



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/14/2020

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.

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.

PRODUCER Remer Lane Insurance, Inc. 912-352-4444 CONTACT NAME: Jonathan B. Lane PHONE: 912-352-4444 FAX: 912-352-2500 INSURED BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES, LLC

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) COMPLETE CERT HOLDER NAME: Mt. Diablo Unified School District, its officers, officials, employees, and volunteers.

CERTIFICATE HOLDER

CANCELLATION

MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CONCORD DR 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 Jonathan B. Lane

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):

Effective Date: 09/23/2020 12:01 AM

MT. DIABLO UNIFIED SCHOOL DISTRICT, ITS OFFICERS, OFFICIALS, EMPLOYEES, & VOLUNTEERS
1936 CARLOTTA DRIVE
CONCORD, CA 94519

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with the premises owned by or rented to you.

ENDORSEMENT #6

This endorsement, issued by **United States Liability Insurance Company** to **BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES, LLC** forms a part of Policy Number **AH 1557143B** effective on **11/20/2020** (MO. DAY YR.) at 12:01 A.M.

Add/Remove/Amend Coverage

In consideration of **an additional premium of \$30** it is hereby agreed and understood that the policy is amended with the following changes:

LOCATIONS:

Loc. #	Address	Territory
1	3229 Argent Boulevard, Suite A, Ridgeland, SC, 29936	001
	Covered Causes of Loss: Special	Fire Code: 0702
	Construction: Unknown	Prot. Class: 1
	Description: Business Personal Property	Square Footage: 0
	Special Deductible: None	Special Deductible Type:
2	1115 North Columbia Avenue, Rincon, GA, 31326	003
	Covered Causes of Loss: Special	Fire Code: 0702
	Construction: Unknown	Prot. Class: 1
	Description: Business Personal Property	Square Footage: 0
	Special Deductible: None	Special Deductible Type:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

COVERAGES:

<u>Loc#</u>	<u>Classification</u>	<u>Code No.</u>	<u>Premium Basis</u>	<u>Rate</u>		<u>Premium Change</u>		<u>Charged</u>
				<u>Pr/Co*</u>	<u>All Other</u>	<u>Pr/Co*</u>	<u>All Other</u>	
1 Amend	Additional Insured - Managers or Lessors of Premises	49950	2 Per Additional Insured	Included	50.000	Included	\$100	\$15
1 Amend	Mental Health Counselor	73729	6 Per Counselor	Included	36.150	Included	\$217	\$15
2 Amend	Mental Health Counselor	73729	If Any	Included	36.150	Included	Included	\$0

LIMITS:

The following Limits have been amended as shown:

Each Occurrence Limit	\$2,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$2,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$4,000,000
Allied Health Abuse Molestation Each Claim Limit	\$50,000
Allied Health Abuse Molestation Aggregate	\$100,000

It is hereby agreed that the following form(s) is(are) removed from the Policy:

* Products/Completed Operations

ENDORSEMENT #6

Jacket 09/10 - Commercial Insurance Policy Jacket

All other terms and conditions of this Policy remain unchanged.