



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/12

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

	ertificate holder in lieu of such endors			CONTACT				
	DUCER	650	0-842-5200	NAME:				
)Heffernan Prof. Practices 8A Embarcadero Rd.	650-842-5201		PHONE				
Pale	o Alto, CA 94303							
Joh	ın Feeney-pre-merger			PRODUCER CUSTOMER ID #: PHD	AR-1			
			INSURER(S) AFFORDING COVERAGE				NAIC #	
INSURED PHD Architects				INSURER A : Travele				25674
3211 Ronino Way				INSURER B: The Employers Fire Ins. Co.,				20648
	Lafayette, CA 94549				ipioyers i ii	e 1113. OU.,		20040
,				INSURER C:				
				INSURER D:				
				INSURER E :				
			INSURER F:					
			E NUMBER:	REVISION NUMBER:				
≜ O E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P XCLUSIONS AND CONDITIONS OF SUCH F	QUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY			04/22/12	04/22/13	EACH OCCURRENCE	\$	2,000,000
	X COMMERCIAL GENERAL LIABILITY		6800517M425			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	2,000,000
						GENERAL AGGREGATE	\$	4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	4,000,000
	POLICY X PRO-					THOUSE COMMITTEE AGE	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	2,000,000
A	ANY AUTO		6800517M425	04/22/12	04/22/13	(Ea accident)	Þ	2,000,000
	ALL OWNED AUTOS		00000171111-120			BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS					(i oi desident)	\$	
	NON-OWNED AUTOS						\$	
	UMBRELLA LIAB OCCUR					EAGU GOOUDDENGE		
	FYOTOGUAR					EACH OCCURRENCE	\$	
	CLAIIVIS-IVIADE					AGGREGATE	\$	
	DEDUCTIBLE						\$	
	RETENTION \$ WORKERS COMPENSATION					▼ WC STATU- OTH-	\$	
A	AND EMPLOYERS' LIABILITY		LID 500 ()/007	04/22/42	04/00/40	↑ TORY LIMITS ER		4 000 000
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A UB580		UB5804Y267	04/22/12	04/22/13	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below Professional		DPL096811	10/07/11	10/07/12	E.L. DISEASE - POLICY LIMIT Per Claim	\$	1,000,000
В			DPL030011	10/07/11	10/07/12			
	Liability					Aggregate		1,000,000
Cer Sch	cription of operations / Locations / Vehicle t Holder Cont: Asst. Program Manage lool. erations as per contract on file with Ir	er 2010 l	ACORD 101, Additional Remarks S Measure C, Holbrook Ele	Schedule, if more space is ementary	required)			
CE	RTIFICATE HOLDER			CANCELLATION				
MOUNT-D Mount Diablo Unified School District Attn: Mitchell Stark				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				

3333 Ronald Way Concord, CA 94519