

EVIDENCE OF COVERAGE

DATE (MM/DD/YYYY)
7/1/2026

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the memoranda listed below.

MEMORANDUM NUMBER: 96

JOINT POWERS AUTHORITY (JPA)

Alliance of Schools for Cooperative Insurance Programs
12610 Park Plaza Drive
Cerritos, CA 90703

www.ASCIP.org

CONTACT NAME: Mr. Reshan Cooray

PHONE: (562) 404-8029

cooray@ascip.org

JPA MEMBER

Fullerton School District
1401 West Valencia Drive
Fullerton CA 92833

This is to certify that the Alliance of Schools for Cooperative Insurance Programs (ASCIP) Memorandum of Coverages on insurance listed below have been issued to the Covered Party named above for the period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages afforded by the Memorandum of Coverages described herein are subject to all the terms, exclusions, and conditions of such Memorandum of Coverages.

TYPE OF COVERAGE	ADDL INSR	MEMORANDUM NUMBER (MOC)	POLICY EFF (MM/DD/YYYY)	POLICY EXP 12:01a.m.	LIMIT OF LIABILITY / COVERAGE	
GENERAL LIABILITY ☒ OCCURRENCE ☒ Personal Injury ☒ Errors & Omission ☒ Employment Practices		MOC #96	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT PER OCCURRENCE	\$ \$5,000,000
					AGGREGATE	\$ none
						\$
						\$
						\$
AUTOMOBILE LIABILITY ☒ AUTOMOTIVE PHYSICAL DAMAGE ☒ COMPREHENSIVE / COLLISION ☒ ANY AUTO ☒ Owned Auto ☒ Hired Auto		MOC #96	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT PER OCCURRENCE	\$ \$5,000,000
					ACTUAL CASH VALUE	\$
						\$
						\$
						\$
PROPERTY ☒ BUILDING / CONTENTS ☒ FIRE, THEFT, RENTAL INTERRUPTION ☐ ☐		MOC #96	7/1/2026	7/1/2027	REPLACEMENT COST SUBJECT TO POLICY LIMITS, TERMS, AND CONDITIONS	
					Up to a limit of:	\$ \$500,000,000
						\$
						\$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ☐ WC STATUTORY LIMITS	N/A				EACH ACCIDENT	\$
					PER EMPLOYEE	\$
					POLICY LIMIT	\$
OTHER ☒ EMPLOYEE DISHONESTY (CRIME) ☐ ☐		MOC #96	7/1/2026	7/1/2027	SUBJECT TO POLICY LIMITS, TERMS, AND CONDITIONS	
					Up to limit of:	\$ \$5,000,000
						\$
						\$
						\$

ADDITIONAL REMARKS:

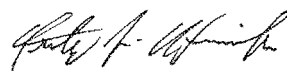
As respects to Proof of Coverage

CERTIFICATE HOLDER

Proof of Coverage

CANCELLATION

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, ASCIP will mail 30 days written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon ASCIP, its agents, or representatives.



AUTHORIZED REPRESENTATIVE: Fritz J. Heirich