ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								/14/2022	
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 cert	ificate holder in lieu of su			5) .				
PRODUCER NFP				CONTACT NAME: Certificate Department					
Craig Santa Maria 2300 Contra Costa Blvd Suite 600			PHONE FAX (A/C, No, Ext): 925-956-7600 (A/C, No):						
Pleasant Hill, CA 94523			E-MAIL ADDRESS: smccertificates@nfp.com						
				INSURER(S) AFFORDING COVERAGE NAIC					
				INSURER A : National Alliance of Nonprofits for Ins 11384					
INSURED Piedmont Educational Foundation				INSURER B :					
401 Highland Avenue				INSURER C :					
Piedmont CA 94611				RD:					
				INSURER E :					
COVERAGES CERTI	FICATE		INSURE	KF:		REVISION NUMBER:			
COVERAGES CERTIFICATE NUMBER: 68729704 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.									
LTR TYPE OF INSURANCE IN	DDL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
		202247738		5/11/2022	5/11/2023	EACH OCCURRENCE	\$1,00		
						PREMISES (Ea occurrence)	\$500,0		
						MED EXP (Any one person)	\$20,0		
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,00 \$2,00		
PRO- POLICY PC- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,00		
OTHER:						I NODUCIS - COMP/OP AGG	\$2,000	3,000	
						COMBINED SINGLE LIMIT	\$		
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED						BODILY INJURY (Per accident)			
						PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$							\$		
						PER OTH- STATUTE ER			
	/ A					E.L. EACH ACCIDENT \$			
(Mandatory in NH)	· ^					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT			
A Liquor Liability A Directors & Officers		202247738 202247738-DO		5/11/2022 5/11/2022	5/11/2023 5/11/2023	\$1,000,000 Aggregate L \$2,000,000 Agg; \$1,000,		r Claim	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACORD	101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	ed)			
Evidence of Coverage.									
CERTIFICATE HOLDER			CANC						
Evidence of Coverage				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									
	Creix Santa Maria Creix M								
			Crain	Santa Maria	(1	ay Th. St			
					A8-2015 ∆C	ORD CORPORATION.	All ria	hts reserved	
				S		SILE SOLL ON ALION.	~ in the		

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD