

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2022

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 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).

PRODUCER	License #	CONTACT	
		NAME:	
INSURED		PHONE	FAX
		(A/C, No, Ext):	(A/C, No):
		E-MAIL	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :	1000
		INSURER B : Berkshire Hathaway Homestate Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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 INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X	COMMERCIAL GENERAL LIABILITY		X			5/1/2022	5/1/2023	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE	X						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
										GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	X	POLICY		PRO-JECT		LOC			PRODUCTS - COMP/OP AGG	\$	Included		
		OTHER:							BI/PD Ded:	\$	5,000		
A		AUTOMOBILE LIABILITY					5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	X	ANY AUTO OWNED AUTOS ONLY			SCHEDULED AUTOS	BODILY INJURY (Per person)			\$				
		HIRED AUTOS ONLY			NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)			\$				
						PROPERTY DAMAGE (Per accident)			\$				
									\$				
		UMBRELLA LIAB			OCCUR				EACH OCCURRENCE	\$			
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$			
		DED		RETENTION \$						\$			
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						5/1/2022	5/1/2023	X	PIER-STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N						E.L. EACH ACCIDENT	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			Y	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
										E.L. DISEASE - POLICY LIMIT	\$	1,000,000	

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

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACCORD TO 11, Additional Remarks Schedule, may be attached if more space is required)
Visalia Unified School District, its members, officers, directors, agents, representatives, employees, and volunteers are named as Additional Insureds as respects to General Liability, per attached form 80-02-2367 05/07.

CERTIFICATE HOLDER

Visalia Unified School District
5000 West Cypress Avenue
Visalia, CA 93277

CANCELLATION

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



POLICY NUMBER: 011405744

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

Visalia Unified School District
5000 West Cypress Avenue
Visalia, CA 93277

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

A. Section II – 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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.