

# CERTIFICATE OF COVERAGE

DATE (MM/DD/YYYY)

6/25/2012

**PRODUCER**

Alliant Insurance Services, Inc.  
916-643-2700  
1792 Tribute Rd, Suite 450  
Sacramento CA 95815

THIS CERTIFICATE IS ISSUED AS A MATTER OF EVIDENCE ONLY AND CONFERES NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE MEMORANDUM(S) OF COVERAGE BELOW.

THIS CERTIFICATE OF COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING COVERAGE PROVIDER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL COVERED PARTY, THE MEMORANDUM OF COVERAGE MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

IMPORTANT: IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE MEMORANDUM(S) OF COVERAGE AN ENDORSEMENT MAY BE REQUIRED. A STATEMENT ON THE CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

**NAMED COVERED PARTY**

Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord CA 94519-1397

**PROGRAM AFFORDING COVERAGE**

A: Genesis Insurance Company

B:

C:

**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 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.

| JPA LTR | TYPE OF COVERAGE                                                                                                                                                                                                                                                                                        | MEMORANDUM NUMBER | COVERAGE EFFECTIVE DATE (MM/DD/YY) | COVERAGE EXPIRATION DATE (MM/DD/YY) | LIMITS                                                                      |                                       |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|
|         | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> MEMORANDUM <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                   |                                    |                                     | EACH OCCURRENCE                                                             | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | FIRE DAMAGE (Any one fire)                                                  | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | MED EXPENSE (Any one person)                                                | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | PERSONAL & ADV INJURY                                                       | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | GENERAL AGGREGATE                                                           | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | PRODUCTS-COMP/OP AGG                                                        | \$                                    |
|         | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                                            |                   |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident)                                         | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     |                                                                             | \$                                    |
|         | <b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/ EXECUTIVE/OFFICER/MEMBER EXCLUDED?<br>IF YES, DESCRIBED UNDER SPECIAL PROVISION BELOW                                                                                                                                   |                   |                                    |                                     | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |                                       |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | E.L. EACH ACCIDENT                                                          | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | E.L. DISEASE - EA EMPLOYEE                                                  | \$                                    |
|         |                                                                                                                                                                                                                                                                                                         |                   |                                    |                                     | E.L. DISEASE - POLICY LIMIT                                                 | \$                                    |
| A       | OTHER Public Schools Excess liability including General Liab/Auto Liab                                                                                                                                                                                                                                  | YXB3009611        | 7/1/2012                           | 7/1/2013                            | Aggregate Each Occurrence S. I. R.                                          | \$2,000,000<br>\$750,000<br>\$250,000 |
|         | OTHER                                                                                                                                                                                                                                                                                                   |                   |                                    |                                     |                                                                             |                                       |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

NAPA COUNTY OFFICE OF EDUCATION, ITS BOARD OF TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS AND STUDENTS ARE ADDITIONAL INSURED RE: PE AND NUTRITION PROGRAM AT CARES AFTER SCHOOL PROGRAM SITES.

**CERTIFICATE HOLDER**

NAPA COUNTY OFFICE OF EDUCATION  
CALSERVES  
2121 IMOLA AVE  
NAPA CA 94559

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUM(S) OF COVERAGE BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUM(S) OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE *Matthew Howan*