

Purchase Requisition #

R115822

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, CA 94519

**AGREEMENT BETWEEN
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 7th day of September 2019 by and between the Mt. Diablo Unified School District (hereinafter "District") and Events To The T, Inc. (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
- (b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 3350 for Services 01-9010-1110-4000-39360-000-358-358-580 \$ 3350.00

The basis of the fee for Services shall be as follow _____ \$ _____

- a. \$ _____ per hour,
b. \$ _____ per day, or
c. \$ 3350 per engagement.

BUDGET CODE(S)

Check One:

- ☐ Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- ☐ Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- ☒ Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on _____ This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit _____ prior to commencing work under this Agreement.

6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.

7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this Agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.

8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

Purchase Requisition #

RA15822

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: Please accept Auto Insurance Property Damage Liability at \$428,000

Other: _____

The initials of the Superintendent, or his/her Designee, and the General Counsel, are required to waive or modify any Insurance requirements in this Agreement:

MJ
Superintendent or
his/her Designee

General Counsel

9. Ownership of Designs and Plans. Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
10. Notice. Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Name: Events To The T, Inc
Attn: Toby Praescher
Address: PO Box 3440
Walnut Creek CA 94598
Phone: 925-525-8124
Fax: 925-335-9797
Tax ID #: 33-1013077

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

Purchase Requisition # R115822

the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supercedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

By: [Signature] 9-18-19
Signature of Principal/Budget Administrator Date

Title: Dr. Michael G. McPherson
Print Name and Title
Principal

Authorized and Approved by:

[Signature] 9/18/19
Superintendent or his/her Designee Date

Events To The T, Inc.
Name of Company/Organization or Independent Contractor/Consultant

By: [Signature] 9/17/19
Signature of Contractor/Consultant Date

Title: Toby Proescher CEO
Print Name and Title

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

Originator's Signature _____ Date _____

Site/Department Originating this Contract _____

Print Name of Originator and Title _____

Billing Address if reimbursed by outside agency---i.e. ASB, PTA, PFC

Distribution	
original:	Fiscal Services for payment
copy:	Contractor
copy:	Originator/Budget Administrator

Purchase Requisition # R115822

EXHIBIT A

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE

Do not use "See Attached"

Details of the "Scope of Work"

Must also include:

Dates of service

Total cost

Payment schedule

Saturday 9/28/19 6:00-10:00pm

NHS - Northgate High School

Dance cubes, staging, DJ light show, + 2 video
games

\$3350 payable upon completion of event

Purchase Requisition # R115822

EXHIBIT B
Contractor REQUIRED to Complete
CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District
Consultant/Independent Contractor Agreement - Criminal Background Check

Name of Independent Consultant/Contractor:	Events To The T, Inc.
Services to be performed under the Agreement:	Equipment rental/setup
Schools/Locations where services will be performed:	Northgate
Total amount to be paid by the District under this Agreement:	\$ 3350
Term of Agreement:	Per engagement
Check the applicable box(es) and fill in any blanks.	
1	I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input checked="" type="checkbox"/> If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	<input checked="" type="checkbox"/> I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."


Independent Contractor/Consultant Signature

Toby Proesch 9/17/19
Print Name Date
Independent Contractor/Consultant


Superintendent or his/her Designee's Signature

Michael Jimenez 9/18/19
Print Name Date
Superintendent or his/her Designee



R15822

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2018

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 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 Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10200
INSURED Events To The 'T', Inc. 2754 Venado Camino Walnut Creek CA 94598		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	UDC-1666925-BOP-18	12/02/2018	12/02/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ S/T Each Occ. GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg. \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			UDC-1666925-BOP-18	12/02/2018	12/02/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers are named as additional insureds.

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers
1936 Carlotta Drive
Concord, CA 94519

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

R115822



Hiscox Insurance Company Inc.

Policy Number: UDC-1666925-BOP-18
Named Insured: Events To The 'T', Inc.
Endorsement Number: 16
Endorsement Effective: December 02, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

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

Mt. Diablo Unified School District, its officers, officials, agents, employees and volunteers 1936 Cariotta Drive Concord, CA 94519

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

The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

- Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

H15822

Events To The 'T' Inc

PO Box 3440
Walnut Creek, CA 94598

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.Sfproms.com

EVENT CONTRACT

This agreement is entered into on September 13, 2019 between EVENTS TO THE 'T' Inc. and NORTHGATE HIGH SCHOOL, Walnut Creek, California.

THE FOLLOWING IS AGREED UPON BETWEEN BOTH PARTIES:

✓ 1. For the engagement described hereinafter Events To The 'T' Inc. will provide:

-DJ Light Package, 4 Dance Cubes
-Pacman/Galaga & Frogger Table Top Games
-8'x12'x2' Stage with Step

✓ 2. Event Location:
Northgate High School
425 Castle Rock Rd.
Walnut Creek, CA 94598

✓ 3. Date(s) / Time (s) of engagement:
Saturday, September 28, 2019
2:30pm Setup Begins
7:00pm-10:00pm Dance

✓ 4. Agreed upon compensation for engagement:
\$3,350.00

✓ 5. Deposit schedule: \$ 3,350.00 To be mailed

R115822

Events To The 'T' Inc

PO Box 3440
Walnut Creek, CA 94598

(925) 335-0633 Office
(925) 525-8629 Cell
(925) 335-9797 Fax

www.SFproms.com

TERMS OF AGREEMENT

- 1) Events To The 'T' will act as your agent and book all requested vendors.
- 2) Events To The 'T' will schedule all arrivals, handle all deposits and payments, and ensure all scheduled activities are approved by the event site.
- 3) In the event of sickness, accident, acts of god and/or other legitimate conditions beyond the above vendor's control, every effort will be made to find a replacement. Events To The 'T' and vendor's liability are limited to vendors price.
- 4) Client will assume full responsibility and liability for the conduct of his or her guests regarding theft or damage to any performers' equipment, or injury to any performer caused by intentional or negligent acts by clients or his or her guests.
- 5) No verbal agreement may amend this contract. If any legal action is necessary to enforce the terms of this agreement, Events To The 'T' will be entitled to reasonable collection fees.
- 6) Any deposits/balances unpaid after due date will accrue a 1.5% interest rate per month.

TERMINATION OF AGREEMENT

- 1) If terminating a date, written notice must be received at least ninety (90) days prior to cancellation.
- 2) Outside of ninety days the full facility rental fees are due and 100% of expected commissions will be due to Events To The 'T' Inc.
- 3) If terminating 30-90 days prior to event date, client will increase payment to 50% of expected total of said event. Events To The 'T' Inc. will pay off all deposits due to vendors per their contracts and 100% of expected commissions due to Events To The 'T' Inc. We will then mail you a refund check with an itemized cancellation fee schedule.
- 4) If terminating event within 30 days, full payment is due. Events To The 'T' Inc. will pay off all monies due to vendors per their contracts and 100% of expected commissions due to Events To The 'T' Inc. We will then mail you a refund check with an itemized cancellation fee schedule.

The undersigned Dr. Michael G. Munster acting as an authorized agent of Northgate High School hereby accepts and agrees to the terms of the contract and as recognition thereof has signed below.

Northgate High School 925-938-0900
(Name of Client) (Area Code & Phone Number)

425 Cashe Rock Rd. Walnut Creek CA 94598
(Mailing Address) (City) (State) (Zip)

[Signature] 9-17-19 Michael G. Munster 9/18/19
(Signature of Client) (Date)

Toby Proescher
Digitally signed by Toby Proescher
DN: cn=Toby Proescher, o=na,
email=toby@clavish-events.com, c=US
Date: 2019.09.14 08:42:25 -0700 9/13/19

(Toby Proescher, Events to the 'T' Inc.) (Date)

R115822

Events to the 'T' Inc.

Northern California's Largest School Event Planner
SFproms.com for everything you need!

INVOICE

Please make deposits payable and remit to:
Events To The 'T', Inc.
PO Box 3440, Walnut Creek, CA 94598

Client Name: Northgate High School Event Date: 9/28/19
Event Location: NHS Gym Event Type: Homecoming

<i>Date Due</i>	<i>Description</i>	<i>Amount Due</i>
Upon receipt	4 Dance pods	\$800.00
	DJ with intelligent light show	\$600.00
	video games/ stage	\$1,950.00
Total: \$		\$3,350.00

R115822



Personal Umbrella Declaration Page

Policy Number: 60270-93-11
Effective: 8/23/2019 12:01 AM
Expiration: 8/23/2020 12:01 AM
Named Insured(s): Toby Proescher
 2754 Venado Camino
 Walnut Creek, CA 94598-3442
 toby@lavishevents.com

Underwritten By: Truck Insurance Exchange
 6301 Owensmouth Ave.
 Woodland Hills, CA 91367

Premiums (Item 1)

Policy Premium **\$593.00**

This is not a bill.

Your bill with the amount due will be mailed separately.

Rated Exposures (Item 2)

Exposure Type	Quantity	Exposure Type	Quantity
Owner Occupied Residence	1	Motorized Vehicle	4

Schedule of Underlying Insurance (Item 3)

You have told us you have underlying insurance policies with liability limits listed below. If the underlying policies terminate or the liability limits are less than shown below, in the event of a covered loss we will only pay those damages we would have paid if the limits and policies were in place as scheduled. You must keep the coverages and limits below in effect to avoid gaps in your protection.

Insurance Carrier	Policy Number	Coverage	Limit of Insurance (in thousands of dollars)
Farmers Insurance Exchange	160002295	Auto Liability	500/500/500
Farmers Insurance Exchange	185906817	Auto Liability	500/1000/500
Fire Insurance Exchange	985545531	Homeowner	1000

2754 Venado Camino, Walnut Creek, CA

Limits (Item 4)

Coverage Type	Limit (each occurrence)	Coverage Type	Limit (each occurrence)
General Liability	\$2,000,000	Uninsured/Underinsured Motorist	Not Covered
Retained Limit	\$250		

Driver Information

Name	Driver Status	Name	Driver Status
Toby Proescher	Covered	Sanda Proescher	Covered

farmers.com

Policy No. 60270-93-11

Questions?

Call your agent Curtis L. Holzer at (925)
 754-6500 or email
 cholzer@farmersagent.com

Manage your account:

Go to www.farmers.com to access
 your account any time!

R115832

Declaration Page (continued)

Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract. Any endorsements that you have purchased to extend coverage on your policy are also listed in the coverages section of this declarations document: 56-5280 3rd ed.; CA029A 1st ed.; CA103A 1st ed.; E0117 1st ed.; E0118 1st ed.; J6951A 1st ed.; 25-8531 10-12

Other Information

- The Attorney-In-Fact (AIF) or Management Fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.
- Go Green by logging onto Farmers.com or contacting your Farmers Agent.

*Information on Additional Fees

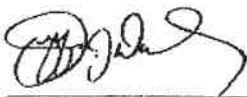
The "Fees" stated in the "Premium/Fees" section on the front apply on a per-policy, not an account basis. The following additional fees also apply:

1. **Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
 - For Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): **\$0.00** (applied per account)
 - For other Recurring EFT plans: **\$2.00** (applied per account)
 - For all other payment plans: **\$5.00** (applied per account)
2. **Late Fee: \$10.00** (applied per account)
3. **Returned Payment Charge: \$25.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)
4. **Reinstatement Fee: \$0.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

Countersignature



Authorized Representative

farmers.com

Policy No. 60270-93-11

Questions?

Call your agent Curtis L. Holzer at (925) 754-6500 or email cholzer@farmersagent.com

Manage your account:

Go to www.farmers.com to access your account any time!

R15822

Evidence of Insurance



Policy Number: 18590-68-17
Policy Edition: 1st
Effective: 12/23/2013 12:01 AM
Expiration: Continuous until cancelled
Expiration Time: 12:01 AM
Insured: Toby Proescher
Sanda Proescher
2754 Venado Camino
Walnut Creek, CA 94598-3442

Underwritten By: Farmers Insurance Exchange
6301 Owensmouth Ave.
Woodland Hills, CA 91367
Your Agent: Curtis Lynn Holzer
600 W 2nd St
Antioch, CA 94509-1270
(925) 754-6500
FAX: (925) 754-4664
cholzer@farmersagent.com

Vehicle Information

Year	Make	Model	VIN
2013	Chevrolet Truck	Tahoe 4Door 4X2 Ls	1GNSCAE05DR344270

Coverages

Coverage Type	Limit/Deductible	Coverage Type	Limit/Deductible
Bodily Injury Liability	\$500,000 each person \$1,000,000 each accident	Collision	\$1,000 Deductible
Property Damage Liability	\$500,000 each accident	Additional Equipment	\$1,000
Permissive User Limit of Liability	Full (See Permissive User Limit of Liability in your policy)	Uninsured Motorist Property	
Medical Coverage	\$5,000 each person	Damage With Collision	Covered
Uninsured Motorist Bodily Injury	\$500,000 each person \$1,000,000 each accident	Towing and Road Service	Not Covered
Comprehensive	\$100 Deductible	Other	Not Covered

This evidence is subject to all of the terms, conditions and limitations set forth in the policy and endorsements attached to it. It is furnished as a matter of information only and does not change, modify or extend the policy in any way. It supersedes all previously issued certificates.

R115872

Evidence of Insurance (continued)

Loss payable provisions

(Applicable only if lienholder is named, and no other Automobile loss payable endorsement is attached to the policy)

It is agreed that any payment for loss or damage to the vehicle described in this policy shall be made on the following basis:

1. At our option, loss or damage shall be paid as interest may appear to the policyholder and the lienholder shown in the Declarations, or by repair of the damaged vehicle.
2. Any act or neglect of the policyholder or a person acting on his behalf shall not void the coverage afforded to the lienholder.
3. Change in title or ownership of the vehicle, or error in its description shall not void coverage afforded to the lienholder.

The policy does not cover conversion, embezzlement or secretion of the vehicle by the policyholder or anyone acting in his behalf while in possession under a contract with the lienholder.

A payment may be made to the lienholder which we would not have been obligated to make except for these terms. In such event, we are entitled to all the rights of the lienholder to the extent of such payment.

The lienholder shall do whatever is necessary to secure such rights. No subrogation shall impair the right of the lienholder to recover the full amount of its claim.

We reserve the right to cancel this policy at any time as provided by its terms. In case of cancellation or lapse we will notify the lienholder at the address shown in the Declarations. We will give the lienholder advance notice of not less than 10 days from the effective date of such cancellation or lapse as respects his interest. Mailing notice to the loss payee is sufficient to effect cancellation.

The following applies as respects any loss adjusted with the mortgagee interest only:

1. Any deductible applicable to Comprehensive Coverage shall not exceed \$250.
2. Any deductible applicable to Collision Coverage shall not exceed \$250.



Authorized Representative

8/2/2019

Date

R115822

POLICYHOLDER COPY

NA



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 09-01-2019

GROUP:
POLICY NUMBER: 1702731-2019
CERTIFICATE ID: 17
CERTIFICATE EXPIRES: 09-01-2020
09-01-2019/09-01-2020

MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD CA 94519-1358

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

A handwritten signature in black ink, appearing to read "Kent R. LaF...".

Authorized Representative

A handwritten signature in black ink, appearing to read "Vernon Steiner".

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

EVENTS TO THE 'T', INC.
2754 VENADO CAMINO
WALNUT CREEK CA 94598

NA