									RAC		
-	4C	ΟI	RD, CE	RTIF	ĘĮÇ	ATE OF LIABI	LITY INS	URANCE	1455650	DA	3/26/08
	DUCEF			PHUIVE.	(4/	( ) : 1-000-470-7007	THIS CER	TIFICATE IS ISS	UED AS A MATTER O	FIN	FORMATION
			surance Gro	up, Inc	•		ONLY AN	D CONFERS N	O RIGHTS UPON THATE DOES NOT AMEN	ID (	SERTIFICATE
		-	navox Way 2338						AFFORDED BY THE PO		
			ne, In 46801	1							
				numaro			INSURERS A	AFFORDING COV	ERAGE	_ .	NAIC#
INSU		S. 1	LEISURE & EI	NTERTAI	ME:	NT RPG	INSURER A: NA	INSURERA: NATIONWIDE MUTUAL INSURANCE CO			
			ST BAY SWIM				INSURER B:			_	
						INSURER C:			_		
			YMPUS AVE.				INSURER D:			_	
F.K	EMO	νι,	CA 94539			MANAGEMENT CONTRACTOR	INSURER E:		***		
COVERAGES											
AN M	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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  **NC=NOT** COVERED**										
INSR	ADD'L INSRD		TYPE OF INSU	RANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	5	
			IERAL LIABILITY				12:01AM	12:01AM	EACH OCCURRENCE	\$	1000000
A		Х	COMMERCIAL GEN	NERAL LIABIL	ITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	300000
			CLAIMS MADE	≡ X oc	CUR				MED EXP (Any one person)	\$	5000
			Owners & Co	ontract	ors				PERSONAL & ADV INJURY	\$	1000000
									GENERAL AGGREGATE	\$	2000000
		GEN	I'L AGGREGATE LIM	IIT APPLIES I	ER:				PRODUCTS - COMP/OP AGG	\$	1000000
			POLICY PRO	유	ос				Part Lql Liab	\$	1000000
A		AUT	OMOBILE LIABILITY			RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$	1000000
			ALL OWNED AUTO						BODILY INJURY (Per person)	\$	
		х	HIRED AUTOS	os					BODILY INJURY (Per accident)	\$	
									PROPERTY DAMAGE (Per accident)	\$	
		GAR	RAGE LIABILITY						AUTO ONLY - EA ACCIDENT	\$	
			ANY AUTO						OTHER THAN AUTO ONLY: EA ACC	\$ \$	
		EXC	ESS/UMBRELLA LIA	ABILITY					EACH OCCURRENCE	\$	
			OCCUR	CLAIMS MA	DE				AGGREGATE	\$	
										\$	
			DEDUCTIBLE							\$	
			RETENTION \$	3						\$	
			COMPENSATION A	ND					WC STATU- OTH- TORY LIMITS ER		
			RS' LIABILITY	VEOLETIVE					E.L. EACH ACCIDENT	\$	
			RIETOR/PARTNER/E MEMBER EXCLUDED	?					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under SPECIAL PROVISIONS below							E.L. DISEASE - POLICY LIMIT	\$			
	отн						12:01AM	12:01AM	AD&D		NC
A		Par	ticipant Ac	cident		RPG0003313700	4/01/08	4/01/09	Primary Medical Excess Medical Weekly Indemnity		NC 25000 X NC
DESC	CRIPTI	ON O	OPERATIONS / LO	CATIONS / VI	HICL	ES / EXCLUSIONS ADDED BY ENDORSEN	IENT / SPECIAL PROVIS	IONS			

SPORT: SWIMMING AGES: 18 AND UNDER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

AMERICAN HIGH SCHOOL 363 FREMONT BLVD. FREMONT, CA 94536 (OWNER/LESSOR OF PREMISES)

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

-	IC	ORD, CERTIFIC	ATE OF LIABII	ITY INS	URANCE	1455651	DATE (MM/DD/YYYY) 3/26/08			
K 17 P.	UCER & K 12 N O. E	Insurance Group, Inc. Magnavox Way Box 2338	') · 1-800-426-2889	THIS CERT	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	JED AS A MATTER O D RIGHTS UPON TH ATE DOES NOT AME! AFFORDED BY THE PO	F INFORMATION E CERTIFICATE ND, EXTEND OR			
Fo	rt V	Nayne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#			
INSU		5, LEISURE & ENTERTAINMEN	T PDC	INSURERA: NA	TIONWIDE MUTU	AL INSURANCE CO				
		EAST BAY SWIM LEAGUE	1 1110	INSURER B:						
41	753	OLYMPUS AVE.		INSURER D:	INSURER C:					
		NT, CA 94539		INSURER E:						
CO	/ER/	AGES								
AN MA PC	IY RE AY PE DLICIE	DLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDEI ES. AGGREGATE LIMITS SHOWN MAY	N OF ANY CONTRACT OR OTHER OBY THE POLICIES DESCRIBED I	R DOCUMENT WITH HEREIN IS SUBJEC CLAIMS.	H RESPECT TO WH T TO ALL THE TER! NC=NOT COVER	HICH THIS CERTIFICATE N MS, EXCLUSIONS AND CO	MAY BE ISSUED OR			
INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT				
_		GENERAL LIABILITY	BBG0003212500	12:01AM	12:01AM	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1000000			
A		X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	RPG0003313700	4/01/08	4/01/09	PREMISES (Ea occurence) MED EXP (Any one person)	\$ 300000 \$ 5000			
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000			
						GENERAL AGGREGATE	\$ 2000000			
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000			
		POLICY PRO- JECT LOC				Part Lgl Liab	\$ 1000000			
A		AUTOMOBILE LIABILITY  ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000			
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
						PROPERTY DAMAGE (Per accident)	s			
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$			
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
		OCCUR CLAIMS MADE				AGGREGATE	\$			
		DEDUCTIBLE					<b>\$</b>			
		RETENTION \$					\$			
		KERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER				
		LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
	OFFI	CER/MEMBER EXCLUDED? , describe under				E.L. DISEASE - EA EMPLOYEE				
	SPEC	CIAL PROVISIONS below		10.01714	10.0174	E.L. DISEASE - POLICY LIMIT AD&D	NC			
А		Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	Primary Medical Excess Medical Weekly Indemnity	NC 25000 X NC			
SP AG	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED				IONS					
CEF	RTIFI	CATE HOLDER		CANCELLATION						
				SHOULD ANY O	F THE ABOVE DESCRIE	ED POLICIES BE CANCELLED E	BEFORE THE EXPIRATION			

ARRPYO SWIM CENTER 15701 LORENZO SAN LORENZO, CA 94580 (OWNER/LESSOR OF PREMISES) DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSPRER, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD, CERTIFIC	CATE OF LIABI	LITY INS	URANCE	1455653	DATE (MM/DD/YYYY) 3/26/08
PRODUCER K & K Insurance Group, Inc. 1712 Magnavox Way P.O. Box 2338	C) · 1-800-426-2889	THIS CERTONLY AN HOLDER.	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THAT DOES NOT AMEN	F INFORMATION E CERTIFICATE ND. EXTEND OR
Fort Wayne, In 46801		INSURERS A	AFFORDING COV	ERAGE	NAIC#
INSURED	TT DDG	INSURERA: NA	TIONWIDE MUTU	AL INSURANCE CO	
SPORTS, LEISURE & ENTERTAINME D/B/A EAST BAY SWIM LEAGUE	NT RPG	INSURER B:			
2,2,11 2.12 2.11 2.11 2.11		INSURER C:			
41753 OLYMPUS AVE.		INSURER D:			
FREMONT, CA 94539		INSURER E:			
THE POLICIES OF INSURANCE LISTED BEL ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN M	IN OF ANY CONTRACT OR OTHE ED BY THE POLICIES DESCRIBED	R DOCUMENT WITH HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE M MS, EXCLUSIONS AND COI	MAY BE ISSUED OR
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	5
GENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	<b>\$</b> 1000000
A X COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300000
CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000
Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
				GENERAL AGGREGATE	\$ 2000000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS-COMP/OPAGG Part Lql Liab	\$ 1000000 \$ 1000000
POLICY JECT LOC					3 1000000
A ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	S
X HIRED AUTOS				BODILY INJURY (Per accident)	\$
X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
CARACELIARIUTY				AUTO ONLY - EA ACCIDENT	\$
GARAGE LIABILITY ANY AUTO				EA ACC	\$
, ANT NOTO				OTHER THAN AUTO ONLY: AGG	\$
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR CLAIMS MADE				AGGREGATE	\$
DEDITOTION F					\$
DEDUCTIBLE RETENTION \$					\$
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	
EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
OTHER A Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT/SPECIAL PROVIS	IONS	Meevil indemnich	X NC
SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED					
CERTIFICATE UOL DER	· · · · · · · · · · · · · · · · · · ·	CANCELLA	TION		
CERTIFICATE HOLDER	CANCELLA		ED POLICIES BE CANCELLED B	RECORE THE EXPIRATION	
BOYS & GIRLS CLUB	DATE THEREOF	F, THE ISSUING INSUR	ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT FA	30 DAYS WRITTEN	
401 MARINA BLVD.	7	IMPOSE NO OE	BLIGATION OR LIABILIT	Y OF ANY KIND UPON THE IN	RER, ITS AGENTS OR
SAN LEANDRO, CA 9457' (OWNER/LESSOR OF PREM:		REPRESENTATI AUTHORIZED RE		MAN	4.0
ACORD 25 (2001/08)			/Jun	© ACORD CO	ORPORATION 1988

						RAC		
-	ACO	RD, CERTIFIC	ATE OF LIABIL	ITY INS	URANCE	1455655	DATE (MM/DD/YYYY) 3/26/08	
K 17	12 Mag	nsurance Group, Inc. gnavox Way x 2338	-) : 1-044- <del>4</del> 20-2002	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Fo	rt Way	yne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#	
	ORTS,	LEISURE & ENTERTAINMEN AST BAY SWIM LEAGUE	T RPG	INSURER A: NA'	TIONWIDE MUTU	AL INSURANCE CO		
	41753 OLYMPUS AVE. FREMONT, CA 94539							
				INSURER E:				
TH AN M	NY REQUAY PERT	CIES OF INSURANCE LISTED BELC UIREMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE IN N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H Y HAVE BEEN REDUCED BY PAID C	DOCUMENT WITH EREIN IS SUBJECT	H RESPECT TO WH	HICH THIS CERTIFICATE IN MS, EXCLUSIONS AND CO	MAY BE ISSUED OR	
	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	r <b>s</b>	
А		COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000	
	<u> </u>	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000	
	-	Owners & Contractors				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1000000 \$ 2000000	
	GE	EN'L AGGREGATE LIMIT APPLIES PER:						
		POLICY PRO- LOC	1			PRODUCTS - COMP/OP AGG	\$ 1000000	
		The state of the s				PRODUCTS-COMP/OPAGG Part Lql Liab		
A	AL	UTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09		\$ 1000000	
A	AL	UTOMOBILE LIABILITY	RPG0003313700		12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT	\$ 1000000 \$ 1000000	
A	X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS	RPG0003313700		12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY	\$ 1000000 \$ 1000000 \$ 1000000	
A	x	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS	RPG0003313700		12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT (Ea eccident)  BODILYINJURY (Per person)  BODILYINJURY	\$ 1000000 \$ 1000000 \$ 1000000	
A	X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS	RPG0003313700		12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$ 1000000 \$ 1000000 \$ 1000000 \$	
A	X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	RPG0003313700		12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1000000 \$ 1000000 \$ 1000000 \$ \$ \$ \$ \$	
A	X X	ARAGE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	RPG0003313700		12:01AM	Part Lq1 Liab  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  AUTO ONLY - EA ACCIDENT  OTHER THAN  EA ACC	\$ 1000000 \$ 1000000 \$ 1000000 \$ \$ \$ \$ \$	
A	X X	ARAGE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS  ARAGE LIABILITY ANY AUTO	RPG0003313700		12:01AM	Part Lq1 Liab  COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)  AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: AGG	\$ 1000000 \$ 1000000 \$ 1000000 \$ \$ \$ \$ \$ \$	

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

RETENTION

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

OTHER

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

CALIFORNIA STATE UNIVERSITY-EAST BAY 25800 CARLOS BEE BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)

#### **CANCELLATION**

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

WC STATU-TORY LIMITS

Primary Medical

Excess Medical

Weekly Indemnity

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

E.L. EACH ACCIDENT

AD&D

12:01AM 4/01/09

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NC

NC

NC

-	ACORD, CERTIFICATE OF LIABILITY INSURANCE  1455659  DATE (MM/DD/ 3/26/							
PROI K 17	& K 12 M	Insurance Group, Inc. agnavox Way ox 2338		THIS CERT ONLY AND HOLDER.	TIFICATE IS ISS D CONFERS N THIS CERTIFICA	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND, EXTEND OR	
Fo	rt W	ayne, In 46801		INSURERS A	FFORDING COV	'ERAGE	NAIC#	
INSU		, LEISURE & ENTERTAINMEN	IT DDC	INSURERA: NA	INSURERA: NATIONWIDE MUTUAL INSURANCE CO			
		, LEISORE & ENTERTAINMEN EAST BAY SWIM LEAGUE	II RFG	INSURER B:	INSURER B:			
41	757	OLYMPIC NYE		INSURER C:		- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
		OLYMPUS AVE. T, CA 94539		INSURER D: INSURER E:				
CO	/ERA	GES		INSURER E.				
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHS' ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISS MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NC=NOT COVERED								
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS	
A		GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000	
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000	
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000	
						GENERAL AGGREGATE	\$ 2000000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000	
		POLICY PRO- JECT LOC				Part Lgl Liab	\$ 1000000	
А		ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s	
	-					PROPERTY DAMAGE (Per accident)	s	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC		
						AGG		
	}	EXCESS/UMBRELLA LIABILITY  OCCUR CLAIMS MADE				EACH OCCURRENCE AGGREGATE	\$	
	ŀ	OCCUR CLAIMS MADE				AGOILLOATE	\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
		KERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER		
		OYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
	OFFIC	ER/MEMBER EXCLUDED?  describe under				E.L. DISEASE - EA EMPLOYER		
	SPEC	IAL PROVISIONS below	120020000000000000000000000000000000000			E.L. DISEASE - POLICY LIMIT  AD&D	NC NC	
A		Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	Primary Medical Excess Medical Weekly Indemnity	NC 25000 X NC	
SE AC CE	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEME SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED					,		
CE	K HFI	CATE HOLDER		CANCELLATION				
			aguaga DIGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
		CASTRO VALLEY UNIFIED 4400 ALMA AVE.	SCHOOL DIST.	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSPRER, ITS AGENTS OR				

REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

ACORD 25 (2001/08)

CASTRO VALLEY, CA 94546 (OWNER/LESSOR OF PREMISES)

CHABOT COLLEGE  25555 HESPERIAN BLVD.  HAYWARD, CA 94545  (OWNER/LESSOR OF PREMISES)  NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHA  IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS  REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE				***************************************		RAC			
E & E E DEUBLATION OF COMPUTED.  17.12 Magnative May P.O. 36X 2339 HOURS THE CERTIFICATE DOES NOT AMENO, EXTINGUISH HOURS THE CERTIFICATE DOES NOT AMENO, EXTINGUISH HOURS THE CERTIFICATE DOES NOT AMENO, EXTINGUISH HOURS THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CERTIFICATE DESIGN OF THE CERTIFICATE HOURS AND CONTROL OF THE CERTIFICATION OF THE CERTIFICATE HOURS AND CONTROL OF THE CERTIFICATION OF THE CERTIFICATIO	-	ACORD, CERTIFIC	ATE OF LIAB				3/26/08		
NAUFERS AFFORDING COVERAGE   NAIC#	К 17 Р.	& K Insurance Group, Inc. 12 Magnavox Way O. Box 2338	,	ONLY ANI HOLDER.	D CONFERS NOT THIS CERTIFICA	O RIGHTS UPON TH ATE DOES NOT AMEI	IE CERTIFICATE ND, EXTEND OR		
SICOPTS, LETGUES & DIFFERIAL INSENTE RPS DIA/A BASIN TEXT SYMILL AGE 1175. OLIVIPOUS AVE. 1175. OLIVPOUS AVE. 1175. OLIVPOU	FC	it wayne, in 40001		INSURERS A	INSURERS AFFORDING COVERAGE NAIC #				
DOPAN A EAST BAY SATH LEAGUE  41753 OLYMPUS AVE. 41			T RPG						
SUBJECTION OF PREMIURANCE LISTED BELOW NAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING NAVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING NAVE PERIOD IN THE INSURANCE PERIOD PROVIDED SECRET PERIOD PROVIDE									
COVERAGES  THE POLICY PRIOR OF INJURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANIE ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDAM MAY PERIOD THE POLICY PERIOD INDICATED. NOTWITHSTANDAM PERIOD AND AND AND AND AND AND AND AND AND AN									
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING NAY REQUIREMENT, TERM OR, CONDITION OF ANY CONTROL OF ORTHOR POLICIES AND THE POLICIES AND THE POLICY PERIOD INDICATED. NOTWITHSTANDING NAMED AND CONTROL OF THE POLICY PERIOD OF THE POLICY PER				INSURER E:		W. P. V			
CAMBER   COMMERCIAL GREEN_LIMBUTY   COMMERCIAL	TI AI M	HE POLICIES OF INSURANCE LISTED BELC NY REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORDED	NOF ANY CONTRACT OR OTH DBY THE POLICIES DESCRIBED	ER DOCUMENT WITH D HEREIN IS SUBJECT D CLAIMS.	I RESPECT TO WI TTO ALL THE TERI NC=NOT COVER	HICH THIS CERTIFICATE IN MS, EXCLUSIONS AND CO	MAY BE ISSUED OR		
A	INSR LTR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT			
CLAIMS MADE   X COST PACTORS   S 5,000	А		RPG0003313700			DAMAGE TO RENTED			
GENERAL AGGREGATE LIMIT APPLESPER   POLOVI   COUNTY   LOCATION   LOCATIONS					,				
GENLAGGREGATE LIMIT APPLIES PER   PRODUCTS COMPRIOR AGE   \$ 1000000		Owners & Contractors							
A AUTOMOBIC LIABILITY A LICOMAND AUTOS SCHEDULED AUTOS X HIRED AUTOS X HIRED AUTOS X HONO MANDE AUTOS X HIRED AUTOS X HONO MANDE AUTOS X HIRED AUTOS X NON-OWNED AUTOS X NON-O		OSAN AGOSSATS LINUX ADDIVISOR DED							
AUTOMORIE LIABILITY ANY AUTO ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS SCHEDULED AUTOS ALL OWNED AUTOS ALL OWNE		- power-my							
SCHEDULED AUTOS  X HIRED AUTOS  X HIRED AUTOS  X NON-GWNED AUTOS  BODILY YNUTY  PROPERTY DAMAGE  (Per accident)  PROPERTY DAMAGE  (Per accident)  RATIO ONLY - EA ACCIDENT S  OTHER TIMM AUTO ONLY - EA ACCIDENT S  OTHER TIMM AUTO ONLY - EA ACCIDENT S  OTHER TIMM AGG S  AGG S  AGGREGATE  AGGREGATE S  AGGREGATE  AGGREGATE S  AGGREGATE  AGGREGATE S  AGGREGATE  AGGREGATE  AGGREGATE  AGGREGATE  AGGREGATE  AGGREGATE  AGGREGATE  AGGREGATE	A	AUTOMOBILE LIABILITY	RPG0003313700				\$ 1000000		
RON-OWNED AUTOS    GARAGE LIABILITY							\$		
GARAGE LIABILITY		••				BODILY INJURY (Per accident)	s		
ANY AUTO    ANY AUTO   CHARTHAN AUTO ONLY: AGG   S							s		
EXCESSIUMBRELLA LIABILITY  OCCUR CLAIMS MADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PERMISSION PROPRIATION AND EMPLOYERS LIABILITY ANY PERMISSION PROPRIATION AND EMPLOYERS LIABILITY ANY PERMISSION PROPRIATION PROPRIATION AND EMPLOYERS LIABILITY ANY PERMISSION PROPRIATION PROPRIATION AND EMPLOYERS LIABILITY ANY PERMISSION PROPRIATION PROPRIAT		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT			
EACH OCCURRENCE \$  AGGREGATE \$  AGGREGATE \$  DEDUCTIBLE \$  RETENTION \$  WORKERS COMENSATION AND EMPLOYEES LIGHTY ANY PROPRIET SUBJECT TO STATE ACCIDENT \$  E.L. DISEASE - PACIFICATION S  The Participant Accident RPG0003313700 12:01AM 4/01/09 2.5000 ECC.  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CHABOT COLLEGE 25555 HESPERTAN BLVD. HAYWARD, CA 94545 (OWNER / LESSOR OF PREMISES)  EACH OCCURRENCE \$  AGGREGATE \$  S  WCSTATU- OTHER  12:01AM 12:01AM 4/01/09 EL. DISEASE - PACIFICATION S  EL. DISEASE - PACIFICATION S  EL. DISEASE - POLICY LIMIT \$  NC EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CHABOT COLLEGE 25555 HESPERTAN BLVD. HAYWARD, CA 94545 (OWNER / LESSOR OF PREMISES)  AUTHORIZED REPRESENTATIVE		ANY AUTO				AUTO ONLY			
OCCUR CLAIMSMADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PRATTINE EXECUTIVE OFFICE PROVISIONS Below  TOTHER A Participant Accident A Participant Accident RPG0003313700  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER / LESSOR OF PREMISES)  AUTHORIZED  AGGREGATE S  WCSTATU S  LUBISASE - POLICY LIMIT S  E.L. DISEASE - POLICY LIMIT S  ADADD Primary Medical Primary Medical NC Excess Medical Weekly Indemnity X NC  CANCELLATION  CANCELLATION  CANCELLATION  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER / LESSOR OF PREMISES)		EXCESS/UMBRELLA LIABILITY							
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIET CORPARTINERIES CUTIVE OFFICER MEMBER EXCLUSIONS  OFFICER MEMBER EXCLUSION  A PARTICIPANT ACCIDENT  A PARTICIPANT ACCIDENT ACCIDENT  A PARTICIPANT ACCIDENT ACC						AGGREGATE	\$		
RETENTION \$   S    WORKERS COMPENSATION AND EMPLOYERS LIABILITY   S    ELL EACH ACCIDENT   S    ELL DISEASE - EA EMPLOYEE   S    ELD									
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTIMER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  If yes, describe under SPECIAL PROVISIONS below  TOTHER  A Participant Accident RPG0003313700 12:01AM 4/01/08 12:01AM 4/01/09 Primary Medical NC Excess Medical 25000 Weekly Indemnity X NC  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)  WORKERS COMPENSATION AND WEEKLING IN THE INSURED WEEKLING OR IN THE INSURED WEEKLING OR IN THE INSURED WEEKLING OR INSURED WEEKLING IN SURED THE EXPIRATION OF THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAPE IN THE CERTIFICATE HOLDER NAME									
EMPLOYERS LIABILITY ANY PROPRIETORINARY INSPECIAL PROVISIONS below  OTHER  A Participant Accident  RPG0003313700  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER  CHABOT COLLEGE CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)  EL. DISEASE-POLICY LIMIT \$  EL						WC STATU- OTH-			
OFFICERMEMBER EXCLUDED?  If yes, describe under SPECIAL PROVISIONS below  OTHER  A Participant Accident  RPG0003313700  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER / LESSOR OF PREMISES)  EL. DISEASE- FAEMPLOYEE \$  EL. DISEASE- POLICY LIMIT \$  EL. DISEASE -POLICY LIMIT \$  EL. DISEASE- POLICY LIMIT \$  EL. DISEASE - POLICY LI		EMPLOYERS' LIABILITY					\$		
SPECIAL PROVISIONS below  OTHER  A Participant Accident RPG0003313700  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)  AUTHORIZED REPRESENTATIVE  ADAD NC Primary Medical NC Excess Medical 25000 Weekly Indemnity X NC  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS  REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE		OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
A Participant Accident RPG0003313700 12:01AM 4/01/09 Excess Medical NC Excess Medical 25000 Weekly Indemnity X NC  DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)  CHABOT COLLEGE AUTHORS WILL ENDEAVOR TO MAIL 30 DAYS WRITT NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAP IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		SPECIAL PROVISIONS below							
SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED  CERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  CHABOT COLLEGE 25555 HESPERIAN BLVD. HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)  CHABOT COLLEGES IN AUTHORIZED REPRESENTATIVE  MPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE	А		RPG0003313700			Primary Medical Excess Medical	NC 25000		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITT NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAD 25555 HESPERIAN BLVD.  HAYWARD, CA 94545  (OWNER/LESSOR OF PREMISES)  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DAYS WITH THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DAYS WITH THE ISSUER WILL ENDEAVOR TO MAIL 30 DAYS WRITT NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAD IN THE INSURER, ITS AGENTS REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE	SI AC	PORT: SWIMMING GES: 18 AND UNDER			IONS				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITT NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAD 25555 HESPERIAN BLVD.  HAYWARD, CA 94545  (OWNER/LESSOR OF PREMISES)  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DAYS WILL ENDEAVOR TO MAIL 30 DAYS WRITT NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAD PRESENTATIVE AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE	CF	RTIFICATE HOLDER	WATER TO THE PARTY OF THE PARTY	CANCELLAT	TION				
Lin Yales		CHABOT COLLEGE 25555 HESPERIAN BLVD.			F THE ABOVE DESCRII F, THE ISSUING INSUR E CERTIFICATE HOLDE BLIGATION OR LIABILI	ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT F	30 DAYS WRITTEN		
© ACORD 35 (2004/08)			SES)	AUTHORIZED RE	PRESENTATIVE	Mas	lee		

-	AC.	Ol	RD, CERTIFIC	ATE OF LIABIL	ITY INS	URANCE	1455665	DATE (MM/DD/YYYY) 3/26/08
PROI K 17 P.	OUCER & K 12 N O. E	Ins lagr	surance Group, Inc. navox Way 2338		THIS CERT	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	UED AS A MATTER ( O RIGHTS UPON TI ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE IND. EXTEND OR
Fo	rt V	layı	ne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#
INSU		, ,	THE CLEAN C. COMMISSION AND AND AND AND AND AND AND AND AND AN	T DDC	INSURERA: NA			
			LEISURE & ENTERTAINMEN ST BAY SWIM LEAGUE	II RPG	INSURER B:			
					INSURER C:			
			YMPUS AVE. CA 94539		INSURER D:			
	/ER/				INSURER E:			
TH AN M	IE PO NY RE	LICI QUI RTA	ES OF INSURANCE LISTED BELG REMENT, TERM OR CONDITION NN, THE INSURANCE AFFORDE	DW HAVE BEEN ISSUED TO THE IN N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H Y HAVE BEEN REDUCED BY PAID C	DOCUMENT WITH EREIN IS SUBJECT	I RESPECT TO WI	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
INSR LTR	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	тѕ
A		GEN	IERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000
А		^	CLAIMS MADE X OCCUR	RFG0003313700	4/01/00	4/01/03	MED EXP (Any one person)	\$ 5000
			Owners & Contractors			Table and the same	PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
		GEN	L'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
			POLICY PRO- JECT LOC				Part Lgl Liab	\$ 1000000
A		AUT	OMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		x x	HIRED AUTOS				BODILY INJURY (Per accident)	s
							PROPERTY DAMAGE (Per accident)	\$
		GAF	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
			ANY AUTO				OTHER THAN AUTO ONLY: AGG	
		EXC	ESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
			OCCUR CLAIMS MADE				AGGREGATE	\$
			DEDUCTIBLE					\$
			RETENTION \$				L WG OTITIL LOTU	\$
			S COMPENSATION AND				WC STATU- OTH TORY LIMITS ER	-
	ANY	ROP	RIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	If yes	desc	MEMBER EXCLUDED? cribe under				E.L. DISEASE - EA EMPLOYE	
A	OTHE	R	PROVISIONS below ticipant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	E.L. DISEASE-POLICY LIMIT AD&D Primary Medical Excess Medical	NC NC 25000
DES	RIPTI	ON O	 F OPERATIONS / LOCATIONS / VEHICLI	ES / EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVIS	IONS	Weekly Indemnity	X NC
ΑG	ES:	1	SWIMMING 8 AND UNDER ATE HOLDER IS LISTED A	AS AN ADDITIONAL INSURED				
CE	OTIC	C ^ 1	TE HOLDER		CANCELLAT	TION		
CERTIFICATE HOLDER  CHABOT SWIM CLUB  18839 HUBER DRIVE  CASTRO VALLEY, CA 94546  (OWNER/LESSOR OF PREMISES)				SHOULD ANY O DATE THEREOF NOTICE TO THE	F THE ABOVE DESCRIE THE ISSUING INSUR CERTIFICATE HOLDE ILIGATION OR LIABILIT VES	BED POLICIES BE CANCELLED ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT I TY OF ANY KIND UPON THE I	. 30 DAYS WRITTEN	
			<u> </u>		AS MONIZED RE	1	YVA	اوما
AC	ORD	25 (	2001/08)			17000	© ACORD C	ORPORATION 1988

						RAC		
AC	ORD	CERTIFIC	ATE OF LIAB	ILITY INS	URANCE	1455667	DATE (MM/DD/YYYY) 3/26/08	
FRODUCE K & I 1712 P.O.	R ( Insura Magnavo Box 233	ance Group, Inc. ox Way	): 1-81111-425-2889	THIS CERT ONLY AND HOLDER.	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	JED AS A MATTER OF RIGHTS UPON THE DOES NOT AME FFORDED BY THE P	IE CERTIFICATE ND, EXTEND OR	
Fort	wayne,	In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#	
INSURED SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE 41753 OLYMPUS AVE.				INSURER A: NATIONWIDE MUTUAL INSURANCE CO INSURER B: INSURER C:				
FREMONT, CA 94539				INSURER D:				
COVERAGES				INSURERE.				
THE P ANY P MAY P	OLICIES O REQUIREM PERTAIN, T	ENT, TERM OR CONDITION THE INSURANCE AFFORDE	DW HAVE BEEN ISSUED TO THE N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBED Y HAVE BEEN REDUCED BY PAIL	ER DOCUMENT WITH DHEREIN IS SUBJECT DCLAIMS.	H RESPECT TO WH T TO ALL THE TERM NC=NOT COVER	IICH THIS CERTIFICATE AS, EXCLUSIONS AND CO	MAY BE ISSUED OR	
NSR ADD	L D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs	
A		LIABILITY  IMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000	
		CLAIMS MADE X OCCUR			n-Academia coma de	MED EXP (Any one person)	\$ 5000	
	Own	ners & Contractors				PERSONAL & ADV INJURY	\$ 1000000	
	<u> </u>					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2000000	
	GEN'L AG	ICY PRO- LOC				Part Lql Liab	\$ 1000000 \$ 1000000	
A	AUTOMO	BILE LIABILITY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000	
		OWNED AUTOS EDULED AUTOS				BODILY INJURY (Per person)	\$	
		ED AUTOS I-OWNED AUTOS				BODILY INJURY (Per accident)	s	
				4		PROPERTY DAMAGE (Per accident)	\$	
	GARAGE	LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY	AUTO				OTHER THAN EA ACC AUTO ONLY: AGG		
	EXCESS/	UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	000	CUR CLAIMS MADE				AGGREGATE	\$	
	<u> </u>						\$	
		UCTIBLE			EL LA CAMANA		\$	
1610		ENTION \$				WC STATU- OTH TORY LIMITS ER		
EM	PLOYERS' LI					TORY LIMITS ER  E.L. EACH ACCIDENT	\$	
AN	Y PROPRIETO	OR/PARTNER/EXECUTIVE ER EXCLUDED?				E.L. DISEASE - EA EMPLOYEI		

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

If yes, describe under SPECIAL PROVISIONS below

Participant Accident

OTHER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

CITY OF SAN LEANDRO 835 E 14TH STREET SAN LEANDRO, CA 94577 (OWNER/LESSOR OF PREMISES)

#### **CANCELLATION**

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED.BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR

E.L. DISEASE - POLICY LIMIT \$

Primary Medical

Excess Medical Weekly Indemnity

AD&D

12:01AM 4/01/09

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NC

NC

NC

A	CORD, CERTIFIC	ATE OF LIAB	ILITY INSU	JRANCE	1455671	DATE (MM/DD/YYYY) 3/26/08		
1712 P.O.	K Insurance Group, Inc. Magnavox Way Box 2338	J: 1=800=478=7887	ONLY AND HOLDER. 7	CONFERS NOTES OF THIS CERTIFICATION	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AMEN IFFORDED BY THE PO	E CERTIFICATE   ND, EXTEND OR		
Fort	Wayne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#		
INSURED			INSURERA: NAT	CIONWIDE MUTU	AL INSURANCE CO			
	TS, LEISURE & ENTERTAINMEN A EAST BAY SWIM LEAGUE	T RPG	INSURER B:					
			INSURER C:					
	3 OLYMPUS AVE. ONT, CA 94539		INSURER D:					
	RAGES		INSURER E:					
THE I	POLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDED CIES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBE Y HAVE BEEN REDUCED BY PA	HER DOCUMENT WITH D HEREIN IS SUBJECT ID CLAIMS.	RESPECT TO WI	HICH THIS CERTIFICATE N MS, EXCLUSIONS AND CO ED	MAY BE ISSUED OR NDITIONS OF SUCH		
LTR INS	RD TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMIT			
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000		
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000		
	Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000		
					GENERAL AGGREGATE	\$ 2000000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 1000000		
	AUTOMOBILE LIABILITY	DDG0002212700	12:01AM	12:01AM	Part Lql Liab  COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000 \$ 1000000		
A	ANY AUTO ALL OWNED AUTOS	RPG0003313700	4/01/08	4/01/09	BODILY INJURY (Per person)	\$		
	SCHEDULED AUTOS  X HIRED AUTOS				BODILY INJURY (Per accident)	\$		
	X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$ \$		
	EXCESS/UMBRELLA LIABILITY	AND			EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
	DEDUCTIBLE					\$		
	RETENTION \$					\$		
w	ORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	-		
EN	IPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$		
	IY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
If y	es, describe under ECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
A A	HER Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC		
SPOR AGES CERT								
CERII	FICATE HOLDER		CANCELLAT	1011				

COLUMBIA HOMEOWNERS ASSOC. 5780 THOUSAND OAKS DR. CASTRO VALLEY, CA 94552 (OWNER/LESSOR OF PREMISES)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

						RAC	
1	4C(	ORD, CERTIFIC	ATE OF LIABI	LITY INS	URANCE	1455672	DATE (MM/DD/YYYY) 3/26/08
K 17 P.	12 M O. B	Insurance Group, Inc. agnavox Way ox 2338		ONLY AN	D CONFERS N THIS CERTIFICA	UED AS A MATTER ( O RIGHTS UPON TI ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE IND, EXTEND OR
F.C	ort W	ayne, In 46801		INSURERS A	FFORDING COV	'ERAGE	NAIC#
INSU		T DTCIDD C PNODONATNIMEN	TT DDC	INSURERA: NA			
		, LEISURE & ENTERTAINMEN EAST BAY SWIM LEAGUE	II RPG	INSURER B:			
41	753	OLYMPUS AVE.		INSURER C:			
		T, CA 94539		INSURER D:	A		
CO	VERA	GES					
Al M. Po	NY REA AY PEI OLICIE	LICIES OF INSURANCE LISTED BELC QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDEI S. AGGREGATE LIMITS SHOWN MA'	N OF ANY CONTRACT OR OTHE D BY THE POLICIES DESCRIBED	R DOCUMENT WITH HEREIN IS SUBJECT CLAIMS.	H RESPECT TO WI T TO ALL THE TER NC=NOT COVER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO RED	MAY BE ISSUED OR
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	T
А		GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  Owners & Contractors  GEN'L AGGREGATE LIMIT APPLIES PER:	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1000000 \$ 300000 \$ 5000 \$ 1000000 \$ 1000000
		POLICY PRO-				Part Lql Liab	\$ 1000000
А		AUTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	-	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
	l	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s
			MANUAL IN THE PARTY.			(Per accident)	\$
	_	GARAGE LIABILITY ANY AUTO				OTHER THAN AUTO ONLY:	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
	-	DEDUCTIBLE RETENTION \$					\$
	WORK	ERS COMPENSATION AND				WC STATU- OTH	
		OYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	If yes,	ER/MEMBER EXCLUDED? describe under				E.L. DISEASE - EA EMPLOYE	
	SPECI	AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT  AD&D	NC
Α		articipant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	Primary Medical Excess Medical Weekly Indemnity	NC 25000 X NC
SF	ORT:				ions		
CEI	RTIFIC	CATE HOLDER		CANCELLAT	TION		
		FARRELLY POOL 864 DUTTON AVE. SAN LEANDRO, CA 94577 (OWNER/LESSOR OF PREMI	SES)	DATE THEREOF NOTICE TO THE	THE ISSUING INSUR CERTIFICATE HOLDE LIGATION OR LIABILI VES	BED POLICIES BE CANCELLED. ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT F TY OF ANY KIND UPON THE I	30 DAYS WRITTEN

REPRESENTATIVES.
AUTHORIZED REPRESEN ATIVE

						RAC	
-	1C	ORD, CERTIFIC	ATE OF LIAB	ILITY INS	URANCE	<u> </u>	DATE (MM/DD/YYYY) 3/26/08
PROD K 17	& K	PHUNE LAZE	): L-800-47h-7889	THIS CERT ONLY ANI HOLDER.	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	JED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AMEN OFFORDED BY THE PO	E CERTIFICATE ID, EXTEND OR
Fo	rt V	Jayne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#
	ORT	, LEISURE & ENTERTAINMEN	IT RPG	INSURER A: NAT	PIONWIDE MUTU	AL INSURANCE CO	
41	753	OLYMPUS AVE.		INSURER C:			
FR	EMO1	TT, CA 94539		INSURER E:			
TH AN M/ PC	HE PC NY RE NY PE DLICII	AGES LICIES OF INSURANCE LISTED BEL- QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDE S. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBEI	IER DOCUMENT WITH D HEREIN IS SUBJECT D CLAIMS.	H RESPECT TO WH T TO ALL THE TERM NC=NOT COVER	HICH THIS CERTIFICATE N MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
A		GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000
Α		ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s
						PROPERTY DAMAGE (Per accident)	s
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$				WC STATU- OTH-	\$
		KERS COMPENSATION AND OYERS' LIABILITY				TORY LIMITS   ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	Ifves	CER/MEMBER EXCLUDED? describe under				E.L. DISEASE - EA EMPLOYEE	\$
	SPE	CIAL PROVISIONS below			1	E.L. DISEASE - POLICY LIMIT	a a

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

Participant Accident

OTHER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

## **CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

12:01AM 4/01/08

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL FREMONT UNIFIED SCHOOL DISTRICT 4210 TECHNOLOGY DRIVE IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR FREMONT, CA 94538 REPRESENTATIVES (OWNER/LESSOR OF PREMISES)

AD&D

Primary Medical

Weekly Indemnity

Excess Medical

12:01AM 4/01/09

AUTHORIZED REPRESEN ATIVE

© ACORD CORPORATION 1988

NC

NC

NC

25000

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

© ACORD CORPORATION 1988

REPRESENTATIVES, AUTHORIZED REPRESENTATIVE

-	IC	CORD, CERTIFIC	ATE OF LIABIL	ITY INSI	URANCE	1455678	DATE (MM/DD/YYYY) 3/26/08
17	& K 12 I	R Insurance Group, Inc. Magnavox Way Box 2338		ONLY AND	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF O RIGHTS UPON THE ATE DOES NOT AMEN AFFORDED BY THE PO	CERTIFICATE D, EXTEND OR
Fo	rt '	Wayne, In 46801		INSURERS A	NAIC#		
INSU	RED			INSURERA: NAT	TOTAL OF		
		'S, LEISURE & ENTERTAINMEN'	r RPG	INSURER B:	IIOWIDE MOIC	AB INDOIGNEE CO	
D/	B/A	LEAST BAY SWIM LEAGUE		INSURER C:			
41	753	OLYMPUS AVE.		INSURER D:			
FR	EMO:	ONT, CA 94539		INSURER E:			
_		AGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO' ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MA' MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND COND POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NC=NOT COVERED  POLICY EFFECTIVE POLICY EXPIRATION							AY BE ISSUED OR 📙
	NSRD		POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS	
А		GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	DAMAGE TO RENTED	\$ 1000000 \$ 300000
71		CLAIMS MADE X OCCUR	14 00003323,00	1, 01, 00	1, 02, 02	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	\$ 5000
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO- LOC				Part Lgl Liab	1000000
A		AUTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				AUTO ONLY:	\$ \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE					\$
							\$
		DEDUCTIBLE					\$ ¢
	WOF	RETENTION \$ RKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	\$
	EMP	PLOYERS' LIABILITY					\$
	ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	
	If yes	s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
A	OTHER				12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC
SF AG	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMEN SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED				ions		
CEF	RTIF	FICATE HOLDER		CANCELLAT	TION		
				SHOULD ANY OF	F THE ABOVE DESCRI	BED POLICIES BE CANCELLED BE	FORE THE EXPIRATION
				DATE THEREOF	. THE ISSUING INSUR	ER WILL ENDEAVOR TO MAIL	30 DAYS WRITTEN

ACORD 25 (2001/08)

GLENMOOR GARDENS HOMEOWNERS

FREMONT, CA 94536 (OWNER/LESSOR OF PREMISES)

ASSOCIATION 38350 ALTA DR.

					RAC		
AC	ORD, CERTIFIC	ATE OF LIABI	ILITY INS	URANCE		DATE (MM/DD/YYYY) 3/26/08	
PRODUCEI K & K 1712	PHONE (A/C	·) · 1-800-47h-7889	THIS CERTONLY AN HOLDER.	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA	UED AS A MATTER CO O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND, EXTEND OR	
Fort	Wayne, In 46801		INSURERS A	AFFORDING COV	ERAGE	NAIC#	
	S, LEISURE & ENTERTAINMEN	T RPG	INSURER A: NA	TIONWIDE MUTU	AL INSURANCE CO		
-,,	OLYMPUS AVE.		INSURER C:				
	NT, CA 94539		INSURER E:				
COVER	AGES						
ANY R MAY P	DLICIES OF INSURANCE LISTED BELO EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDEN IES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBED	ER DOCUMENT WITI HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE I MS, EXCLUSIONS AND CO	MAY BE ISSUED OR	
NSR ADD'I	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	rs	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000	
	Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000	
					GENERAL AGGREGATE	\$ 2000000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS-COMP/OPAGG Part Lql Liab	\$ 1000000 \$ 1000000	
A	AUTOMOBILE LIABILITY  ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000	
•	ALL OWNED AUTOS SCHEDULED AUTOS		_,,		BODILY INJURY (Per person)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	s	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						\$	
	DEDUCTIBLE					\$	

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

RETENTION

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

OTHER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

HAYWARD AREA RECREATION & PARK DISTRICT 1099 E STREET

HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)

### CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED.BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  $30\,$  DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR

WC STATU-TORY LIMITS

Primary Medical

Excess Medical

Weekly Indemnity

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

E.L. EACH ACCIDENT

AD&D

12:01AM 4/01/09

REPRESENTATIVES.

AUTHORIZED REPRESEN ATIVE

© ACORD CORPORATION 1988

NC

NC

NC

25000

	RAC	
ACORD, CERTIFICATE OF LIABII	LITY INSURANCE 1455695	DATE (MM/DD/YYYY) 3/26/08
PRODUCER  K & K Insurance Group, Inc. 1712 Magnavox Way P.O. Box 2338	THIS CERTIFICATE IS ISSUED AS A MATTER O ONLY AND CONFERS NO RIGHTS UPON TH HOLDER. THIS CERTIFICATE DOES NOT AME! ALTER THE COVERAGE AFFORDED BY THE PO	IE CERTIFICATE ND, EXTEND OR
Fort Wayne, In 46801	INSURERS AFFORDING COVERAGE	NAIC#
INSURED STORY OF THE PROPERTY TO THE PROPERTY OF THE PROPERTY	INSURERA: NATIONWIDE MUTUAL INSURANCE CO	
SPORTS, LEISURE & ENTERTAINMENT RPG   D/B/A EAST BAY SWIM LEAGUE	INSURER B:	
by by it bill bill bill bill bill bill bill b	INSURER C:	
41753 OLYMPUS AVE.	INSURER D:	
FREMONT, CA 94539	INSURER E:	
COVERAGES		
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE I ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED	R DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE IN	MAY BE ISSUED OR

POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NC=NOT COVERED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
		ENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	<b>\$</b> 1000000
А	Х	COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
	GI	EN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000
A	AL	JTOMOBILE LIABILITY  ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	<b>\$</b> 1000000
	E	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	x x	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	G/	ARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC AGG	\$
	E	(CESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		RS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	
	ANY PRO	ERS' LIABILITY  PRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	OFFICER	VMEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$
	SPECIAL	scribe under . PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Pa	rticipant Accident	RPG0003313700	12:01AM 4/01/08	4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SPORT: SWIMMING AGES: 18 AND UNDER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

HOLLY COMMUNITY CENTER 31600 ALVARODO BLVD. UNION CITY, CA 94587 (OWNER/LESSOR OF PREMISES)

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

						RAC	
1	IC	ORD, CERTIFIC	ATE OF LIABI	LITY INS	URANCE	1455699	DATE (MM/DD/YYYY) 3/26/08
	UCEF	PHONE (A/C	r) · 1-800-426-2889			UED AS A MATTER O	
		Insurance Group, Inc.		ONLY AN	D CONFERS N	O RIGHTS UPON TH	HE CERTIFICATE
		Magnavox Way				ATE DOES NOT AME AFFORDED BY THE P	
		Box 2338 Wayne, In 46801		ALIEN	L COTLINGL /	AT ORDED DE THE	OLIGILO BELOW.
		taylie, III 10001		INSURERS A	AFFORDING COV	ERAGE	NAIC#
NSU! SP		5, LEISURE & ENTERTAINMEN	T RPG	INSURERA: NA	TIONWIDE MUTU	AL INSURANCE CO	
		EAST BAY SWIM LEAGUE		INSURER B:			
				INSURER C:			
		OLYMPUS AVE. NT, CA 94539		INSURER D:			
				INSURER E:			
		AGES		INCLINED MANAGES AND	201/E 502 THE 20	LOVERDING INDICATED	NOTABLICANIDANO
AN M/	IY RI XY PE	DLICIES OF INSURANCE LISTED BELG EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHE D BY THE POLICIES DESCRIBED	R DOCUMENT WITH HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
NSR .	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	тѕ
		GENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	\$ 1000000
Α		X COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000
		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000
		AUTOMOBILE LIABILITY		12:01AM	12:01AM	COMBINED SINGLE LIMIT	
A		ANY AUTO	RPG0003313700	4/01/08	4/01/09	(Ea accident)	\$ 1000000
		ALL OWNED AUTOS				BODILY INJURY (Per person)	s
		SCHEDULED AUTOS  x HIRED AUTOS					
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
		A NON CONTESTION				PROPERTY DAMAGE	
						(Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		KERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER	-
		LOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	OFFI	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYE	\$
	SPE	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	
A	OTH	<b>ER</b> Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC
DESC	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDORSE	MENT/SPECIAL PROVIS	IONS	1	
SP	ORT	: SWIMMING					
AG	ES:	18 AND UNDER					
CE	RTI	FICATE HOLDER IS LISTED F	AS AN ADDITIONAL INSURE	ED			

## CERTIFICATE HOLDER

HOLY SPIRIT CHURCH 37588 FREMONT BLVD. FREMONT, CA 94536 (OWNER/LESSOR OF PREMISES)

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION date thereof, the issuing insurer will endeavor to mail  $-30\,$  days written NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

r						RAC		
<i>F</i>	1C	CORD, CERTIFIC	ATE OF LIABII	LITY INS	URANCE	1455704	DA.	TE(MM/DD/YYYY) 3/26/08
PROI K 17	& K 12 N		): 1-800-426-2889	THIS CERTONLY AN HOLDER.	TIFICATE IS ISS D CONFERS N THIS CERTIFICA	UED AS A MATTER COORIGHTS UPON THATE DOES NOT AME AFFORDED BY THE P	IE ( ND,	ERTIFICATE EXTEND OR
Fo	rt V	Wayne, In 46801		INSURERS A	AFFORDING COV	ERAGE	I	NAIC#
INSU			T DDG	INSURER A: NA	TIONWIDE MUTU	AL INSURANCE CO		
		CS, LEISURE & ENTERTAINMEN A EAST BAY SWIM LEAGUE	1 KPG	INSURER B:				
,				INSURER C:				
		OLYMPUS AVE.		INSURER D:				
FR	EMOI	ONT, CA 94539		INSURER E:				
AN M/ PC	NY RE NY PE OLICIE	OLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDEL IES. AGGREGATE LIMITS SHOWN MAN	OF ANY CONTRACT OR OTHER  BY THE POLICIES DESCRIBED	R DOCUMENT WITH HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE I MS, EXCLUSIONS AND CO	MAY	BE ISSUED OR
LTR	ADD'L INSRD	I I	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMIT		
		GENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE DAMAGE TO RENTED	\$	1000000
A		X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	RPG0003313700	4/01/08	4/01/09	PREMISES (Ea occurence)	\$ \$	300000
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$	5000 1000000
		Owners & Contractors				GENERAL AGGREGATE	\$	2000000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1000000
		POLICY PRO- LOC				Part Lgl Liab	Ś	1000000
А		AUTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$	1000000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	<del>                                     </del>	
		EVCESS/HMRDELLA LIABILITY		1	1	FACHOCCURRENCE	4	,

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

OTHER

OCCUR

DEDUCTIBLE RETENTION

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

CLAIMS MADE

### **CERTIFICATE HOLDER**

MISSION HIGHLANDS SWIM CLUB 41900 PALM AVE.

(OWNER/LESSOR OF PREMISES)

FREMONT, CA 94539

#### CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREE, ITS AGENTS OR

AGGREGATE

WC STATU-TORY LIMITS

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Primary Medical

Excess Medical Weekly Indemnity

E.L. EACH ACCIDENT

AD&D

12:01AM 4/01/09

REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NC

NC

NC

				RAC	
ACORD, CERTIFIC	ATE OF LIABIL	ITY INS	URANCE	1455708	DATE (MM/DD/YYYY) 3/26/08
PRODUCER K & K Insurance Group, Inc. 1712 Magnavox Way P.O. Box 2338		ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND, EXTEND OR
Fort Wayne, In 46801		INSURERS A	AFFORDING COV	'ERAGE	NAIC#
INSURED SPORTS, LEISURE & ENTERTAINMEN	IT RPG	INSURER A: NA	TIONWIDE MUTU	JAL INSURANCE CO	
D/B/A EAST BAY SWIM LEAGUE	. 1 . 1 . 2	INSURER B:	w		
41852 OTTOPIC NATE		INSURER C:			
41753 OLYMPUS AVE. FREMONT, CA 94539		INSURER D:			
COVERAGES		INSURER E:			
THE POLICIES OF INSURANCE LISTED BELL ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	DOCUMENT WITI EREIN IS SUBJEC LAIMS.	H RESPECT TO WI T TO ALL THE TER NC=NOT COVER	HICH THIS CERTIFICATE I MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	TS .
A X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000
CLAIMS MADE X OCCUR			,	MED EXP (Any one person)	\$ 5000
Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
				GENERAL AGGREGATE	\$ 2000000
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000
A ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
ANY AUTO				OTHER THAN AUTO ONLY:  AGG	\$
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
OCCUR CLAIMS MADE				AGGREGATE	\$
					\$
DEDUCTIBLE RETENTION \$					\$
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$
If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
OTHER A Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVIS	IONS	,	
SPORT: SWIMMING AGES: 18 AND UNDER CERTIFICATE HOLDER IS LISTED A	S AN ADDITIONAL INSURED				

## CERTIFICATE HOLDER

CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

MISSION SAN JOSE HIGH SCHOOL 41717 PALM AVE. FREMONT, CA 94539 (OWNER/LESSOR OF PREMISES)

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESEN ATIVE

							RAC		
	4 <i>C</i>	0	RD, CERTIFIC	ATE OF LIAB	ILITY INS	URANCE		D	ATE (MM/DD/YYYY) 3/26/08
K 17	712 1	In Mag	surance Group, Inc. navox Way 2338		ONLY AN	D CONFERS N THIS CERTIFICA	UED AS A MATTER ( O RIGHTS UPON TI ATE DOES NOT AME AFFORDED BY THE P	HE ND,	CERTIFICATE EXTEND OR
Fo	ort 1	√ay	ne, In 46801		INSURERS A	AFFORDING COV	'ERAGE		NAIC#
	RED	~	TOTAL C DIMEDOMATIMAN	III. D.D.C	INSURER A: NA	TIONWIDE MUTU	AL INSURANCE CO		
			LEISURE & ENTERTAINMEN ST BAY SWIM LEAGUE	II KPG	INSURER B:				
- ,			YMPUS AVE.		INSURER C:				
FF	REMOI	νT,	CA 94539		INSURER D:		W00001140111111111111111111111111111111		
<u> </u>			L		INSURER E:				
CO	VER/	٩GE	S						
A M P	NY RE AY PE OLICII	EQU ERTA	IES OF INSURANCE LISTED BELIREMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORDE AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBEI	ER DOCUMENT WITH D HEREIN IS SUBJEC D CLAIMS.	H RESPECT TO WI T TO ALL THE TER NC=NOT COVER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO LED	MAY	BE ISSUED OR
INSR LTR	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS	
		GEI	NERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	\$	1000000
Α		Х	COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	300000
			CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5000
			Owners & Contractors				PERSONAL & ADV INJURY	\$	1000000
							GENERAL AGGREGATE	\$	2000000
		GEI	N'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1000000
			POLICY PRO- JECT LOC				Part Lql Liab	\$	1000000
А		AU"	FOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$	1000000
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		X	HIRED AUTOS				BODILY INJURY (Per accident)	\$	
		Х					PROPERTY DAMAGE (Per accident)	s	
		GAI	RAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s	CH ANNA
			ANY AUTO				EA ACC	Ť	
							OTHER THAN AUTO ONLY:		
		FY/	ESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
			OCCUR CLAIMS MADE				AGGREGATE	\$	

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

OTHER

DEDUCTIBLE RETENTION

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### CERTIFICATE HOLDER

MISSIOIN VALLEY SWIM CLUB 40100 LAS PALMAS AVE. FREMONT, CA 94539 (OWNER/LESSOR OF PREMISES)

## CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS OR

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

AD&D

12:01AM 4/01/09

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Primary Medical

Excess Medical Weekly Indemnity

\$

NC

NC

NC

25000

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

					RAC	
-	ACORD, CERTIFIC	CATE OF LIAB	ILITY INS	URANCE	1455718	DATE (MM/DD/YYYY) 3/26/08
PROI K 17	DUCER & K Insurance Group, Inc. '12 Magnavox Way O. Box 2338	(C): 1-800-426-2889	THIS CERT ONLY ANI HOLDER.	TIFICATE IS ISS CONFERS NOTHIS CERTIFICA	UED AS A MATTER OO RIGHTS UPON THATE DOES NOT AMERICAN THE POTTON OF THE	F INFORMATION IE CERTIFICATE ND, EXTEND OR
Fo	ort Wayne, In 46801		INSURERS A	FFORDING COV	ERAGE	NAIC#
INSU	RED	MARINE METEROTECHNICAL TRANSPORT PROPERTY AND	INSURER A: NA	TONWIDE MITTI	AL INSURANCE CO	
	PORTS, LEISURE & ENTERTAINME	NT RPG	INSURER B:			
/ע	B/A EAST BAY SWIM LEAGUE		INSURER C:			
41	.753 OLYMPUS AVE.		INSURER D:			
FR	EMONT, CA 94539		INSURER E:			
CO	VERAGES					
AN M. PC	HE POLICIES OF INSURANCE LISTED BE NY REQUIREMENT, TERM OR CONDITION AY PERTAIN, THE INSURANCE AFFORDI DLICIES. AGGREGATE LIMITS SHOWN M.	ON OF ANY CONTRACT OR OTHER BY THE POLICIES DESCRIBE	HER DOCUMENT WITH ED HEREIN IS SUBJECT ND CLAIMS.	I RESPECT TO WHIT TO ALL THE TERMING NC=NOT COVER	HICH THIS CERTIFICATE M MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
INSR LTR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
	GENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	<b>\$</b> 1000000
Α	X COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000
	Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
					GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
	POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000
A	AUTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	<b>s</b> 1000000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
				***************************************	AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?	.·			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
	OTHER		12:01AM	12:01AM	AD&D	NC NG
Α	Participant Accident	RPG0003313700	4/01/08	4/01/09	Primary Medical Excess Medical	NC 25000
					Weekly Indemnity	X NC

SPORT: SWIMMING AGES: 18 AND UNDER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

# CERTIFICATE HOLDER

NEWARK MEMORIAL HIGH SCHOOL 39375 CEDAR BLVD. NEWARK, CA 94560 (OWNER/LESSOR OF PREMISES)

#### **CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION date thereof, the issuing insurer will endeavor to mail  $-30\,$  days written NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

						RAC	
-	4C	ORD, CERTIFIC	ATE OF LIABI	LITY INS	URANCE	1455719	DATE (MM/DD/YYYY) 3/26/08
PROI	& K '12 I	Insurance Group, Inc. Magnavox Way Box 2338	C) · 1-800-426-2889	THIS CERTONLY AND HOLDER.	TIFICATE IS ISS D CONFERS N THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THE TOOES NOT AME AFFORDED BY THE P	OF INFORMATION HE CERTIFICATE ND, EXTEND OR
Fc	ort 1	Wayne, In 46801		INSURERS A	AFFORDING COV	ERAGE	NAIC#
INSU		O THE CITIES O DISTRICT A TARABLE	NIII. DDG	INSURERA: NA	TIONWIDE MUTU	AL INSURANCE CO	
		S, LEISURE & ENTERTAINMEI EAST BAY SWIM LEAGUE	NT RPG	INSURER B:			
-,	,			INSURER C:			
		OLYMPUS AVE.		INSURER D:			
FR	LEIMO!	NT, CA 94539		INSURER E:			
TH AN M	HE PC NY RE AY PE	AGES  DLICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHE D BY THE POLICIES DESCRIBED Y HAVE BEEN REDUCED BY PAID	ER DOCUMENT WITH HEREIN IS SUBJECT CLAIMS.	H RESPECT TO WI	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR ONDITIONS OF SUCH
	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMI	T
Α		X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5000
		Owners & Contractors				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1000000 \$ 200000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO-				Part Lgl Liab	\$ 1000000
A		AUTOMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s
						PROPERTY DAMAGE (Per accident)	s
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY: AGG	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR CLAIMS MADE				AGGREGATE	\$
		<u> </u>					\$
		DEDUCTIBLE					\$
		RETENTION \$				WCSTATU- OTH	\$
	WOR	KERS COMPENSATION AND				TORY LIMITS ER	

RPG0003313700

OTHER

SPORT: SWIMMING AGES: 18 AND UNDER

EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### CERTIFICATE HOLDER

NEWARK UNIFIED SCHOOL DISTRICT 5715 MUSICK NEWARK, CA 94560

(OWNER/LESSOR OF PREMISES)

#### CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

E.L. EACH ACCIDENT

Primary Medical

Excess Medical Weekly Indemnity

AD&D

12:01AM 4/01/09

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT | \$

REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NC

NC

NC

						RAC	
	4C	ORD, CERTIFIC	CATE OF LIABIL	ITY INS	URANCE	-	DATE (MM/DD/YYYY)
PRO	& K	PHONE (A)	C): 1-800-426-2889	THIS CERTONLY AND HOLDER.	TIFICATE IS ISS D CONFERS N THIS CERTIFICA	UED AS A MATTER ( O RIGHTS UPON TATE DOES NOT AME AFFORDED BY THE F	HE CERTIFICATE IND, EXTEND OR
Fc	ort 1	Nayne, In 46801		INSURERS A	AFFORDING COV	'ERAGE	NAIC#
INSU		S, LEISURE & ENTERTAINME	NT DDC	INSURER A: NA	TIONWIDE MUTU	JAL INSURANCE CO	
		EAST BAY SWIM LEAGUE	NI RPG	INSURER B:			
-′	/			INSURER C:			
i		OLYMPUS AVE.		INSURER D:			
FF	REMOI	VT, CA 94539		INSURER E:			
CO	VER/	AGES					
A! M	NY RE	ILICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H	DOCUMENT WITH EREIN IS SUBJECT	H RESPECT TO W	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR
	ADD'L INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	TS
		GENERAL LIABILITY		12:01AM	12:01AM	EACH OCCURRENCE	<b>\$</b> 1000000
Α		X COMMERCIAL GENERAL LIABILITY	RPG0003313700	4/01/08	4/01/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 300000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	<b>\$</b> 5000
İ		Owners & Contractors				PERSONAL & ADV INJURY	\$ 1000000
ŀ						GENERAL AGGREGATE	\$ 200000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000
		POLICY PRO- JECT LOC				Part Lgl Liab	\$ 1000000
A		AUTOMOBILE LIABILITY  ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	s 1000000
		ALL OWNED AUTOS			,	BODILY INJURY	
		SCHEDULED AUTOS				(Per person)	\$
		X HIRED AUTOS				BODILY INJURY	
1		X NON-OWNED AUTOS				(Per accident)	\$
						PROPERTY DAMAGE (Per accident)	s
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$ \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

OCCUR

DEDUCTIBLE

RETENTION

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

Participant Accident

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

OTHER

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

CLAIMS MADE

### CERTIFICATE HOLDER

SAN LEANDRO HIGH SCHOOL 2200 BANCROFT AVE. SAN LEANDRO, CA 94577 (OWNER/LESSOR OF PREMISES)

#### CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSPRER, ITS AGENTS OR

AGGREGATE

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

Primary Medical

Excess Medical Weekly Indemnity

AD&D

12:01AM 4/01/09

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT | \$

REPRESENTATIVES.

AUTHORIZED REPRESEN ATIVE

© ACORD CORPORATION 1988

\$

NC

NC

NC

							RAC		
-	4 <i>C</i>	OF	RD, CERTIFIC	ATE OF LIABIL	ITY INS	URANCE	1455724	D	ATE (MM/DD/YYYY) 3/26/08
K 17 P.	'12 I	Ins Magr Box	surance Group, Inc. navox Way 2338		ONLY AN HOLDER.	D CONFERS NO THIS CERTIFICA	JED AS A MATTER OF RIGHTS UPON THE TOOLS NOT AME FFORDED BY THE P	1E ND.	CERTIFICATE EXTEND OR
F.C	ort (	wayr	ne, In 46801		INSURERS A	AFFORDING COVI	ERAGE		NAIC#
INSU		S. T	LEISURE & ENTERTAINMEN	IT RPG	INSURERA: NA	TIONWIDE MUTU	AL INSURANCE CO		
			ST BAY SWIM LEAGUE		INSURER B:				
41	753	OT.3	MPUS AVE.		INSURER C:				
			CA 94539		INSURER D:				
CO	VER/	AGE	S		777007111111		****	1	
Al M. PC	NY RE AY PE OLICII	EQUII ERTA ES. A	REMENT, TERM OR CONDITION IN, THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE IN: N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED HE Y HAVE BEEN REDUCED BY PAID C	DOCUMENT WITH EREIN IS SUBJEC LAIMS.	H RESPECT TO WH T TO ALL THE TERM NC=NOT COVER	ICH THIS CERTIFICATE IS, EXCLUSIONS AND CO	MAY	BE ISSUED OR
LTR	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI		
_			ERAL LIABILITY	PP0000001	12:01AM	12:01AM	EACH OCCURRENCE DAMAGE TO RENTED	\$	1000000
Α		Х	COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	RPG0003313700	4/01/08	4/01/09	PREMISES (Ea occurence)	\$	300000
			Owners & Contractors				MED EXP (Any one person) PERSONAL & ADV INJURY	\$	5000 1000000
			OWINGED & CONTENTS				GENERAL AGGREGATE	\$	2000000
		GEN	'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1000000
			POLICY PRO- JECT LOC			1	Part Lql Liab	\$	1000000
A		AUT	OMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$	1000000
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		x x	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	s	
		GAR	AGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
			ANY AUTO				OTHER THAN EA ACC	\$	
							AUTO ONLY: AGG	+	
		EXC	ESS/UMBRELLA LIABILITY			Line Line Line Line Line Line Line Line	EACH OCCURRENCE	\$	
			OCCUR CLAIMS MADE			and	AGGREGATE	\$	
			DEDUCTIBLE					\$	
			RETENTION \$					\$	
			COMPENSATION AND				WC STATU- OTH TORY LIMITS ER		
	ANY	PROPI	RS' LIABILITY RIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
			IEMBER EXCLUDED? ribe under ROVISIONS below				E.L. DISEASE - EA EMPLOYER	1	
	OTH		ROVISIONS below		10.012M	12.017M	E.L. DISEASE - POLICY LIMIT AD&D	\$	NC
A		Part	ticipant Accident	RPG0003313700	12:01AM 4/01/08		Primary Medical Excess Medical Weekly Indemnity		NC 25000 X NC
SF AG CE	PORT SES: SRTII	: 5 18 FICA	SWIMMING 3 AND UNDER ATE HOLDER IS LISTED F	ES/EXCLUSIONS ADDED BY ENDORSEMEN		IONS			
CE	RTIFI	CAT	'E HOLDER		CANCELLAT	TION			

### CERTIFICATE HOLDER

SAN LEANDRO UNIFIED SCHOOL DISTRIC 14735 JUNIPER ST. SAN LEANDRO, CA 94579 (OWNER/LESSOR OF PREMISES)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR

REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

ACORD, CERTIFICATE OF LIABILITY INSURANCE  PRODUCER  K & K Insurance Group, Inc.  1712 Magnavox Way P.O. Box 2338  Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  INSURERS AFFORDING COVERAGE  INSURERS AFFORDING MUTUAL INSURANCE CO  SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURER:  INSURER	CERTIFICATE ), EXTEND OR
PRODUCER K & K Insurance Group, Inc.  1712 Magnavox Way P.O. Box 2338  Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  INSURED SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND ALTER THE COVERAGE AFFORDED BY THE POL  INSURERS AFFORDING COVERAGE  INSURER A: NATIONWIDE MUTUAL INSURANCE CO INSURER B: INSURER C:	3/26/08 INFORMATION CERTIFICATE D, EXTEND OR ICIES BELOW.
PRODUCER K & K Insurance Group, Inc.  1712 Magnavox Way P.O. Box 2338  Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  INSURED SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE HOLDER. THIS CERTIFICATE DOES NOT AMEND ALTER THE COVERAGE AFFORDED BY THE POL  INSURERS AFFORDING COVERAGE  INSURER A: NATIONWIDE MUTUAL INSURANCE CO INSURER B: INSURER C:	INFORMATION CERTIFICATE D, EXTEND OR ICIES BELOW.
K & K Insurance Group, Inc.  1712 Magnavox Way P.O. Box 2338 Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  INSURERS SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURERS INSURERS INSURERS INSURERS: INSURERS INSURERS: INSUR	CERTIFICATE D, EXTEND OR LICIES BELOW.
1712 Magnavox Way P.O. Box 2338 Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURERS AFFORDING MUTUAL INSURANCE CO INSURERB: INSURERC:	), EXTEND OR LICIES BELOW.
Fort Wayne, In 46801  INSURERS AFFORDING COVERAGE  INSURED SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURER B: INSURER C:	
INSURERS AFFORDING COVERAGE  INSURED SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURER B: INSURER C:	NAIC#
INSURERA: NATIONWIDE MUTUAL INSURANCE CO SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE INSURERB: INSURERC:	NAIC#
SPORTS, LEISURE & ENTERTAINMENT RPG D/B/A EAST BAY SWIM LEAGUE  INSURERB: INSURERC:	
INSURERC:	
ALDES OF IMPER AND	
41/55 OLIMPUS AVE. I MIGHDED D.	
FREMONT CA 94539	
INSURER E:	
COVERAGES  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NO.	TMITHETANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY	Y BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND COND POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	OITIONS OF SUCH
INSR [ADD'L] POLICY EFFECTIVE   POLICY EXPIRATION	ANNA CANCELLE AN
GENERAL HABILITY	1000000
A X COMMERCIAL GENERAL LIABILITY RPG0003313700 12:01AM 12:01AM 4/01/09 DAMAGE TO RENTED PREMISES (Ea occurence) \$	
CLAIMS MADE X OCCUR MED EXP (Any one person) \$	<u>300000</u> 5000
Owners & Contractors PERSONAL & ADVINJURY \$	1000000
GENERAL AGGREGATE \$	2000000
GEN'L AGGREGATE LIMIT APPLIES PER:  PRODUCTS - COMP/OP AGG \$	1000000
POLICY PRO- LOC Part Lgl Liab \$	1000000
AUTOMOBILE LIABILITY 12:01AM 12:01AM COMBINED SINGLE LIMIT S	
A ANY AUTO RPG0003313700 12:01AM 4/01/09 (Ea accident) \$	1000000
ALL OWNED AUTOS BODILY INJURY	
SCHEDULED AUTOS SCHEDULED AUTOS	
X HIRED AUTOS BODILY INJURY	
X NON-OWNED AUTOS S	
PROPERTY DAMAGE S	
(reraccioent)	
GARAGE LIABILITY  AUTO ONLY - EA ACCIDENT \$	
ANY AUTO  OTHER THAN EA ACC \$ AUTO ONLY: ACC   6	
AGG 5	
EXCESS/UMBRELLA LIABILITY  EACH OCCURRENCE \$	
OCCUR CLAIMS MADE AGGREGATE \$	
DEDUCTIBLE S	
RETENTION \$   WC STATU- TORYLIMITS   OTH-	
EMPLOYERS' LIABILITY	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  E.L. DISEASE - EA EMPLOYEE \$	

RPG0003313700

SPORT: SWIMMING AGES: 18 AND UNDER

OTHER

If yes, describe under SPECIAL PROVISIONS below

Participant Accident

CERTIFICATE HOLDER IS LISTED AS AN ADDITIONAL INSURED

### **CERTIFICATE HOLDER**

SOUTHGATE SWIM CLUB 24900 MAGNOLIA STREET HAYWARD, CA 94545 (OWNER/LESSOR OF PREMISES)

### CANCELLATION

12:01AM 4/01/08

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSPRER, ITS AGENTS OR

E.L. DISEASE - POLICY LIMIT

Primary Medical

Excess Medical Weekly Indemnity

AD&D

12:01AM 4/01/09

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

NC

25000

NC

RAC										
ACORD, CERTIFICATE OF LIABILIT				ILITY INS	ITY INSURANCE 1455729 DATE (MM/DD/YYYY) 3/26/08					
PHONE (A/C): 1-800-426-2889  PRODUCER  K & K Insurance Group, Inc.  1712 Magnavox Way  P.O. Box 2338  Fort Wayne, In 46801					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
					INSURERS A	INSURERS AFFORDING COVERAGE				
	ORT		LEISURE & ENTERTAINMEN ST BAY SWIM LEAGUE	T RPG	INSURER A: NA INSURER B:	INSURERA: NATIONWIDE MUTUAL INSURANCE CO INSURERB:				
41	753	OT :	YMPUS AVE.		INSURER C:	INSURER C:				
			CA 94539		INSURER D:					
CO	VER/	AGE	S		INSURER E.					
TI Ai M	HE PC	LICI QU RTA	IES OF INSURANCE LISTED BELINER OR CONDITION INSURANCE AFFORDE AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBED	ER DOCUMENT WITH HEREIN IS SUBJEC	H RESPECT TO WI	HICH THIS CERTIFICATE M MS, EXCLUSIONS AND CO	MAY BE ISSUED OR		
INSR IADD'L P			POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S				
A	indi.		NERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1000000 \$ 300000		
			CLAIMS MADE X OCCUR				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5000 \$ 1000000		
			Owners & Contractors				GENERAL AGGREGATE	\$ 2000000		
		GEN	N'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 1000000		
			POLICY PRO- JECT LOC				Part Lql Liab	\$ 1000000		
A		AUT	OMOBILE LIABILITY ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	<b>\$</b> 1000000		
			ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s		
		X	NON-OWNED AUTOS				BODILY INJURY (Per accident)	s		
							PROPERTY DAMAGE (Per accident)	s		
		GAF	RAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT  EA ACC	\$		
			1,447,670				OTHER THAN AUTO ONLY: AGG			
		EXC	CESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
			OCCUR CLAIMS MADE				AGGREGATE	\$		
			DEDUCTIBLE					\$		
	WOB	KEDS	RETENTION \$ S COMPENSATION AND				WC STATU- OTH-	\$		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS   ER	\$			
	OFFI	CERM	MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
	SPEC	IAL F	cribe under PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
A	OTHE		ticipant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	AD&D Primary Medical Excess Medical Weekly Indemnity	NC NC 25000 X NC		
DESC	RIPTI	ON O	FOPERATIONS/LOCATIONS/VEHICLE	ES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROVIS	IONS				
AG		1	SWIMMING 8 AND UNDER ATE HOLDER IS LISTED A	AS AN ADDITIONAL INSUR	ED					
CE	TIE	CAT	TE HOLDER		CANCELLAT	TION				
TREEVIEW SWIM CLUB 301 GRESEL STREET HAYWARD, CA 94544 (OWNER/LESSOR OF PEMISES)			SHOULD ANY OF DATE THEREOF NOTICE TO THE IMPOSE NO OB REPRESENTATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.						
(Omalic, bibbot or restorio)				<del></del> ,	AUTHORIZED REI	AUTHORIZED REPRÉSENTATIVE				
						- / Lun / VUXULE				

						RAC				
-	10	ORD, CERTIFIC	ATE OF LIAB	ILITY INS	URANCE	145550	DA	ATE (MM/DD/YYYY)		
	DUCER	PHONE (A/C	1) · 1-800-426-2889				)E ''	3/26/08		
K 17	& K 12 M	Insurance Group, Inc. agnavox Way		ONLY ANI HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER ( O RIGHTS UPON TI ATE DOES NOT AME	HE ND,	CERTIFICATE EXTEND OR		
P.O. Box 2338 Fort Wayne, In 46801				ALIER IN	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
rc	TC N	ayne, in 40001		INSURERS A	INSURERS AFFORDING COVERAGE					
INSU	RED				INSURERA: NATIONWIDE MUTUAL INSURANCE CO					
		, LEISURE & ENTERTAINMEN	IT RPG	INSURER B:						
/ע	B/A	EAST BAY SWIM LEAGUE		INSURER C:						
41	753	OLYMPUS AVE.		INSURER D:						
FR	EMON	T, CA 94539		INSURER E:						
CO	/ERA	GES	*******							
AN Ma PC	NY RE NY PE OLICIE	LICIES OF INSURANCE LISTED BELC QUIREMENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFORDEI S. AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBE	HER DOCUMENT WITH ED HEREIN IS SUBJECT ND CLAIMS.	H RESPECT TO WH T TO ALL THE TERI NC=NOT COVER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY	BE ISSUED OR		
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS			
A	- 1	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$	300000		
•		CLAIMS MADE X OCCUR	111 00 0 0 0 3 3 1 3 7 0 0	1,01,00	1,02,03	MED EXP (Any one person)	\$	5000		
	Ī	Owners & Contractors				PERSONAL & ADV INJURY	\$	1000000		
						GENERAL AGGREGATE	\$	2000000		
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1000000		
		POLICY PRO- JECT LOC				Part Lql Liab	\$	1000000		
А		ANY AUTO	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$	1000000		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
		X HIRED AUTOS				BODILY INJURY (Per accident)	\$			
		X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
		CARACELIARIUTY					\$			
	ŀ	GARAGE LIABILITY  ANY AUTO				AUTO ONLY - EA ACCIDENT  EA ACC				
		ANTAOTO				OTHER THAN AUTO ONLY: AGG				
	-	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
		OCCUR CLAIMS MADE				AGGREGATE	\$			
	ľ	DEDUCTIBLE					\$			
		RETENTION \$					\$			
		KERS COMPENSATION AND				WC STATU- OTH TORY LIMITS ER	-			
	ANY P	OYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$			
	OFFIC	ER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYER	1			
	SPEC	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT AD&D	\$	NC		
A		Participant Accident	RPG0003313700	12:01AM 4/01/08	12:01AM 4/01/09	Primary Medical Excess Medical		NC 25000		
DESC	חדמום	ON OF OPERATIONS / LOCATIONS / VEHICLE	S (EYC) HSIONS ADDED BY ENDORS	SEMENT/SPECIAL PROVISION	ONS	Weekly Indemnity		X NC		
SP AG	ORT:	SWIMMING			ONS					
CEF	TIFIC	CATE HOLDER		CANCELLAT	ION					
CERTIFICATE HOLDER					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
					DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					

warm springs cabana clob & 251 GOLDENRAIN AVE. FREMONT, CA 94539 (OWNER/LESSOR OF PREMISES)

WARM SPRINGS CABANA CLUB & AQUATIC

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTRER, ITS AGENTS OR

REPRESENTATIVES.
AUTHORIZED REPRESEN ATIVE

THIS CERTIFICATE IS SISUED AS A MATTER OF INFORMACE   1712 Magnavox Way   Po. Box 2338     Fort Wayne, In 46801	ACORD, CERTIFIC	ATE OF LIABILI	ITY INS	URANCE	1455733	DATE (MM/DD/YYYY) 3/26/08			
INSURERS AFFORDING COVERAGE  NAIC #  INSURER ARST BAY SHIM LEAGUE  NSURER ARST BAY SHIM LEAGUE  NSURER BAY SHIM LARGE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAN ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY SEES CHIEBO HEREIN IS SUBJECT TO ALL THE TERM COUNTING OF POLICY SHIP ANY DELETED ARE SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NC-NOT COVERED  NC-N	PRODUCER K & K Insurance Group, Inc. 1712 Magnavox Way P.O. Box 2338	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMAT ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
SPORTS, LEISURE & ENTERTALNENT RPG  D/B/A EAST BAY SVIM LEAGUE  41753 OLYMPUS AVE. FREWORT, CA 94539  COVERAGES  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAN ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN, THE INSURANCE AFFORCED BY THE POLICY SECRET OR ALTH THE RESPECT TO ALTH	Fort Wayne, In 46801	INSURERS AFFORDING COVERAGE			NAIC#				
MOURER C:   NOURER D:   NOUR		NT RPG	INSURERA: NATIONWIDE MUTUAL INSURANCE CO						
PREMONT, CA 94539  COVERAGES  THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAN ANY REGUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICES DESCRIBBLE HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  NO—BOT COVERED.  TYPE OF INSURANCE  POLICY PERFORMANCE  FOR INSURANCE  POLICY PERFORMANCE  PRODUCTS COMPRISED STANDARD PRODUCTS  PERSONAL AGVINUARY  12:01AM 4/01/08  4/01/08  PRODUCTS COMPRISED STANDARD STANDARD PRODUCTS COMPRISED STANDARD STANDARD PRODUCTS COMPRISED STANDARD STANDA	D/B/A EAST BAY SWIM LEAGUE								
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAN ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  MOY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAIMS.  MCANOT COVERED.  MER ADDITION TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICY EFFECTIVE POLICY E									
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF POLICES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    POLICY FEETEN   POLICY PROPERTY	L		INSURER E:						
RISK ADD'	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								
A   X   COMMERCIAL GENERAL LIABILITY   RPG0003313700   12:01AM   4/01/08   A/01/09   DAMAGE TORENTED   PREMISES (See occurrance)   \$ 3,000   MED EXP (Any one person)   \$ 5,00   MED EXP (Any one person)   \$ 5,	INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER F	OLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	<del></del>			
AUTOMOBILE LIABILITY	A X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  Owners & Contractors  GEN'L AGGREGATE LIMIT APPLIES PER:	RPG0003313700			DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 300000 \$ 5000 \$ 1000000 \$ 2000000 \$ \$ 1000000			
ALLOWNED AUTOS SCHEDULED AUTOS  X HIRED AUTOS NON-OWNED AUTOS  NON-OWNED AUTOS  GARAGE LIABILITY ANY AUTO OCCUR CLAIMS MADE  DEDUCTIBLE RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  A Participant Accident  RPG0003313700  RON-OWNED AUTOS  BODILY INJURY (Per person) S  BODILY INJURY (Per accident) S  AUTO ONLY -EA ACCIDENT S S  WC STATU- S S  WC STATU- S S  WC STATU- S S  EL. DISEASE-POLICY LIMIT S  NC Permany Medical NC	AUTOMOBILE LIABILITY	RPG0003313700			COMBINED SINGLE LIMIT				
ANY AUTO   BODILY INJURY (Per accident)   S	ALL OWNED AUTOS		2, 22, 22	,,,,,,,					
RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY ROYERORIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  ANY AUTO  RECORD RECOR	X HIRED AUTOS					s			
ANY AUTO  ANY AUTO  ANY AUTO  OTHER THAN AUTO ONLY:  AGG \$  EXCESS/UMBRELLA LIABILITY  OCCUR  CLAIMS MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  A Participant Accident  RPG0003313700  ACC \$  AGG \$  EACH OCCURRENCE  \$  AGGREGATE  \$  WCSTATU- TORY LIMITS  E.L. EACH ACCIDENT  \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT  AD&D  Primary Medical  NC	po de deserviciones de la constante de la cons					s			
EXCESS/UMBRELLA LIABILITY  OCCUR  CLAIMS MADE  DEDUCTIBLE  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER  A Participant Accident  RPG0003313700  REACH OCCURRENCE  AGGREGATE  \$  WC STATU- TORYLIMITS  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT  NC  Primary Medical  NC					OTHER THAN EA ACC	C \$			
RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER  A Participant Accident RPG0003313700 4/01/08 4/01/09 Primary Medical NC	OCCUR CLAIMS MADE				EACH OCCURRENCE	\$ \$ \$			
EMPLOYERS'LIABILITY						\$			
If yes, describe under   SPECIAL PROVISIONS below   ELL. DISEASE-POLICY LIMIT   \$	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				1				
OTHER         12:01AM         12:01AM         AD&D         NC           A Participant Accident         RPG0003313700         4/01/08         4/01/09         Primary Medical         NC	OFFICER/MEMBER EXCLUDED?  If yes, describe under								
	OTHER	RPG0003313700			AD&D Primary Medical Excess Medical	NC NC 25000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  SPORT: SWIMMING  AGES: 18 AND UNDER									
CERTIFICATE HOLDER CANCELLATION	CERTIFICATE HOLDER	CANCELLATION							
**EVIDENCE OF COVERAGE**  **EVIDENCE OF COVERAGE**  **EVIDENCE OF COVERAGE**  **EVIDENCE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO	**EVIDENCE OF COVERAGE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSTREM, ITS AGENTS OR REPRESENTATIVES.							
in YValle	ACODD 25 (2004/08)		/im	AND	ORPORATION 1988				