CERTIFICATE OF INSURANCE				DATE: CERTIFICATE NUMBER:		
ΔGF	ENCY:			CERTIFICATE NUMBER.		
			CONFERS	TIFICATE IS ISSUED AS A MATTER OF INFORMATI NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CEF D, EXTEND OR ALTER THE COVERAGE AFFORDED BY	RTIFICATE DOES	
NAN	MED INSURED:			INSURERS AFFORDING COVERAGE:		
				INSURER A:		
EVE	ENT INFORMATION:			·		
Cha	bot College (9/1/2014 - 8/31/2015)					
REC INS LIM	QUIREMENT, TERM OR CONDITION OF ANY CON URANCE AFFORDED BY THE POLICIES DESCR ITS SHOWN MAY HAVE BEEN REDUCED BY PAIL	NTRACT OR OTHER DOCUMEN RIBED HEREIN IS SUBJECT T	NT WITH RESPECT O ALL THE TER	ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIE LIMITS:	Y PERTAIN, THE	
Α	GENERAL LIABILITY					
	X COMMERCIAL GENERAL	9/1/2014 12:01 AM	9/1/2015 12:01 AM	GENERAL AGGREGATE	None	
	X Occurrence			EACH OCCURRENCE	\$1,000,000	
	X Participant Legal Liability			DAMAGE TO RENTED PREMISES (Each Occ.)	\$1,000,000	
	A Participant Legal Clability			MEDICAL EXPENSE (Any one person)	\$5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
				PRODUCTS-COMP/OP AGG	\$1,000,000	
В	UMBRELLA/EXCESS LIABILITY					
	X Occurrence	9/1/2014 12:01 AM	9/1/2015 12:01 AM	AGGREGATE	\$4,000,000	
		12.01 AW	12.01 AW	EACH OCCURRENCE	\$4,000,000	
С	PARTICIPANT ACCIDENT					
	X ACCIDENTAL DEATH &	9/1/2014	9/1/2015 12:01 AM	EXCESS MEDICAL	\$25,000	
	DISMEMBERMENT	12:01 AM		Per Claim Deductible	\$500	
	EXCESS MEDICAL			ACCIDENTAL DEATH & DISMEMBERMENT	\$25,000	
DE0	CRIPTION OF OPERATIONS/LOCATIONS/V	THOU FO/EVOLUCIONO AD	DED BY ENDO	<u> </u>		
	E CERTIFICATE HOLDER IS AN ADDITIONA -GL-56 (04-07) ADDITIONAL INSURED - OWN			ITY ARISING FROM THE NAMED INSURED PURSUPONSORS OR CO-PROMOTERS.	ANT TO FORM	
CERTIFICATE HOLDER:			NOTICE O	NOTICE OF CANCELLATION:		
Chabot College 25555 Hesperian Blvd Hayward, CA 94545			Should any	Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.		
			AUTHORIZED REPRESENTATIVE:			