



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/22/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER CAN Insurance Services P.O. Box 640 Capitola CA 95010-	CONTACT NAME: Coryn Gardiner PHONE (A/C, No, Ext): (831) 824-5017 FAX (A/C, No): (831) 824-5057 E-MAIL ADDRESS: coryncaninsurance.com PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Guitars in the Classroom 1911 Shady Acre Circle Encinitas CA 92024-	INSURER A : St. Paul Travelers
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				/ /	/ /	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		X-660-8815L962-TCT-12	01/07/2012	01/07/2013	MED EXP (Any one person) \$ 5,000
					/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
					/ /	/ /	GENERAL AGGREGATE \$ 2,000,000
					/ /	/ /	PRODUCTS - COMP/OP AGG \$ 2,000,000
					/ /	/ /	\$
	AUTOMOBILE LIABILITY				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				/ /	/ /	\$
	<input type="checkbox"/> NON-OWNED AUTOS				/ /	/ /	\$
	UMBRELLA LIAB				/ /	/ /	EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB				/ /	/ /	AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				/ /	/ /	\$
	<input type="checkbox"/> RETENTION \$				/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				/ /	/ /	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N			N/A	/ /	/ /	E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
					/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
					/ /	/ /	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER () - () - Encinitas Union School District 101 S. Rancho Santa Fe Rd. Encinitas CA 92024-	CANCELLATION 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 
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POLICY NUMBER :X-660-815L962-TCT-12

Commercial General Liability

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CHARITY FIRST – AMENDMENT OF COVERAGE
WHO IS AN INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased to you)

941 Capri Road, Encinitas, CA 92024

Encinitas Union School District and the School located at 941 Capri Road in Encinitas, CA are named Additional Insured as respect to the operations of the Named Insured.

WHO IS AN INSURED (Section II) is amended to include as an insured:

- A. Your members and volunteers but only with respect to their liability for your activities or activities they perform on your behalf.
- B. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf; and
- C. Person(s) or organization(s), whether or not shown in the Schedule above, but only with respect to their liability arising out of;
 - 1. Their financial control over you;
 - 2. Their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them;
 - 3. The ownership, maintenance or use of that part of a premises leased to you; or
 - 4. “Your work” for that insured by or for you.

As respects Part C.3. above, this insurance does not apply to:

- (a) Structural alterations, new construction, or demolition operations performed by or on behalf of the person(s) or organization(s) ; or
- (b) Any “occurrence” which takes place after you cease to be a tenant in that premises.