

**NONPROFITS OWN
COMMERCIAL LINES COMMON POLICY DECLARATIONS**

PRODUCER:

Santa Maria and Company Risk & Insurance Services
1550 Parkside Dr., Ste. 200
Walnut Creek, CA 94596

POLICY NUMBER: 2018-47738

RENEWAL OF NUMBER: 2017-47738

NAME OF INSURED AND MAILING ADDRESS:

Piedmont Educational Foundation
401 Highland Ave.
Piedmont, CA 94611

POLICY PERIOD:

FROM **05/11/2018** TO **05/11/2019**

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Fundraising for local schools

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THESE PREMIUMS MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE	\$2,127
COMMERCIAL AUTO LIABILITY COVERAGE PART	\$250
COMMERCIAL AUTO PHYSICAL DAMAGE COVERAGE PART	Not Covered
IMPROPER SEXUAL CONDUCT COVERAGE PART	Not Covered
SOCIAL SERVICE PROFESSIONAL COVERAGE PART	Not Covered
COMMERCIAL LIQUOR LIABILITY COVERAGE PART	INCLUDED
TERRORISM COVERAGE (Certified Acts)	Not Covered
TOTAL:	\$2,377

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:*

CG 00 01 04 13	CG 00 33 04 13	CG 20 10 04 13	CG 20 12 04 13	CG 20 18 04 13	CG 20 20 11 85	CG 20 21 07 98
CG 20 26 04 13	CG 20 34 04 13	CG 20 37 04 13	CG 21 09 06 15	CG 21 16 04 13	CG 21 47 12 07	CG 21 73 01 15
CG 22 44 11 85	CG 24 07 01 96	CG 25 04 05 09	CG 77 94 04 93	IL 00 17 11 98	IL 02 70 09 12	NIAC-AL-NPO
NIAC-E11 07 92	NIAC-E12 05 92	NIAC-E15 01 17	NIAC-E22 08 95	NIAC-E25 12 15	NIAC-E26 11 17	NIAC-E28 01 99
NIAC-E29 12 09	NIAC-E3 01 17	NIAC-E33 01 17	NIAC-E42 01 17	NIAC-E5 07 15	NIAC-E56 01 17	NIAC-E59 02 12
NIAC-E60 07 12	NIAC-E61 11 17	NIAC-E67 08 17	NIAC-E70 12 15	NIAC-E72 01 17	NIAC-E74 03 14	NIAC-GL-NPO
NIAC-LL-NPO	NIAC-NPO-001 09 17	NIAC-X1 09 17	SCHEDULE BA 01 80	SCHEDULE G 01 80	SCHEDULE L 01 80	

*OMITS APPLICABLE FORMS AND ENDORSEMENTS IF SHOWN IN SPECIFIC COVERAGE PART / COVERAGE FORM DECLARATIONS.

COUNTERSIGNED: 04/02/2018

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.