

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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).

		BROGATION IS WAIVED, subject to ertificate does not confer rights to						may require	an endorsement. A state	ment o	on
this certificate does not confer rights to the certificate holder in lieu of such					CONTACT Jacon Chaung						
ISU/San Francisco					NAME:						
CA License #0778092					PHONE (A/C, No, Ext): (415) 788-9810 FAX (A/C, No): (415) 248-3534  E-MAIL jcheung@isusf.com						
PO Box 512965					ADDRE						
	Ange				CA 90051-2965		Distinction	SURER(S) AFFOR Thia Indemnity	Ins. Co.		NAIC #
INSU		5163			OA 90001-2900	INSURE	NA. 1	Tha macming	1113. 00		
INSU	KED	Orion Academy				INSURE					
•				-			RC:				
		1866-1868 Clayton Road				INSURER D :					
		Concord			CA 94520	INSURE					
	<u>/FD</u>		TIFIO			INSURE	RF:		DEVICION NUMBER		
_		AGES CERT  S TO CERTIFY THAT THE POLICIES OF I			ITO III DEITI	ICCLIED	TO THE INCHE	DED NAMED A	REVISION NUMBER:	IOD	
		ATED. NOTWITHSTANDING ANY REQUI									
		FICATE MAY BE ISSUED OR MAY PERTA									
	KCLU	ISIONS AND CONDITIONS OF SUCH PO				REDUC	ED BY PAID CL				
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	$\times$	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 100,	000
									MED EXP (Any one person)	\$ 5,00	0
Α			Υ		PHPK2571449		06/30/2023	06/30/2024	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	×	OTHER: Per Campus							Employee Benefits	\$ 1,00	0,000
	AUT	TOMOBILE LIABILITY							GOMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	×	ANY AUTO							L	\$	
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			PHPK2571449		06/30/2023	06/30/2024	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONET							Medical payments	\$ 5,00	0
	×	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 2,00	0,000
Α		EXCESS LIAB CLAIMS-MADE			PHUB870309		06/30/2023	06/30/2024	AGGREGATE	· ·	0,000
		DED RETENTION \$ 10,000								\$	
WORKERS COMPENSATION									PER OTH- STATUTE ER	Ψ	
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE										\$	
	OFFI	ICER/MEMBER EXCLUDED?	N/A							\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below								\$	
									Aggregate/Each Claim		00,000
Α		ucators Legal Liability xual Abuse & Molestation			PHPK2571450/PHPK25714	49	06/30/2023	06/30/2024	Abusive Aggregate		00,000
	00.	Addi Abdse & Molestation						Each Abusive Conduct	\$1.0	00,000	
DES	RIPT	TION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01. Additional Remarks Schedule.	may be a	tached if more sr	nace is required)			,
		te Holder is included as Additional Insur	-			-	-	-	ne Insured's operations as pe	r	
		3 2005.	0 4 40	. оор с	roto to Liability as required by		, a	o portamo to ti	o mourou o oporanono ao po		
		IOATE HOLDED				04110	ELL ATION			—	
CEI	KIIF	ICATE HOLDER			1	CANC	ELLATION				
1					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	Mt. Diablo Unified School District Attn:Liz Acevedo						ACCORDANCE WITH THE POLICY PROVISIONS.				
1936 Carlotta Dive						AUTHORIZED REPRESENTATIVE					
	Concord CA 94519				Ty						

#### POLICY NUMBER: PHPK2571449

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

# ADDITIONAL INSURED - CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Person(s) Or Organization(s):					
Mt. Diablo Unified School District					
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 their liability arising out of:
  - 1. Their financial control of you; or
- 2. Premises they own, maintain or control while you lease or occupy these premises.

#### However:

- 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.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

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.



CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYY') 03/22/2023 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 INSURE (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 CONTACT NAME: DAVID OLSON OLSON INSURANCE PHONE 3195 DANVILLE BLVD. (A/C, NO, EXT): 925-837-3323 (A/c, No): 925-837-3122 ALAMO, CA.94507 E-MAIL ALAMO.OLSON@GMAIL.COM ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURED INSURER A: EMPLOYERS PREFERRED INSURANCE CO. 31283 INSURER B: ORION ACADEMY INC. INSURER C: 1866 CLAYTON RD. INSURER D: CONCORD,CA.94520 INSURER E INSURER F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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. INSP ADDTL SUBR **POLICY EFF** POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY **FACH OCCURRENCE** \$ DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INIURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$ POLICY PROJECT PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ ONLY AUTOS HIRED AUTOS NON-OWNED PROPERTY DAMAGE ONLY AUTOS ONLY (Per accident) EACH OCCURRENCE UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION S WORKERS COMPENSATION PER OTHER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ E.L. EACH ACCIDENT 1,000,000 N/A EXECUTIVE OFFICER/MEMBER EIG272889003 12/01/2022 12/01/2023 Y E.L. DISEASE - EA EMPLOYEE 1,000,000 Α EXCLUDED? (Mandatory in-NH) If yes, describe under DESCRIPTION OF 1,000,000 E.L. DISEASE - POLICY LIMIT **OPERATIONS** below DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER MT. DIABLO UNIFIED SCHOOL DISTRICT SHOULD ANY OF THE ABO DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE Y BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1936 CARLOTTA DR. CONCORD, CA. 94519 AUTHORIZED REP

ACORD 25 (2016/03)

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One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

# COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	2830 ISU Insurance Services of San Francis PO Box 512965 Los Angeles, CA 90051
	(415) 623-5189
NAMED INSURED: Orion Academy	
MAILING ADDRESS: 1866-1868 Clayton Road Concord, CA 94520	
POLICY PERIOD: FROM 06/30/2023 TO	06/30/2024AT 12:01 A.M. STANDARD

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

LIM	ITS C	OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$_	2,000,000		
PERSONAL & ADVERTISING INJURY LIMIT	\$_	2,000,000	Any one	e person or organization
PRODUCTS COMPLETED OPERATIONS AGG	REG	ATE LIMIT	\$2	2,000,000
GENERAL AGGREGATE LIMIT (LIABILITY COV respect to Auto Liability and Products Completed		\$2	2,000,000	

RETAINED LIMIT					
RETAINED LIMIT:	\$	10,000	-		

PREMIUM		
PREMIUM SUBTOTAL	\$	1,920.00
STATE TAXES, FEES, SURCHARGES (if applicable)	Not	Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$	1,920.00
AUDIT PERIOD: 🛮 🗷 NOT APPLICABLE 🗖 ANNUALLY 🗖 SEMI-ANNUALLY 🗖 QUARTER	LY	☐ MONTHLY
DESCRIPTION OF BUSINESS		
DESCRIPTION OF BUSINESS		
FORM OF BUSINESS: CORPORATION		
BUSINESS DESCRIPTION: Specialty School Umbrella		
ENDORSEMENTS ATTACHED TO THIS POLICY		
SEE ATTACHED SCHEDULE		

	SCHE	DULE OF U	NDE	RLYING INSURANCE		
<b>Employers' Liabilit</b>	у					
Company:						
Policy Number:						
Policy Period:						
Minimum Applicable	Limits					
Bodily injury by	accident		\$_		_Each Accident	
Bodily injury by	disease		\$_		_Each Employee	
Bodily injury by	disease		\$_		_Policy Limit	
Commercial Gener	al Liability			☑ Occurrence	☐ Claims-Made	
Company:	Philadelphia	Indemnity	Ins	urance Company		
Policy Number:	PHPK2571449					
Policy Period:	06/30/2023	06/30/20	024			
Retroactive Date: 1	Not Applicable	_				
Minimum Applicable	Limits:					
General Aggreg	ate		\$	2,000,000	=	
Products-Comple	eted Operations Agg	regate	\$_	2,000,000	_	
Personal And A	dvertising Injury		\$	1,000,000	_	
Each Occurrence	e		\$_	1,000,000	_	
Commercial Auto I	 _iability					
Company:	-	Indemnity	Ins	urance Company		
Policy Number:	PHPK2571449					
Policy Period:	06/30/2023	06/30/20	024			
Minimum Applicable	Limits					
Garage Aggrega	ate Limit For Other 7	Γhan Autos				
(if applicable)			\$	Not Applicable	_	
Each Accident			\$_	1,000,000	_	
Professional Liabil	ity			☐ Occurrence	☐ Claims-Made	
Company:						
Policy Number:						
Policy Period:						
Retroactive Date:						
Minimum Applicable	Limits					
			\$_		_	
			_\$_		_	

Employee Benefits Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	<u> </u>
	\$	_
Abusive Conduct Liability	☑ Occurrence	☐ Claims-Made
Company: Philadelphia Indemnity Ins	surance Company	
Policy Number: PHPK2571449		
Policy Period: 06/30/2023 06/30/2024		
Retroactive Date: Not Applicable		
Minimum Applicable Limits		
Each Abusive Conduct	\$1,000,000	_
Aggregate	\$ 3,000,000	_
Directors & Officers Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	<u>_</u>
	\$	_
Liquor Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	<u>_</u>
	\$	<u>_</u>

Watercraft Liability	Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	
	\$	
Other Coverages Not Included in Above	☐ Occurrence	☐ Claims-Made
Company:	-	
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	
-	\$	

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	Ву:
(Date)	(Authorized Representative)

**IN WITNESS WHEREOF,** we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

John W. Glomb, Jr. President & CEO

Secretary