

CERTIFICATE OF LIABILITY INSURANCE

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 750 B Street Suite 2400 San Diego, CA 92101 619 231-1010		CONTACT NAME: Sharon Robbins PHONE (A/C, No, Ext): 619 525-2836 E-MAIL ADDRESS: srobbins@mcgriffinsurance.com FAX (A/C, No): 888 328-1310	
INSURED San Diego County Schools/JPA Escondido Union H.S. District 302 N. Midway Dr. Escondido, CA 92027		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : San Diego County Schools Risk INSURER B : Permissively Self-Insured 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	ADDITIONAL INSURANCE	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 SIR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SDJPA070120	07/01/2020	07/01/2021	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$Included MED EXP (Any one person) \$Included PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$8,000,000 PRODUCTS - COMP/OP AGG \$8,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1,000,000 SIR			SDJPA070120	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	MEMORANDUM OF COVERAGE 60 DAY NOC \$100,000 SIR	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 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)
 Certificate is subject to policy limits, conditions and exclusions. Policy A placed by Safety National Casualty Corporation reinsurance program over Named Insureds MOC approved Self-Insurance Program. 90 Day NOC/10 Days for Non Pay. Improper Sexual Conduct Included pol "A."
 Re: Use of premises-Reservations at Rancho Bernardo High Shoo. Medical payments included in (See Attached Descriptions)

CERTIFICATE HOLDER Escondido Union High School District 302 North Midway Escondido, CA 92027	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 <i>Marcia Ann Schullo</i>
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DESCRIPTIONS (Continued from Page 1)

policy form (policy A). Escondido Union High School District is additional insured (general liability policy) per attached form.

SAMPLE

**SAN DIEGO COUNTY SCHOOLS RISK MANAGEMENT JOINT POWERS
AUTHORITY (SDJPA)**

Additional Insured Endorsement

WHO IS A COVERED MEMBER (Per section 11 item 3 of the MOC – Memorandum of Coverage)

Any person(s), entity(ies), or organization(s) **you** are required by a **covered member contract** to include as an **additional insured** solely with respect to **bodily injury** and **property damage** and arising out of:

- a. Premises leased, used or occupied by you;
- b. **Automobiles** leased or rented by you;
- c. Equipment owned, leased or rented by you;
- d. Mortgagees and Loss Payees of a **Covered Member**; or
- e. Property owners and property managers of property owned, leased, rented or occupied by you

However, the additional insured status and coverage does not apply to:

- (1) Any **occurrence** which takes place prior to or after you cease to occupy the premises as stated in the **covered contract**;
- (2) Any structural alteration, new construction, or demolition operations performed by or on behalf of the additional insured;
- (3) Any **wrongful act, employment practices wrongful act** or **employee benefit wrongful act**.

This coverage will be further limited to the extent and Limits of Liability required by the **covered member contract** and will not increase the limits stated in **SECTION III-LIMIT(S) OF COVERAGE** nor alter any of the terms of coverage stated in this MOC. The **covered member contract** must be effective and executed prior to a covered **occurrence**.

San Diego County Schools Risk Management Joint Powers Authority.
#SDJPA070120 July 1, 2020 to July 1, 2021