



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/8/2022

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 Edgewood Partners Insurance Center One State Street Plaza 9th Floor New York NY 10004	CONTACT NAME: Certificate Unit PHONE (A/C, No, Ext): 404-439-8000 E-MAIL ADDRESS: certificate@Epicbrokers.com	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B : The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER C : Underwriters at Lloyd's London</td> <td>15792</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Specialty Insurance Company	21199	INSURER B : The Continental Insurance Company	35289	INSURER C : Underwriters at Lloyd's London	15792	INSURER D :		INSURER E :		INSURER F :
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INSURED Invo Healthcare Assoc., LLC 2003 South Easton Road, Suite 308 Doylestown, PA 18901	INVOHOL-01														

COVERAGES **CERTIFICATE NUMBER:** 1142616817 **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"/> Prof. Liability <input checked="" type="checkbox"/> deduct. \$50,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FLP0060215-04	5/9/2021	7/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BUA 6046239105	5/9/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			FLP0060215-04	5/9/2021	7/1/2022	EACH OCCURRENCE	\$ 8,000,000
							AGGREGATE	\$ 8,000,000
								\$
B B	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	6046239072 6046239251	5/9/2021 5/9/2021	7/1/2022 7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Abuse or Molestation			MR213584	5/9/2021	7/1/2022	Each Claim Aggregate Retention	\$5,000,000 \$5,000,000 \$150,000

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

Professional Liability and Abuse or Molestation are on a claims-made basis.

LEA and the Board of Education, to the extent required by written contract are additional insured with respect to General Liability.

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

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following designated coverage forms:

Healthcare Professional Liability Coverage Form;
Healthcare General Liability Coverage Form;
Healthcare General Liability Coverage Form – Claims Made; and
Healthcare Provider Professional Liability Coverage Form

whichever applies.

A .Changes Applicable to All Coverage Forms

The following is added to the **Who Is An Insured** section of your policy.

Good Samaritan. Your “employees” are insureds for any "occurrence" or "medical incident" arising out of their rendering emergency first aid outside of their duties as your “employees” as long as the emergency first aid is rendered without the receipt or expectation of remuneration.

For the purpose of this Good Samaritan provision only, "medical incident" means any act or omission in the providing or failure to provide "health care professional services". We will consider a series of related acts or omissions in the providing or failure to provide "health care professional services" to be one "medical incident".

Medical Director. Your Medical Directors are covered for "medical professional injury" that results from acts or omissions in the providing of or failure to provide "health care professional services" that are performed as part of their employment duties for you.

Blanket Additional Protected Persons. Other individuals or organizations when required to be covered by written contract, agreement, or permit, provided the written contract, agreement or permit is executed prior to the “claim” being made or the “suit” being brought. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limit of liability for any covered “claim” or “suit”. Damages paid on their behalf will reduce and may exhaust your limit of liability under this policy.

B. Changes Applicable to All Common Policy Conditions

The following paragraph is added to item **15. Transfer of Rights Of Recovery Against Others To Us.** We waive the right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a written contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only when required by written contract and when such contract was executed prior to any loss.

C. Changes Applicable to Healthcare Professional Liability Coverage Form

The following is added to **Section I – Coverage.**

DAMAGE TO PATIENT’S PROPERTY

Section I. Coverage - 2. Additional Payments is amended to add:

g. We will pay up to \$500 for loss that is due to "property damage" to your patient's tangible property if resulting directly from the performance or failure to perform "healthcare professional services". We will make these payments regardless of fault.

These payments will not exceed \$5,000 for all such losses resulting from all "healthcare professional services", regardless of the number of patients whose tangible property is injured.

For the purposes of this Additional Payment, the following changes are made:

1. **Section IV. - Deductibles** does not apply;
2. **Section VIII - Definitions** is amended to add:

"Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

"Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- b. Loss of use of tangible property of others that is not physically injured. All such loss of use shall be deemed to occur at the time of the accident, including continuous or repeated exposure to substantially the same general harmful conditions that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

MEDICAL BOARD LICENSING HEARING COST REIMBURSEMENT COVERAGE

h. We will reimburse the named insured for "hearing costs" which arise out of "hearings" involving physicians named in the Named Individual Or Organization Endorsement – Employed Individuals (Shared Limit) provided such "hearings" result from "medical incidents" covered by this coverage form. We have no right or duty to defend any physician in any "hearing".

For the purposes of **Medical Board Licensing Hearing Cost Reimbursement Coverage** the following paragraphs are added to **Section III – Limits Of Insurance**

4. Subject to the aggregate limit described in 3. above, the medical board licensing hearing cost per physician aggregate limit shown below is the most we will reimburse for all "hearing costs" covered by this endorsement regarding any one physician.

Medical Board Licensing Hearing Cost Per Physician Aggregate Limit:\$20,000

5. Subject to the medical board licensing hearing cost per physician aggregate limit shown above, the per hearing per physician limit shown below is the most we will reimburse for costs associated with any one "hearing" covered by this endorsement regarding any one physician.

Per Hearing Per Physician Limit: \$10,000

For the purposes of **Medical Board Licensing Hearing Cost Reimbursement Coverage** only, the following exclusions are added to **Section VI – Exclusions**.

Medical Staff Privileges This insurance does not apply to any "hearing" arising out of or resulting from

the appointment or reappointment to medical staff or the revocation or restriction of medical staff privileges by any health care facility or managed care organization.

Completion Or Alteration Of Medical Records This insurance does not apply to any "hearing" arising out of or resulting from disputes over timely completion or alteration of medical records.

Fraud, Abuse, Or Non-Compliance This insurance does not apply to any "hearing" arising out of or resulting from fraud, abuse or willful non-compliance with the rules and regulations of Medicaid or Medicare or any other program of a local, state or federal agency.

Substance Abuse This insurance does not apply to any "hearing" arising out of or resulting from allegations of substance abuse by the physician.

Improper Prescriptions This insurance does not apply to any "hearing" arising out of or resulting from allegations of improper prescription of any medication. This includes prescriptions provided without an appropriate history or physical.

For the purposes of **Medical Board Licensing Hearing Cost Reimbursement Coverage** only, the following changes are made:

1. **Section IV. - Deductibles** does not apply;
2. **Section VIII - Definitions** is changed to add the following:

"Hearings" means investigations conducted, or administrative proceedings or actions brought, by state medical licensing boards.

"Hearing costs" means reasonable and necessary fees and expenses of legal counsel and expert consultants, including, without limitation, investigation, travel, costs of transcripts, and court filing fees, incurred in the defense of an administrative proceeding or action. "Hearing costs" associated with appeals are considered part of those incurred during the original proceeding. "Hearing costs" do not include salary, charges or incidental expenses of your "employees", "administrators" or agents, or any sanctions, penalties, fines or other monetary penalties imposed by a medical licensing board.

COVERAGE TERRITORY CHANGE (Worldwide)

The following is added to the "Coverage Territory" definition:

c. For any "claims" or "suits" not addressed by paragraphs **a.** or **b.** above, we will only reimburse the named insured for:

- (1) Reasonable expenses incurred by your investigation and defense.
- (2) Damages for liability incurred or settlement(s) made that are otherwise covered by this policy.

Any reimbursement made under paragraph **c.** for "claims" or "suits", including any expense associated with these "claims" or "suits", will be subject to the limit of insurance shown below and the deductibles shown in the declarations page. You must notify us of all such "claims" or "suits" as soon as practicable. We will have the right at our sole discretion, but not the duty, to investigate or associate in the defense of any such "claim" or "suit". Expense associated with our defense of such "claims" will be subject to the limit of insurance shown below and the deductibles shown in the declarations page.

Aggregate Limit: \$1,000,000

Each Medical Incident Limit: \$1,000,000

The above limits are part of, and not in addition to, the each medical incident limit specified in the declarations.

Notwithstanding the above, the coverage territory does not include any country or jurisdiction which is subject to trade or other economic sanction or embargo by the United States of America.

D. Changes applicable to Healthcare General Liability Coverage Form and Healthcare General Liability Coverage Form - Claims-Made, whichever applies.

EVACUATION EXPENSE COVERAGE

The following is added to **Supplementary Payments – Coverages A and B:**

h. We will reimburse the insured for “evacuation expenses” actually incurred in connection with an “evacuation” which first takes place during the Policy Period and which is reported in accordance with the **Duties in the Event an Evacuation Occurs** section of this endorsement, subject to the sublimit shown below.

Evacuation Sublimit of Insurance

Annual Aggregate Evacuation Expense Limit: \$25,000

Each “Claim” Evacuation Expense Limit: \$25,000

The annual aggregate evacuation expense limit shown above is the maximum we will pay for all expenses in any way related to, in whole or in part, “evacuation expense”.

Subject to the annual aggregate evacuation expense limit, the each “claim” evacuation expense limit shown above is the maximum we will pay for expenses for any one “claim” in any way related to, in whole or in part, “evacuation expense”.

The above limits are part of, and not in addition to, the aggregate limit applicable to this coverage form.

For the purposes of **Evacuation Expense Coverage**, no coverage will be available for “evacuation expenses” arising out of any:

- a. strike or bomb threat, unless the "evacuation" was ordered by a civil authority;
- b. false fire alarm or a planned evacuation drill;
- c. vacating of one or more residents because of their individual medical condition;
- d. nuclear reaction, radiation or any radioactive contamination, however caused;
- e. seizure or destruction of property by order of a governmental authority; provided that this Exclusion shall not apply to an order of evacuation by a governmental authority due to a condition described above; or
- f. war, including undeclared or civil war, warlike action by a military force, insurrection, rebellion or revolution.

For the purposes of **Evacuation Expense Coverage**, the following definitions are added:

“Evacuation” means the removal of all or the majority of residents from one or more of your locations or facilities in response to an actual or threatened, natural or man-made condition, that is unexpected and unforeseen and, causes the residents of such location or facility to be in imminent danger of loss of life or physical harm.

Such condition must be in the form of an emergency or sudden crisis requiring immediate action, and not the result of a latent or hidden condition at the location or facility.

"Evacuation expenses" means reasonable costs and expenses actually incurred by you in connection with the "evacuation", including the costs associated with transporting and lodging residents who have been evacuated. "Evacuation expenses" shall not include any remuneration, salaries, overhead, fees or benefit expenses of the Named Insured or any Insured.

Duties in the Event an Evacuation Occurs

1. Any "evacuation" shall be reported to us as soon as practicable, but in no event later than thirty (30) days after you first incur "evacuation expenses" for which coverage will be requested, or thirty (30) days after the expiration date of your policy, or whichever is earlier.
2. You are not required to obtain our prior written approval or consent before incurring any "evacuation expenses".

E. Changes applicable to Healthcare Professional Liability Coverage Form; Healthcare General Liability Coverage Form; and Healthcare General Liability Coverage Form - Claims-Made, whichever applies

All other terms and conditions of this Policy remain unchanged.

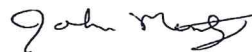
Issued By: Arch Specialty Insurance Company

Endorsement Number: 10

Policy Number: FLP0060215-04

Named Insured: Invo Holdings, LLC

Endorsement Effective Date: May 09, 2021



President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NON-CONTRIBUTING INSURANCE WHERE REQUIRED BY
WRITTEN CONTRACT(S) ENDORSEMENT**

This endorsement modifies insurance provided under the following:

HEALTHCARE GENERAL LIABILITY COVERAGE FORM

SECTION VI – OTHER INSURANCE is amended by the addition of the following paragraph:

Where you are specifically required by a written contract to provide insurance to an Additional Protected Person that is primary and non-contributory to other insurance and:

1. the Additional Protected Person is listed as a Named Insured on the other insurance; and
2. the written contract so requiring is executed by you before any "occurrence" or offense;

This insurance will be primary to and noncontributory with the other insurance only up to the limits required by that written contract,

This endorsement does not increase the Limits of Liability provided by this policy.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 29

Policy Number: FLP0060215-04

Named Insured: Invo Holdings, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: May 09, 2021