

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/15/2020

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. 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).

	his certificate does not confer rights							require an endorsemen	t. A st	atement on	
PRO	DUCER			CONTA	CONTACT Marine Serobyan						
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.						PHONE (A/C, No, Ext): 818.539.8624 (A/C, No): 818.539.8724					
	5 N Brand Blvd, Suite 600		E-MAIL	EMAIL ADDRESS: Marine_Serobyan@ajg.com							
GI	endale CA 91203				ABBIRE	INSURER(S) AFFORDING COVERAGE NAIC #					
License#: 0726293						INSURER A: Great American Insurance Company				16691	
INSURED SCHOOFI-01						INSURER B: Great American Alliance Insurance Company				26832	
School for Independent Learning East Bay Branch LLC DBA: Tilden Preparatory School						INSURER c : Republic Indemnity Company of America				22179	
1231 Solano Ave						INSURER D:					
Albany CA 94706						INSURER E :					
						INSURER F:					
СО	VERAGES CEF	RTIFI		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,											
E	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY F	PAID CLAIMS.	D HEREIN IS SUBJECT TO	J ALL I	HE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDI SUBB				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	Y				11/2/2020	11/2/2021	EACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE X OCCUR			10 10 10 10 10 10 10 10				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000		
								MED EXP (Any one person)	\$ 20,00		
								PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000		
	OTHER:							111000010 0011117017100	\$	,000	
Α	AUTOMOBILE LIABILITY	Y		PAC1553624 04		11/2/2020	11/2/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	ANY AUTO							BODILY INJURY (Per person)	\$	· · · · · · · · · · · · · · · · · · ·	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	NOTES SILE!							(i ci accident)	\$		
В	UMBRELLA LIAB X OCCUR			UMB1553625 04		11/2/2020	11/2/2021	EACH OCCURRENCE	\$ 10,000	0.000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 10,000	- · · · · · · · · · · · · · · · · · · ·	
	DED X RETENTION \$ 10,000								\$	5,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			18671708		12/15/2020	12/15/2021	X PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000.	.000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,		
Α	Abuse & Molestation			PAC1553624 04		11/2/2020	11/2/2021	Each Claim	\$1,000	0,000	
								Aggregate	\$2,000	0,000	
Poli Poli Poli Car Eac	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLICY: Professional Liability cy#: PAC1553624 04 cy term: 11/2/2021 to 11/2/2021 rier: Great American Insurance Comparh Claim: \$1,000,000, Aggregate: \$2,000 Diablo Unified School District is named	iy 0.000							d insure	d.	
CEF	RTIFICATE HOLDER				CANC	ELLATION					
Mt. Diablo Unified School District						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					
Johnson 5/1 545 15- 1007						Melisia aug					

Insured: School of Independent Learning East Bay Branch LLC DBA: Tilden Preparatory School

CA 20 48 Policy No: PAC1553624 04

Effective Date: 11/2/2020

(Ed. 02 99)

## DESIGNATED INSURED

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies Person(s) or Organization(s) who are "Insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

#### **SCHEDULE**

#### Name of Person(s) or Organization(s):

Mt. Diablo Unified School District

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations or above Schedule as as applicable to this endorsement.)

Each Person or Organization shown in the Schedule is an "Insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "Insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

Insured: School of Independent Learning East Bay Branch LLC DBA: Tilden Preparatory School

Policy No: PAC1553624 04 CG 20 10 (Ed. 04 13)

Effective Date: 11/2/2020

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED 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)	Location(s) of Covered Operations				
Mt. Diablo Unified School District	All insured premises and operations				
nformation 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:
  - 1. your acts or omissions; or
  - 2. the acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the Additional Insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or

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- 2. that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. 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.