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).								
PRODUCER	oonier rig		CONTA NAME:			(0).		
Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):				
5 Concourse Parkway Suite 2150				ADDRESS: contact@hiscox.com				
Atlanta GA, 30328			INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
				INSURER A: Hiscox Insurance Company Inc				
INSURED				INSURER B :				
Rugamas Creative Solutions LLC 3015 Sir Phillip Dr San Antonio, TX 78209			INSURE	INSURER C :				
			INSURER D :					
			INSURER E :					
				INSURER F :				
COVERAGES CEF	COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	CONTRACT	OR OTHER I 5 DESCRIBEI	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS	
INSR LTR TYPE OF INSURANCE	INSD WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
							00,000	
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$ 100	,	
A		P100.285.392.12		05/24/2024	05/24/2025	MED EXP (Any one person) \$ 5,00		
		1 100.200.002.12		00/2 1/202 1	00/2 1/2020		00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							00,000	
						PRODUCTS - COMP/OP AGG \$ S/T	Gen. Agg.	
AUTOMOBILE LIABILITY								
						(Ea accident) BODILY INJURY (Per person) \$		
ANY AUTO						BODILY INJURY (Per accident) \$		
AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE		
HIRED AUTOS						(Per accident) \$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
DED RETENTION \$	-					S S S S S S S S S S S S S S S S S S S		
WORKERS COMPENSATION						PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$		
OFFICER/MEMBEREXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$		
						Ψ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
CERTIFICATE HOLDER				CANCELLATION				
Mount Diablo Unified School District				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				
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Hiscox Insurance Company Inc.

Policy Number:P100.285.392.12Named Insured:Rugamas Creative Solutions LLCEndorsement Number:19Endorsement Effective:05/24/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Mount Diablo Unified School District

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- **A.** In the performance of your ongoing operations; or
- **B.** In connection with your premises owned by or rented to you.