

CERTIFICATE OF LIABILITY INSURANCE

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 any rights to the certificate holder in lieu of such endorsement(s).

Table with PRODUCER (USI Insurance Services NW), CONTACT NAME (Shirley Tan), INSURED (Pioneer Healthcare Services, LLC), and INSURER(S) AFFORDING COVERAGE (QBE Specialty Insurance Company, Praetorian Insurance Company, Travelers Casualty Ins Co of America).

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, Prof Liability, Empl. Dishonesty, and Sexual Molestation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LEA, its Board of Directors, subsidiaries, officers, employees and Mt. Diablo Unified School District are Additional Insured under General Liability and Professional Liability in Primary and Non-Contributory coverage when required by written contract agreement with the Named Insured. Excess is follow form as it relates to Additional Insured. All coverages are subject to the terms and conditions of the policies.

Table with CERTIFICATE HOLDER (Mt. Diablo Unified School District) and 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: Gary D. Patterson).



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (GL WITH IVI CARVEBACK) ENDORSEMENT

Name of Parent Company:	Pioneer Healthcare Services, LLC
Policy Number:	100037318
Endorsement Number:	5
Effective Date of Endorsement:	April 12, 2020
Name of Insurer:	QBE Specialty Insurance Company

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY CLAIMS MADE COVERAGE PART -- HC-100002-U(10-17)

It is agreed that:

A. The definition of **Insured** in Section **VIII. GLOSSARY** is amended by the addition of the following:

Insured also means any Additional Insured listed below, but solely with respect to liability for **Property Damage** caused, in whole or in part, by the **Company's** acts or omissions or the acts or omissions of those acting on the **Company's** behalf in connection with premises owned by such Additional Insured.

Additional Insured(s):

Persons or entities that have contracts with the **Company** to perform **Professional Services** for such **Company**.

B. Paragraph F. Insured v. Insured in Section **II. EXCLUSIONS** of the General Terms and Conditions is amended by the addition of the following to the end thereof:

This exclusion shall not apply to the Additional Insured(s) identified in paragraph A. of this endorsement.

All other terms and conditions of this policy remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED ADDITIONAL INSUREDS (PRIMARY / NON-CONTRIBUTORY) ENDORSEMENT

Name of Parent Company:	Pioneer Healthcare Services, LLC
Policy Number:	100037318
Endorsement Number:	6
Effective Date of Endorsement:	April 12, 2020
Name of Insurer:	QBE Specialty Insurance Company

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY CLAIMS MADE COVERAGE PART -- HC-100002-U(10-17)

PROFESSIONAL LIABILITY COVERAGE -- HC-MFL-100002(10-17)

It is agreed that:

- A. The definition of **Insured** as set forth in paragraph J. of Section V. **GLOSSARY** of the Errors & Omissions Liability Coverage Part is amended by the addition of the following:

Insured also means any person or organization scheduled in paragraph C. of this endorsement, but such person or organization is an **Insured** exclusively for the vicarious liability imposed upon such person or organization because of acts, errors or omissions in the rendering of covered **Professional Services** by the **Company**, and only to the extent of the Limits of Liability required by the contract or agreement with such scheduled person or organization, not to exceed the Limits of Liability of this Policy. However, this provision shall not apply:

- (a) unless such written contract or agreement has been executed prior to the act, error or omission in the rendering of **Professional Services** upon which a **Claim** is based. The contract or agreement will be considered executed on the earliest date of when the **Insured's** performance begins, or when it is signed; or
- (b) to any scheduled person or organization for its liability arising out of its own acts, errors or omissions.

Coverage for such scheduled person or organization shall be primary and non-contributory as respects any other insurance policy issued to such scheduled person or organization. Otherwise, Section IV. OTHER INSURANCE as set forth in this **Liability Coverage Part** shall apply.

- B. The General Liability Coverage Part is amended as follows:

1. The definition of **Insured** in Section VIII. **GLOSSARY** of the General Liability Coverage Part is amended by the addition of the following:

Insured also means any person or organization scheduled in paragraph C. of this endorsement, but solely with respect to liability for **Bodily Injury**, **Property Damage**, or **Personal and Advertising Injury** caused, in whole or in part, by the **Company's** acts or omissions or the acts or omissions of those acting on the **Company's** behalf:

- (a) in the performance of the **Company's** ongoing operations; or
- (b) in connection with the **Company's** premises owned by or rented to the **Company**.

2. Section **VII. OTHER INSURANCE** in the General Liability Coverage Part is amended by the addition of the following to the end thereof:

However, where required by written contract or agreement with any person or organization scheduled in paragraph C. below, coverage provided by this **Liability Coverage Part** shall be primary and non-contributory, provided:

- (a) the **Bodily Injury or Property Damage** for which coverage is sought occurs; and
- (b) the **Personal and Advertising Injury** for which coverage is sought arises out of an offense committed subsequent to the **Company's** signing and execution of such contract or agreement.

C. Scheduled of Additional Insureds:

Any entity with which the **Company** has entered into a written agreement that requires that entity to be named as an Additional Insured under the Policy. On file with the Insurer.

All other terms and conditions of this policy remain unchanged.



QBE Specialty Insurance Company
 One General Drive, Sun Prairie, WI 53596

Home Office: c/o CT Corporation System
 314 East Thayer Avenue
 Bismarck, North Dakota 58501

**The Solution for Medical Professional
 Umbrella and Excess Liability Coverage Declarations**

THIS POLICY MAY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS MAY BE REDUCED AND EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.

Item 1: Parent Company: Pioneer Healthcare Services, LLC

Mailing Address: 6255 Ferris Square, Suite F
 San Diego, CA 92121

Item 2: Policy Period: From: April 12, 2020 To: April 12, 2021
 At 12:01 A.M. Standard Time at the mailing address stated in Item 1

Item 3: Limits of Liability, Retentions and Retroactive Dates:

Insuring Clause	Limit of Liability <input checked="" type="checkbox"/> Excess of Retention (applicable when checked)	Retention <input type="checkbox"/> Reduces Limit of Liability (applicable when checked)	Retroactive Date
A. Professional Liability	\$2,000,000 any one Claim \$3,000,000 in the aggregate	\$0 per Claim	As per endorsement
B. General Liability, and all other coverages	\$2,000,000 any one Claim \$3,000,000 in the aggregate	\$0 per Claim	As per endorsement

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Item 4: Combined Maximum Aggregate Limit of Liability: \$3,000,000

Item 5: Insuring Clauses: Umbrella and Excess Liability

<p>Item 6: A. Notice to Insurer of a Claim or Circumstance:</p> <p>QBE Specialty Insurance Company Attn: The Claims Manager 55 Water Street New York, New York 10041 Telephone: (877) 772-6771 Email: newlossqbe@us.qbe.com</p>	<p>B. All Other Notices to Insurer:</p> <p>QBE Specialty Insurance Company Attn: Underwriting 55 Water Street New York, New York 10041 Telephone: (877) 772-6771 Email: HealthcareAdmin@us.qbe.com</p>
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Item 7: Extended Reporting Period, if applicable (to be determined at time of election):

Premium: N/A
 Length: N/A

Item 8: [REDACTED]

Item 9: Minimum Earned Premium

25% of annual premium

Item 10: A. Followed Policy(ies): See Schedule of Underlying Insurance

B: Underlying Insurance: See Schedule of Underlying Insurance

Item 11: Other Policy(ies) N/A

In witness whereof, the Insurer has caused this Policy to be executed, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

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