



CERTIFICATE OF LIABILITY INSURANCE

EDUC600

OP ID: JE

DATE (MM/DD/YYYY)

08/27/2014

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 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
High Ground Insurance Services
3625 Del Amo Blvd. # 200
Torrance, CA 90503
Greg Martin

CONTACT NAME: Greg Martin

PHONE (A/C, No, Ext): 310 542-4600

FAX (A/C, No): 310 542-8400

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Catlin Indemnity Company, Inc

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Education for Change
303 Hegenberger Rd #301
Oakland, CA 94621

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | X | CNDCAEPP17708001 | 07/01/2014 | 07/01/2015 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | ANY AUTO | | | | | |
| | ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | HIRED AUTOS | <input type="checkbox"/> NON-OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | BODILY INJURY (Per accident) \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | DED | RETENTION \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | EACH OCCURRENCE \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> N/A | | | | AGGREGATE \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
30 days notice if cancelled. 10 days notice if cancelled for non-payment.

*** See attached holder notes

CERTIFICATE HOLDER

MOSA102

The Mosaic Project
580 Grand Avenue, Suite 303
Oakland, CA 94610

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

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