

CERTIFICATE OF LIABILITY INSURANCE

9/18/2018

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 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).

this certificate does not confer rights to		certi	ficate holder in lieu of su).				
PRODUCER MacCorkle Insurance Services					CONTACT NAME: Donald Chew					
A Risk Strategies Company 700 Airport Boulevard, Suite 300					PHONE (A/C, No, Ext): 650-762-0400 FAX (A/C, No):					
Burlingame, CA 94010					E-MAIL ADDRESS: dchew@risk-strategies.com					
Burningarrio, exteriore					INSURER(S) AFFORDING COVERAGE NAIC					
					INSURER A: Princeton Excess & Surplus Lines Ins Co				10786	
INSURED					INSURER B: Safety National Casualty Corporation				15105	
San Mateo County Community College District 3401 CSM Drive					INSURER C:					
San Mateo CA 94402-3699				INSURER D :						
				INSURER E :						
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 44284601					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.										
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR			N3-A3-RL-0000014-11		7/1/2018	7/1/2019	EACH OCCURRENCE \$3 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	2,850,0	000	
							MED EXP (Any one person) \$			
							PERSONAL & ADV INJURY \$			
GEN'L AGGREGATE LIMIT APPLIES PER:								2,850,0	000	
✓ POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$			
OTHER:								150,00	0	
A AUTOMOBILE LIABILITY			N3-A3-RL-0000014-11		7/1/2018	7/1/2019	COMPINIED ONIOLE LIMIT	1,850,0		
ANY AUTO							BODILY INJURY (Per person) \$, , , , , , , , , , , , , , , , , , , 	
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$			
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$			
AUTOS ONLY AUTOS ONLY								150,00	0	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
DED RETENTION\$							\$			
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SP4058647		7/1/2018	7/1/2019	✓ PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A							1,000,0	000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$	1.000.0	000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,0	000	
A Professional Liability			N3-A3-RL-0000014-11		7/1/2018	7/1/2019		850,00 ,850,00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /AC	OPD	101 Additional Pomarks Schodul	le may b	attached if mare	snace is require	ad)			
DESCRIPTION OF OF ENAMONS / LOCATIONS / VEHICL	U (AC	שאט	ioi, Additional Nemarks selledu	io, may De	, attached ii iiiOlt	opace is require	-u _j			
CERTIFICATE HOLDER CANCELLATION										
Evidence of Insurance					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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M& Christin

AUTHORIZED REPRESENTATIVE

Mike Christian