



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 12-01-2015

GROUP:
POLICY NUMBER: [REDACTED]
CERTIFICATE ID: 2
CERTIFICATE EXPIRES: 12-01-2016
12-01-2015/12-01-2016

Check the certificate expiration date to make sure it's good for the current school year.

**JULIAN CHARTER SCHOOL
PO BOX 2470
JULIAN CA 92036-2470**

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This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2015-07-06 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:

JULIAN CHARTER SCHOOL

ENDORSEMENT #1901 - [REDACTED] ON, KEITH - EXCLUDED.

ENDORSEMENT #1901 - [REDACTED] ARIO - EXCLUDED.

EMPLOYER

Business name and address here

[REDACTED] CENTER LLC
SAN DIEGO CA 92120

[P10,HO]