



ADDITIONAL REMARKS SCHEDULE

AGENCY ProCo Insurance Services		NAMED INSURED Fred Finch Youth Center 3800 Coolidge Avenue Oakland, CA 94602	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:

Social Services / Professional Liability
Carrier: Non Profits Insurance Alliance of California
Effective: 04/01/2023 to 04/01/2024
Policy #202300293
Per Occurrence: \$1,000,000
Aggregate: \$3,000,000

Improper Sexual Misconduct & Physical Abuse Liability
Carrier: Non Profits Insurance Alliance of California
Effective: 04/01/2023 to 04/01/2024
Policy #202300293
General Aggregate: \$1,000,000
Each Claim Limit: \$1,000,000

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):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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

- A. 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 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 of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER: Acrisure of California, LLC
910 E. Hamilton Avenue, Suite 410
Campbell, CA 95008

POLICY NUMBER: 2023-00293-UMB
RENEWAL OF NUMBER: 2022-00293-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:
Fred Finch Youth Center*
3800 Coolidge Ave.
Oakland, CA 94602

***SEE SCHEDULE NI FOR FULL NAMED INSURED**

Item 2 POLICY PERIOD: FROM 4/1/2023 TO 4/1/2024
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Youth residential treatment and support services

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.**

Item 3 **THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION: \$39,505**

Item 4 **LIMITS OF INSURANCE:**

a. Occurrence / Accident / Injury / Claim Limits (where applicable):	10,000,000
i) Each Occurrence - Commercial General Liability and Products- Completed Operations Liability	
ii) Each Accident - Business Auto Liability	
iii) Each Injury - Liquor Liability	
iv) Each Claim - Employee Benefits Liability	
b. Each Claim - Directors and Officers Liability	Excluded
c. Each Claim - Improper Sexual Conduct and Physical Abuse Liability	4,000,000
d. Each Claim - Social Service Professional Liability	10,000,000

Aggregate limits:

e. Commercial General Liability, Business Auto Liability, Products- Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate (where applicable):	10,000,000
f. Directors and Officers Liability Aggregate	Excluded
g. Improper Sexual Conduct and Physical Abuse Liability Aggregate	4,000,000
h. Social Service Professional Liability Aggregate	10,000,000

Item 5 **RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE**

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):
CU 21 33 01 15, NIAC-E003 UMB 08 20, NIAC-E133 UMB 05 20, NIAC-E140 UMB 08 20, NIAC-E180 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19,
SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB166 12 88, UMB62 05 13, SCHEDULE NI

COUNTERSIGNED: 4/11/2023

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.