

area

CERTIFICATE OF LIABILITY INSURANCE

1/5/2022

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 EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

.MPORTANT: 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 s			
PRODUCER	CONTACT NAME: PHONE (A/C, No. Extl: (A/C, No):		
Palmer & Cay, LLC			
	E-MAIL ADDRESS: 9		
	and the second s	FFORDING COVERAGE	NAIC #
	INSURER A : National Casualty		
INSURED 108	Company of the Compan		. 1001
INSURED 1	INSURER 8 :		
	INSURER C:		
	INSURER D :		
	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER: 457288226		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTH ED BY THE POLICIES DESCR BEEN REDUCED BY PAID CLA	IER DOCUMENT WITH RESPECT TO VI RIBED HEREIN IS SUBJECT TO ALL T JIMS.	WHICH THIS
INSR TYPE OF INSURANCE INSD WYD POLICY NUMBER	POLICY EFF POLICY E (MM/DDYYYY) (MM/DDYY	YYYY) LIMITS	
A X COMMERCIAL GENERAL LIABILITY Y Y	1/1/2022 1/1/202	23 EACH OCCURRENCE \$1,000	.000
CLAIMS-MADE X OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000	
Lanced VIII		MED EXP (Any one person) \$10,00	
		PERSONAL & ADV INJURY \$ 1,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE \$3,000	
X POLICY PRO-	Nust carry at least	PRODUCTS - COMPIOP AGG \$3,000	,000
OTHER:	\$1.000,000 each	COMBINED SINGLE LIMIT .	
AUTOMOBILE LIABILITY		(Ea accident) \$	
ANY AUTO	occurrence and at	BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS	least \$2,000,000	BODILY INJURY (Per accident) \$,
HIRED NON-OWNED		PROPERTY DAMAGE (Per accident) \$	
NOTOS ONLY NOTOS ONLY	general aggregate	, S	
UMBRELLALIAB OCCUP	-		
- Social		EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE	1	AGGREGATE \$	
DED RETENTION\$		5	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		PER OTH-	
ANYPROPRIETOR/PARTNERIEXECUTIVE		E.L. EACH ACCIDENT \$	
(Mandatory in NH)		E.L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF ORGANIZATION AND ADDRESS OF THE PARTY OF T	In many has attacked if many consists		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedul	ile, may be attached if more space is r	adeired)	
CERTIFICATE HOLDER	CANCELLATION		
CERTIFICATE HOLDER	CANCELLATION		
Western Placer Unified School District		VE DESCRIBED POLICIES BE CANCELL THEREOF, NOTICE WILL BE DEL OLICY PROVISIONS.	
600 Sixth Street Ste 400 Lincoln CA 95648	AUTHORIZED REPRESENTATIVE		
LINCOIT OA 33040	l. '		
	1		
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District should be named in this			