



Policy Number:

Date Entered: 6/01/2020

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2020

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).

PRODUCER Landmark Insurance Agency PO Box 32420 San Jose, CA 95152-2420	CONTACT NAME: Andre Green	FAX (A/C, No): () -	
	PHONE (A/C, No, Ext): (408) 896-1900	E-MAIL ADDRESS: andre@lfgggroup.com	
INSURED LA CHEIM SCHOOL, INC 4892 SAN PABLO DAM ROAD EL SOBRANTE, CA 94803	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: PHILADELPHIA INDEMNITY		
	INSURER B: CYPRESS INS CO		
	INSURER C:		
	INSURER D:		
	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 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 LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liability, E&O <input checked="" type="checkbox"/> Sexual Molestation, Abuse GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			PHPK1659733	5/25/2020	5/25/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			PHPK1659733	5/25/2020	5/25/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10K			PHUB585558	5/25/2020	5/25/2021	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A	LAWC116155	5/25/2020	5/25/2021	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	EMPLOYEE THEFT			PHPK1659733	5/25/2020	5/25/2021	LIMIT	2,000,000
							DEDUCTIBLE	2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LOCATIONS: 3031 Telegraph Ave, Oakland CA., 2885 Concord Blvd, Concord CA., 5680 McBryde Ave, Richmond CA

Mt Diablo Unified School District is listed as additional insured with respect to Liability arising out of work or operations performed by the consultant named insured. See attached

CERTIFICATE HOLDER MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD CA 94519	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

Policy Number: PHPK1659733

General Liability
CG 20 10 10 93

**ADDITIONAL INSURED OWNERS, LESSEES OR
CONTRACTORS**

This endorsement modifies insurance provided under the following:
**COMMERCIAL GENERAL LIABILITY COVERAGE PART
OWNER AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization:

**MT DIABLO UNIFIED SCHOOL DISTRICT
CONCORD, CA**

RE:

It is agreed that coverage is afforded to the **Additional Insured(s)** as follows:

MT DIABLO UNIFIED SCHOOL DISTRICT

1. Section II of the policy, (who is an insured) is amended to include for coverage A liability only, any person or organization that the **Named Insured** has named as an **Additional Insured**.

2. "**Bodily Injury**" and "**Property Damage**" coverage is afforded to the **Additional Insured(s)** as provided in the insuring agreement and subject to all policy provisions, provided that the "**Bodily Injury**" or "**Property Damage**" also:

in the insuring agreement and subject to all policy provisions, provided that the "**Bodily Injury**" or "**Property Damage**" also:

- a) First takes place after the execution of the **Insured Contract**; and
- b) The "**Bodily Injury**" or "**Property Damage**" arises from "**your work**" performed for the **Additional Insured(s)** during the policy period.

3. The applicable limit of our liability shall not be increased by the inclusion of **Additional Insureds** under the policy.

4. We shall have no duty to defend or indemnify damages arising from the acts, errors or omissions of the **Additional Insured(s)**.

5. We shall have no duty to defend any **Additional Insured(s)** that qualifies as such either by endorsement to the policy or under an **Insured Contract**.

6. Our duty to contractually indemnify the **Additional Insured(s)** shall not arise until the insured's percentage of comparative fault is determined by the trier-of-fact after an actual or contested trial.

7. Our duty to contractually indemnify the **Additional Insured(s)** under an insured contract shall be limited to that sum derived by applying the percentage of fault of the **Named Insured** as determined by the tier-of-fact to the total damage sum allocated by the tier-of-fact to the **Additional Insured(s)**. This limitation to percentage of fault shall equally apply to any attorney fees or litigation costs and expenses incurred by or on behalf of the **Additional Insured**. Under no circumstances shall we pay more than this proportionate contractual indemnity share.

8. Any contractual indemnity payments made on behalf of any **Additional Insured** under an **insured contract**, including any portion of such indemnity payment comprised of attorney's fees, litigation expenses or **supplementary payments**, shall reduce the applicable **limits of insurance** on a dollar for dollar basis.

If any entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

WHO IS INSURED: is amended to include as an insured, the person or organization shown in the Schedule, but only with respect to **Liability for injury or damage arising out of your ongoing operations performed for that insured.**

It is further agreed that such insurance as is afforded by the General Liability policy for the benefit of the above additional insured(s). **This insurance shall be primary insurance with respect to the Additional Insured(s). The coverage's evidenced herein primary and non-contributory to other insurance available to an Additional Insured.**

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza Suite 100, Bala Cynwyd, PA 19004-1403
(A Capital Stock Insurance Company)

**EXCESS HEALTHCARE PROFESSIONAL LIABILITY - CLAIMS MADE AND
HEALTHCARE UMBRELLA LIABILITY - OCCURRENCE**

DECLARATIONS

Various provisions in the General Policy Provisions and Conditions and Coverage Parts restrict coverage. There may be both occurrence coverages and claims made coverages in this Policy. Claims made coverage is limited to liability for claims first made against an Insured during the policy period or any extended reporting period, if applicable.

Please read all General Policy Provisions and Conditions and Coverage Parts carefully to determine rights, duties, and what is and what is not covered. A complete Policy includes the Declarations, General Policy Provisions and Conditions, and the applicable Coverage Parts.

POLICY NUMBER: PBUH585558

RENEWAL OF NUMBER: PHPK 1827581

Item 1. FIRST NAMED INSURED: LA CHEIM SCHOOLS, INC

Item 2. ADDRESS: 4892 SAN PABLO DAM ROAD, EL SOBRANTE, CA 94803

Item 3. (a)

RETROACTIVE DATE - EXCESS HEALTHCARE PROFESSIONAL LIABILITY
CLAIMS MADE COVERAGE PART ONLY: 05/25/2001

(b) POLICY PERIOD: From; May 25, 2020 To: May 25, 2021
at 12:01 a.m. Standard Time at your mailing address shown above.

(c) OPTIONAL EXTENDED REPORTING PERIOD: To be determined at time of purchase

Item 4. DESCRIPTION OF OPERATIONS: Health Care Facility and Foster Care

Item 5. LIMITS OF INSURANCE

(a) Excess Healthcare Professional Liability

Each Medical Incident	\$4,000,000
Retained Limit	Refer to Schedule of Underlying Insurance

(b) Healthcare Umbrella Liability

Each Occurrence	\$4,000,000
Retained Limit	Refer to Schedule of Underlying Insurance

(c) General Aggregate Limit \$4,000,000

Item 6. PREMIUM

Premium	\$6,500.00
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Item 7. FORMS AND ENDORSEMENTS - Attached at Inception

Item 8. PRODUCER NAME AND ADDRESS – LANDMARK INSURANCE AGENCY
111 N MARKET STREET , SUITE 300
SAN JOSE, CA 95113

By _____
Countersignature (In States Where Applicable)

By _____
Authorized Representative