



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2023

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).

<p>PRODUCER Optima Healthcare Insurance Services 9229 Sierra College Blvd Roseville CA 95661</p>	<p>CONTACT NAME: Morgann Sherman PHONE (A/C, No, Ext): (916) 945-6189 FAX (A/C, No): (916) 773-8208 E-MAIL ADDRESS: msherman@optimahealthcare.com</p>
	<p>INSURER(S) AFFORDING COVERAGE</p>
	<p>NAIC # 44504</p>
<p>INSURED Syracuse RTC, LLC WTC, LLC Seven Stars Academy DBA Elevations RTC, Family Help & Wellness, The Approach 2650 West 2700 South Syracuse UT 84075</p>	<p>INSURER A: California Healthcare Insurance Company, Inc., RRG</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>

COVERAGES **CERTIFICATE NUMBER:** 24-25 **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	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Healthcare Professional & General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HP 00882	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ Self-insured Retention \$ 50,000
	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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A 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 \$

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

RE: School contract from 12/15/23-6/30/24.

Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as a Supplemental (Additional) Insured, but only with respect to General Liability arising out of the acts, errors or omissions of the Named Insured in the performance of the contract, per the terms and conditions of the policy.

Sexual Misconduct is included in the general liability limit of \$5,000,000 per the terms and conditions of the policy.

CERTIFICATE HOLDER **CANCELLATION**

<p>Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519</p>	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Morgann Sherman</i></p>
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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Optima Healthcare Insurance Services		NAMED INSURED Syracuse RTC, LLC WTC, LLC Seven Stars Academy DBA	
POLICY NUMBER HP 00882		Elevations RTC, Family Help & Wellness, The Approach	
CARRIER California Healthcare Insurance Company, Inc., RRG	NAIC CODE 44504	EFFECTIVE DATE: 01/01/2024	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

****NOTICE****

"This policy is issued by your Risk Retention Group. Your Risk Retention Group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your Risk Retention Group."

**CALIFORNIA HEALTHCARE INSURANCE COMPANY, INC.,
A Risk Retention Group
Honolulu, Hawaii**

ENDORSEMENT

Endorsement No. 16

**SUPPLEMENTAL INSURED
GENERAL LIABILITY ONLY**

Named Insured: Wilderness Training & Consulting, LLC

January 1, 2024
Effective Date of Endorsement

HP 00882
Policy Number

Supplemental Insured:

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

This policy is amended to include as a **Supplemental Insured** the person or organization above, but only with respect to coverage under Sections III and IV of the Healthcare Entity Professional & General Liability Coverage Form (HP F 04), and only with respect to liability for the acts, errors or omissions of the **Named Insured** solely in the performance of the following contract between the **Supplemental Insured** listed above and the **Named Insured**:

Local Education Agency (LEA)
Location: Syracuse RTC, LLC dba: Elevations RTC
Contract term: 12/15/2023 - 06/30/2024

It is further understood and agreed that any coverage provided by this endorsement shall be subject to a Self-Insured Retention (SIR) as specified in Item 1.B. of the Declarations and a sub-limit of \$3,000,000 each **Claim**, \$6,000,000 aggregate per **Policy Period**. Any payments under this endorsement shall be deemed to be included within and not in addition to the Limit of Liability shown in Item 1.A. of the Declarations.

General liability coverage applies on a primary and non-contributory basis. A thirty (30) day notice of cancellation will be provided to the **Supplemental Insured** listed above.

All other terms and conditions of this policy remain unchanged.

Endorsement Issue Date: January 30, 2024



Authorized Representative

If issued after the inception date of this policy,
this endorsement must be signed by our
Authorized Representative.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/02/2024


PRODUCER Moreton & Company - Utah P.O. Box 58139 Salt Lake City, UT 84158-0139 801 531-1234	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Syracuse RTC LLC 530 Center St NE Ste 700 Salem, OR 97301-3756	INSURER A: General Star Indemnity	37362
	INSURER B: WCF Mutual Insurance Company	10033
	INSURER C: National Indemnity	20087
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> 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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
C		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____	73APB007981	02/01/24	02/01/25	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE RETENTION \$	IXG678496	02/01/24	02/01/25	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$ \$	
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	4023017 Y	12/31/23	12/31/24	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder Mt. Diablo Unified School District, MDSUD, together with its successors and/or assigns are included as a additional insured on the auto liability.

CERTIFICATE HOLDER Mt. Diablo Unified School District (MDUSD) 1936 Carlotta Dr., Wing D Concord, CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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December 27, 2023

Mt Diablo USD
1936 Carlotta Dr
Concord, CA 94519

RE: Self-Insured Retention – Request for Approval

Dear Mt Diablo USD

Per our (Syracuse RTC, LLC dba Elevations) contract with Mt. Diablo Unified School District, I am writing this letter to inform you that our CHI Healthcare General and Professional Liability policy contains a Self-Insured Retention (SIR) of \$50,000.

Best regards,

Jana Randall
Finance Coordinator
Elevations RTC

HONESTY · INTEGRITY · RESPECT · TRUST

9229 Sierra College Boulevard · Roseville, CA 95661

Elevations RTC / 2650 West 2700 South / Syracuse, Utah 84075 / www.elevationsrtc.com / 866-952-7930



CALIFORNIA HEALTHCARE
INSURANCE COMPANY INC

910.173.3992 MAIN · LICENSE NO. 0019408