Statewide Association of Community Colleges CERTIFICATE OF COVERAGE								Issue Date 6/28/2021
ADMINISTRATOR: LICENSE # 0451271 Keenan & Associates 1111 Broadway, Suite 2000 Oakland, CA 94607				THIS CERTIFICATE IS ISSUED AS A MATTER OF AND CONFERS NO RIGHTS UPON THE CERTIFIC CERTIFICATE DOES NOT AMEND, EXTEND OR A AFFORDED BY THE COVERAGE DOCUMENTS BE				TE HOLDER. THIS TER THE COVERAGE
Robyn Tryon rtryon@keenan.com 510-986-6761 x8177 COVERED PARTY: Chabot-Las Positas Comm. College Dist. 7600 Dublin Blvd., 3rd Floor Dublin CA 94568				ENTITIES AFFORDING COVERAGE: ENTITY A: Statewide Association of Community Colleges ENTITY B: Protected Insurance Program for Schools ENTITY C: ENTITY D: ENTITY E:				
THIS IS TO CERTIFY THAT THE COVERAGES 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.								
ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS		FECTIVE/	RETA	EMBER INED LIMIT DUCTIBLE		LIMITS
A	GENERAL LIABILITY [v] GENERAL LIABILITY [) CLAIMS MADE (v) OCCURRENCE [v] GOVERNMENT CODES [v] ERRORS & OMISSIONS []	SWC 01500-21		/1/2021 /1/2022	\$	50,000	combined single limit each occurrence \$ 1,000,000	
A	AUTOMOBILE LIABILITY [SWC 01500-21		/1/2021 /1/2022	\$	50,000	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000	
A	PROPERTY [v] ALL RISK [v] EXCLUDES EARTHQUAKE & FLOOD [] BUILDER'S RISK	SWC 01500-21		/1/2021 \$ 10,000 /1/2022		\$ 500,2 EACH OCC		
A	STUDENT PROFESSIONAL LIABILITY	SWC 01500-21		/1/2021 /1/2022	\$	5,000	Included EACH OCCURRENCE	
В	WORKERS COMPENSATION	PIPS 00301-16	777	/1/2021 /1/2022	\$		[]WC STATUTORY LIMITS [√] OTHER \$ 1,000,000 E.L. EACH ACCIDENT	
	EXCESS WORKERS COMPENSATION [] EMPLOYERS' LIABILITY				\$		<pre>\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS</pre>	
	OTHER				\$ \$			
	PTION OF OPERATIONS/LOCATIONS/VEHICLES/				rded by	this coverage		
CERTIFICATE HOLDER: Proof of Insurance Only				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS				
				John State				
				John Stephens				AUTHORIZED REPRESENTATIVE

DISCLAIMER

The Certificate of Coverage on the reverse side of this form does not constitute a contract between the issuing entity(ies), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

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