



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2022

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 Summit, NJ-Hub International Northeast 180 River Road -2nd Floor Summit NJ 07901 | CONTACT NAME: Kristen Steskel PHONE (A/C, No, Ext): 908-790-6837 E-MAIL ADDRESS: Kristen.Steskel@hubinternational.com | FAX (A/C, No): 917-934-9041 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Therapy Staff, LLC 377 Hoes Lane - Suite 300 Piscataway NJ 08854 | INSURER A : Evanston Insurance Company | | 35378 |
| | INSURER B : Landmark American Insurance Company | | 33138 |
| | INSURER C : Coverys Specialty Insurance Company | | |
| | INSURER D : | | |
| | INSURER E : | | |
| INSURER F : | | | |

COVERAGES

CERTIFICATE NUMBER: 1083509276

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|--|-----------|----------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> Stop Gap Cov GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | MKLV1PSM000247 | 4/15/2022 | 4/15/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Deductible \$ 50,000 |
| A | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | MKLV1PSM000247 | 4/15/2022 | 4/15/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | Y | | MKLV1XSM000023 | 4/15/2022 | 4/15/2023 | EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Medical/Professional | Y | | MKLV1PSM000247 | 4/15/2022 | 4/15/2023 | Claims Made Policy Limits \$1MM/\$3MM Agg. \$3MM/\$3MM Agg. \$3MM/\$3MM Agg. |
| B | Excess Umbrella | Y | | LHZ795672 | 4/15/2022 | 4/15/2023 | |
| C | Excess Umbrella | Y | | 005NJ000035443 | 4/15/2022 | 4/15/2023 | |

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

Stop Gap Coverage for the states of OH, WA, WY, ND is included under the General Liability Coverage and is excluded under the Excess Policies. Therapy Staff, LLC does not own nor lease any automobiles. Abuse and Molestation \$1M per Occurrence/\$3M Aggregate with \$50,000 Deductible is included in Evanston Liability policy but is not an underlying coverage in the excess layers. Employer's Liability coverage is not included under the Umbrella/Excess policies. With the exception of Sexual Abuse & Molestation and Damage to Rented Premises, Umbrella/Excess is follow form of underlying coverages (which includes General Liability, Automobile Liability and Professional Healthcare Liability). No policies listed on this certificate include Workers Compensation, Crime/Fidelity and Cyber - Network-Privacy coverages. Medical Professional includes Errors and Omissions coverage \$1M per occurrence/\$3M per aggregate as per written contract

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519 | 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  |
|---|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|---|--|
| AGENCY Summit, NJ-Hub International Northeast | | NAMED INSURED Therapy Staff, LLC 377 Hoes Lane - Suite 300 Piscataway NJ 08854 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Re: Behavior Technician Staffing Position

Mt. Diablo Unified School District is included as Blanket Additional Insured for General Liability, Automobile Liability, Professional Healthcare Liability and Excess/Umbrella policies as per written contract/agreement. Medical Professional includes Errors and Omissions coverage \$1M per occurrence/\$3M per aggregate as per written contract. Sexual Molestation limit is \$1,000,000 per Claimant/\$3,000,000 aggregate. With the exception of Sexual Abuse & Molestation and Damage to Rented Premises, Umbrella/Excess is follow form of underlying coverages (which includes General Liability, Automobile Liability and Professional Healthcare Liability).



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT – BODILY INJURY/PROPERTY DAMAGE LIABILITY (BLANKET)

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART – OCCURRENCE COVERAGE

| SCHEDULE | |
|--|--|
| Additional Insured (Name of Person or Organization): | any person or organization to whom the Named Insured is obligated by written contract or written agreement to provide coverage as an additional insured to such person or organization |

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

- Section THE INSURED is amended by the addition of the following:
The unqualified word Insured shall also mean Additional Insured stated in the Schedule, but only with respect to liability for Bodily Injury or Property Damage which arises out of only those Specified Products, Goods, Operations or Premises stated in the Declarations and provided the Named Insured is required to include such Additional Insured as an additional insured on this policy by a written contract or written agreement in effect during this Policy Period and executed prior to the happening of the Bodily Injury, Property Damage and Occurrence.
- No coverage shall be afforded to the above Additional Insured for Bodily Injury or Property Damage or to any Employee or to any obligation of the Additional Insured to indemnify another because Damages arising out of such injury.
- Where no coverage shall apply herein for the Named Insured, no coverage or defense shall be afforded to the above Additional Insured.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – PROFESSIONAL LIABILITY

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART
SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

- A.** Section The Insured is amended to include as an additional insured any natural person or legal entity to whom the Named Insured is obligated by written contract or agreement to provide coverage as an additional insured, but only with respect to Claims that:
1. Arise out of the conduct of Professional Services rendered or that should have been rendered by an Insured that is not an additional insured; and
 2. Are otherwise covered herein;

Provided such written contract or agreement was executed prior to the act, error, or omission in Professional Services for which coverage is sought.

However, the insurance provided to the additional insured:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which the Named Insured is required by the written contract or agreement to provide for such additional insured.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

- B.** With respect to the insurance afforded to the additional insured, Section Limits Of Liability is amended as follows:
1. Paragraph **C.** Limit of Liability-Reduction for Refusal to Settle in the **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART** is replaced by the following:

C. Limit of Liability-Reduction for Refusal to Settle: The Company shall not settle any Claim against the additional insured without the consent of the first Named Insured. If, however, the first Named Insured shall refuse to consent to any settlement recommended by the Company and shall elect to contest the Claim or continue any legal proceedings in connection with such Claim, then the Company's liability for the Claim shall not exceed the amount for which the Claim could have been so settled including Claim Expenses incurred up to the date of such refusal. Such amounts are subject to the provisions of the above Limits of Liability A. and B.

2. The following is added:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the written contract or agreement; or
2. Available under the applicable limits of liability;

whichever is less.

This endorsement shall not increase the applicable limits of liability stated in the Declarations.

- C. The following is added to Section Defense And Claim Expenses in the **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART** and Section Defense, Settlements And Claim Expenses in the **SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY**:

The Company's obligation to provide defense shall not be severable with respect to the additional insured and all other Insureds hereunder.

With respect to the additional insured and any other Insured hereunder, all Insureds will be represented by the same attorney unless mutual representation is prohibited by law or by any applicable professional code of conduct.

- D. With respect to coverage provided to the additional insured by this endorsement, the first paragraph under **E. Other Insurance of COMMON POLICY CONDITIONS** is replaced by the following:

This insurance shall be in excess of the applicable Deductible stated in the Declarations and will be excess over, and will not contribute with, any other insurance available to the additional insured whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the Limits of Liability provided in this policy.

All other terms and conditions remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2022

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 SUNZ Insurance Solutions, LLC c/o InSource Employer Solutions, Inc. 204 37th Ave N. #318 St Petersburg, FL 33704 | ID:(InSource) | CONTACT NAME: Rick Noss | FAX (A/C, No): |
| | | PHONE (A/C, No, Ext): 470-891-4147 | E-MAIL ADDRESS: rickn@insourcees.com |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | NAIC # | |
| | | INSURER A: United Wisconsin Insurance Company 29157 | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

INSURED
 Therapy Staff Limited Liability Company
 377 Hoes Lanes
 3rd Floor
 Piscataway NJ 8854

COVERAGES

CERTIFICATE NUMBER: 68451110

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 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"/> PRO-JECT <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 \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC600-00210-022-SZ | 6/1/2022 | 6/1/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District
 1936 Carlotta Drive
 Concord CA 94519

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

Rick Leonard

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD