

CERTIFICATE OF LIABILITY INSURANCE

TDENIGHT

DATE (MM/DD/YYYY) 3/15/2024

LANGSER-03

CE BE RE	S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AI	IVELN SURA ND TH	Y OR NEGATIVELY AMEND NCE DOES NOT CONSTITU IE CERTIFICATE HOLDER.	, EXTEND OR AL ITE A CONTRACT	TER THE CO BETWEEN	OVERAGE AFFORDED THE ISSUING INSURER	BY TH (S), A	HE POLICIES UTHORIZED
lf S	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subject s certificate does not confer rights to	ct to	the terms and conditions of	the policy, certain	policies may			
PROD	· · · · · · · · · · · · · · · · · · ·	0 1110		CONTACT NAME:	,.			
109 P	son, Kendall & Johnson, Inc. heasant Run own. PA 18940		NAME: FAX PHONE (A/C, No, Ext): (215) 968-4741 FAX (A/C, No): (215) E-MAIL ADDRESS: info@jkj.com (A/C, No): (215) (215)				968-0973	
	,			INSURER(S) AFFORDING COVERAGE				NAIC #
				INSURER A : Sentinel Insurance Co. LTD				11000
INSUR	ED			INSURER B : Twin C	ity Fire Ins	urance Company		29459
	Language Services Associa	tes In	C	INSURER C : ACE American Insurance Co.				22667
	455 Business Center Dr Ste	100		INSURER D :				
	Horsham, PA 19044			INSURER E :				
				INSURER F :				
COV	ERAGES CER	TIFIC	ATE NUMBER:			REVISION NUMBER:		
IND CEI EX(S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIP PERT POLIC	REMENT, TERM OR CONDITIO TAIN, THE INSURANCE AFFOR CIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	O WHICH THIS
	TYPE OF INSURANCE	ADDL INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	4 000 000
A						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
_	CLAIMS-MADE X OCCUR		39 SBA AE2337	3/15/2024	3/15/2025	PREMISES (Ea occurrence)	\$	10,000
-						MED EXP (Any one person)	\$	1,000,000
-						PERSONAL & ADV INJURY	\$	2,000,000
ŀ						GENERAL AGGREGATE	\$	2,000,000
-	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000
	X ANY AUTO		39UECDE8305	3/15/2024	3/15/2025	BODILY INJURY (Per person)	\$	
Γ	OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
L	X EXCESS LIAB CLAIMS-MADE		39 SBA AE2337	3/15/2024	3/15/2025	AGGREGATE	\$	10,000,000
_	DED X RETENTION \$ 10,000						\$	
B	VORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y / N			0/15/0001		X PER OTH- STATUTE ER		4 000 000
A	NY PROPRIETOR/PARTNER/EXECUTIVE	N/A	39 WEC BD9JF9	3/15/2024	3/15/2025	E.L. EACH ACCIDENT	\$	1,000,000
	Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
0	Professional Liabili		39 PG 0349044-24	2/4 5/2024	2/4 5/2025	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	Cyber Liability		D95317388	3/15/2024 3/15/2024	3/15/2025 3/15/2025			5,000,000 5,000,000
Exces Carrie Policy Policy Limit: Exces SEE A	IPTION OF OPERATIONS / LOCATIONS / VEHIC s Cyber Liability \$5M X \$5M r: Continental Casualty Company # 652205239 Term: 3/15/24-25 \$5,000,000 Occurrence/\$5,000,000 Ag s Professional Liability \$5M x \$5M .TTACHED ACORD 101 TIFICATE HOLDER	·		lle, may be attached if mo		red)	1	
	Mt. Diablo Unified School Di 1936 Carlotta Drive Concord, CA 94519-1397	strict		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	1							

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AGENCY CUSTOMER ID: LANGSER-03

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Johnson, Kendall & Johnson, Inc.		NAMED INSURED Language Services Associates Inc 455 Business Center Dr Ste 100		
POLICY NUMBER		Horsham, PA 19044		
SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL REMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Carrier: Travelers Casualty and Surety Company of America Policy# 108013281 Policy Term: 3/15/24-25 Limit: \$5,000,000 Occurrence/\$5,000,000 Aggregate

Mt. Diablo Unified School District is additional insured with respect to General Liability arising out of work or operations of the Named Insured, if required by written contract and subject to policy terms and conditions.

POLICY NUMBER: 39 SBA AE2337



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS LIABILITY COVERAGE FORM

SCHEDULE

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

MT. DIABLO UNIFIED SCHOOL DISTRICT

Location(s) Of Covered Operations:

1936 CARLOTTA DRIVE CONCORD CA 94519

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

- A. Section C. 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:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Form SS 41 70 06 11 Process Date: 12/29/21 Page 1 of 1 Policy Expiration Date: 03/15/23