

DATE  
(MM/DD/YYYY)  
6/1/2018

## CERTIFICATE OF LIABILITY COVERAGE

**COVERAGE PROVIDER:**

Self-Insured Schools of CA (SISC II)  
2000 K Street  
Bakersfield CA 93301

**NAMED COVERED MEMBER DISTRICT:**

Merced Union High School District  
PO Box 2147  
Merced CA 95344

THE REFERENCED MEMORANDUM OF COVERAGE(S) ("MOC") AND/OR INSURANCE POLICY(IES) EXTEND INDEMNITY PROTECTION TO THE NAMED COVERED MEMBER IN KEEPING WITH THE TERMS AND CONDITIONS OF THE COVERAGE AGREEMENTS/ POLICIES FOR THE EFFECTIVE COVERAGE DATES AND WITH THE STATED COVERAGE LIMITS. COVERAGE PROVIDED BY MOCS IS EXTENDED PURSUANT TO THE RIGHTS AND LIMITATIONS OF CALIFORNIA GOVT CODE § 990 & 6500 ET SEQ.

CERTIFICATE NUMBER: 4

TYPE OF COVERAGE	COVERAGE AFFORDED	MOC/POLICY NUMBER	EFFECTIVE DATE(S)	EXPIRATION DATE(S)	LIMITS (Each Occurrence)
GENERAL LIABILITY	General Liability Employment Practices Educators' Legal Liability	SLP 7118 19 \$1,000 Deductible	07/01/2018	07/01/2019	\$ 1,750,000
AUTOMOBILE LIABILITY	Automobile Liability (All Owned, Hired, Leased, and Borrowed)	SAP 7118 19 \$1,000 Deductible ACV COMP/COLL	07/01/2018	07/01/2019	\$ 1,750,000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	E.L. Each Accident E.L. Disease - Ea. Employee E.L. Disease - Policy Limit				
BLANKET BUILDINGS & PROPERTY	Blanket Buildings & Contents, Replacement Cost Rental Interruption, Actual Loss Sustained	SPP 7118 19  DEDUCTIBLE \$ 2,500	07/01/2018	07/01/2019	\$ 250,000

THIS CERTIFICATE CONFERS NO RIGHT, BENEFIT, OR INTEREST IN THE REFERENCED MEMORANDUM(S) OF COVERAGE OR INSURANCE POLICY(IES). NOR DOES IT AMEND, MODIFY, ENLARGE OR ALTER THE COVERAGE AFFORDED BY SUCH DOCUMENTS. IF THE CERTIFICATE HOLDER IS CONTRACTUALLY ENTITLED TO BE NAMED AS AN ADDITIONAL COVERED MEMBER ("ACM") UNDER ANY COVERAGE AGREEMENT OR POLICY, THE CONTRACT IMPOSING THE OBLIGATION MUST BE PROVIDED TO THE NAMED COVERED MEMBER LISTED ABOVE FOR REVIEW AND APPROVAL BEFORE SUCH AN ENDORSEMENT WILL BE ISSUED; ACM COVERAGE IS NOT AUTOMATICALLY GRANTED.

**Description and Date(s) of Event/Operations/Locations/Vehicle** (Additional remarks/schedule may be attached if more space is needed)

\*Use of facilities/streets for all schools within Merced Union High School District for the policy year, for which the City of Merced, its officers, employees, volunteers, and agents are named as additional insured.

**CERTIFICATE HOLDER:**

City of Merced  
678 W 18th St  
Merced CA 95340

**Cancellation of Coverage:** If any of the policies described herein be cancelled before their expiration dates, notice will be delivered in accordance with policy provisions.

**Issuer of this Certificate:**

SELF-INSURED SCHOOLS OF CA (SISC II)  
2000 K STREET  
BAKERSFIELD CA 93301  
PHONE (661) 636-4495 FAX (661) 636-4868  
E-mail Address: [sisc\\_pl@kern.org](mailto:sisc_pl@kern.org)

*Robert J. Kretzmer*

POLICY NUMBER: SLP 7118 19

**THIS ENDORSEMENT CHANGES THE MEMORANDUM OF COVERAGE.  
PLEASE READ IT CAREFULLY.**

**ADDITIONAL COVERED MEMBER—DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modified coverage provided under the following:

**GENERAL LIABILITY**

**Name Covered Member:**

Merced Union High School District  
PO Box 2147  
Merced CA 95344

**SCHEDULE**

**Name of Additional Covered Person(s) or Organization(s)**

City of Merced, its officers, employees, volunteers, and agents

RE: \*Use of facilities/streets for all schools within Merced Union High School District for the policy year, for which the City of Merced, its officers, employees, volunteers, and agents are named as additional insured.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section III – The Definition of a Covered member is amended to include as an additional covered member the person(s) or Organization(s) shown in the Schedule, but only with respect to Liability for "bodily injury", "property damage", or "personal and Advertising injury caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**COVERAGE IS PRIMARY AND OTHER COVERAGE MAINTAINED BY THE ADDITIONAL COVERED MEMBER SHALL BE EXCESS ONLY AND NOT CONTRIBUTING WITH THIS COVERAGE.**