



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2019

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 have ADDITIONAL INSURED provisions or 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 MARSH USA, INC. 1717 Arch Street PHILADELPHIA, PA 19103-2797	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED Copper Hills Youth Center c/o UHS of Delaware, Inc. 367 S. Gulph Road King of Prussia, PA 19406	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Endurance American Specialty Insurance Company	
	INSURER B: National Union Fire Ins Co. of Pittsburgh PA	
	INSURER C: New Hampshire Insurance Company	
	INSURER D: American Home Assurance Company	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CLE-006256191-03 **REVISION NUMBER:** 2

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY			6631155 (AOS)	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			6631157 (VA)	01/01/2020	01/01/2021	BODILY INJURY (Per person) \$
B	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6631156 (MA)	01/01/2020	01/01/2021	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HLC10006193205	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 SIR 10% of Limit \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			020608800 (AOS), 020608801 (AOS)	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			020608802 (CA)	01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 2,000,000
C				020608803 (FL)	01/01/2020	01/01/2021	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	020608804 (MA, WI)	01/01/2020	01/01/2021	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CIRF-435032-2882:GL,AU,WC,HP
 General Liability: The above referenced Insured is self insured for \$3,000,000 each and every occurrence for 01/01/20 - 01/01/21.
 Hospital Professional Liability: The above referenced Insured is self insured for \$5,000,000 each and every occurrence for 01/01/20 - 01/01/21.
 Re: Managed Care Provider Contract

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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PRODUCER MARSH USA, INC. 1717 Arch Street PHILADELPHIA, PA 19103-2797		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
CN102273418-COPPE-20-21 COPPE GAWXP		INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Copper Hills Youth Center c/o UHS of Delaware, Inc. 367 S. Gulph Road King of Prussia, PA 19406		INSURER A : Endurance American Specialty Insurance Company			41718
		INSURER B : National Union Fire Ins Co. of Pittsburgh PA			19445
		INSURER C : New Hampshire Insurance Company			23841
		INSURER D : American Home Assurance Company			19380
		INSURER E :			
		INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** CLE-006050285-40 **REVISION NUMBER:** 17

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D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	020608802 (CA)	01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 2,000,000
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 Hospital Professional Liability: The above referenced Insured is self insured for \$5,000,000 each and every occurrence for 01/01/20 - 01/01/21.
 Automobile & General Liability - Mt. Diablo Unified School District, is included as additional insured with respect to liability arising out of the activities for the named insured and only when required by written contract subject to policy terms, conditions, limitations, exclusions and endorsements.
 Sexual Abuse/Misconduct coverage is included in the self-insurance limits evidenced without sublimits.

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ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2020 forms a part of

Policy No. CA 663-11-55 issued to UNIVERSAL HEALTH SERVICES, INC.

by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE CONTRACTUALLY BOUND TO PROVIDE ADDITIONAL INSURED STATUS BUT ONLY TO THE EXTENT OF SUCH PERSON'S OR ORGANIZATION'S LIABILITY ARISING OUT OF THE USE OF A COVERED "AUTO".

I. SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who Is Insured, is amended to add:

d Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:

- (1) The coverage and/or limits of this policy, or
- (2) The coverage and/or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

GENERAL CHANGE ENDORSEMENT

Named Insured:	Universal Health Services, Inc.		
Policy No.:	HLC10006193205	Endorsement Effective Date:	January 1, 2020
Issued By:	Endurance American Specialty Insurance Company	Endorsement No.:	4

THIS ENDORSEMENT CHANGES THIS POLICY, PLEASE READ IT CAREFULLY.

Amendment – Blanket Additional Insureds

It is agreed that:

The term **Insured** as defined in the Policy, is amended to include any person or organization for whom the **Insured** has agreed under written contract or written agreement to provide insurance; provided any such claim is made and continuously maintained against at least one **Insured**, other than the Additional Insured. The coverage provided shall not exceed the scope of coverage and/or Limits of Liability of this Policy; nor shall the coverage provided exceed the scope of coverage and/or limits required by said agreement in effect during this Policy Period and executed prior to the occurrence of any claim.

Nothing herein contained shall vary, alter, waive, or extend any of the terms, representations, conditions or agreements of the policy other than as above stated.



Authorized Representative



UNIVERSAL HEALTH SERVICES, INC.

367 S. Gulph Road

King of Prussia, PA 19406-0958

UHS Subsidiary: Copper Hills Youth Center
Contract: Mt. Diablo Unified School District

Letter of Self-Insurance and Indemnification

This letter is presented in conjunction with Accord Certificate of Insurance evidencing the Copper Hills Youth Center Self Insurance Program as respects General Liability in the amount of \$3M and Professional liability insurance in the amounts of \$12.5M, each and every occurrence, respectively, with an unlimited general aggregate. This letter also serves to confirm that the "UHS Subsidiary" is wholly-owned by Universal Health Services, Inc.

Copper Hills Youth Center Self-Insurance Program is managed by the parent subsidiary, UHS of Delaware, Inc. Loss projections for each subsidiary hospital are actuarially calculated and consolidated corporate accruals are then established based on these projections. This method of loss funding is approved by our company's auditors. Adequacies of gross accruals are reviewed twice yearly (see UHS Annual report at www.uhsinc.com).

The self-insurance program is occurrence based and provides defense and indemnification for all incidents, claims and actions of the hospital and/or its employees, resulting in bodily injury, property damage, or personal injury, as respects the terms and conditions of the fully executed Mt. Diablo Unified School District.

The self-insurance described in this letter renews on January 1, 2021. This letter will apply to all subsequent self-insured years unless the terms and conditions of indemnification described herein change. A new letter will not be issued unless there are changes to the hospital's indemnification of Mt. Diablo Unified School District as respects this program.

The self-insurance indemnification is not extended for incidents or claims arising out of the negligent or intentional acts or omissions of Mt. Diablo Unified School District or its employees, commissioners, contractors or agents or any of the following types of claims: Automobile accidents, Employer's Liability, Employee/Workers' Compensation, Recall of Products, Aircraft or Watercraft, Acts of War or Terrorism

Sincerely,

Michelle Cruz-Cartaya
Insurance Analyst
Universal Health Services, Inc.
King of Prussia, PA 19406