

Client#: 353510

DEVERFOUND

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2018

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 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: Conner Strong & Buckelew, Two Liberty Place, 50 S. 16th Street, Suite 3600, Philadelphia, PA 19102. CONTACT NAME: INSURER(S) AFFORDING COVERAGE: INSURER A: United Specialty Insurance Comp (NAIC # 12537), INSURER B: American Zurich Insurance Compa (NAIC # 40142), INSURER C: Zurich American Insurance Compa (NAIC # 16535), INSURER D: Allied World Specialty Insuranc (NAIC # 16624), INSURER E: , INSURER F: . INSURED: DEVEREUX FOUNDATION, 2012 RENAISSANCE BLVD., KING OF PRUSSIA, PA 19406.

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. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mount Diablo Unified School District, its officers, officials, agents, employees and volunteers are additional insured additional insured on a primary and non-contributory basis on the above referenced Commercial General Liability Policy and Business Automobile Policy if and to the extent required by written contract.

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: Mount 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: W. Michael Ferguson

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**AMEND DEFINITION OF INSURED ENDORSEMENT**

Named Insured <b>The Devereux Foundation</b>			Endorsement Number <b>15</b>
Policy Symbol	Policy Number <b>HLM33HPP170003</b>	Policy Period <b>7/1/2017 To 7/1/2018</b>	Endorsement Date
Issued By (Name of Insurance Company) <b>United Specialty Insurance Company</b>			

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

In consideration of the premium charged, the term "Insured" as defined in Section III Definitions of this Policy, is amended to include the following person(s) (each an "Additional Insured"), but only with respect to the specific activities and/or liabilities set forth opposite the name of each such individual:

<u>Additional Insured</u>	<u>Insured Activity/Liability</u>
Foster Parents	Activities performed by or on behalf of the Named Insured
Funding Sources	Activities performed by or on behalf of the Named Insured and/or their placement of clients with the Named Insured
Governmental Agencies	Activities performed on behalf of the Named Insured and/or their placement of clients with the Named Insured

All other terms, conditions and limitations of this Policy shall remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER 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" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p>Named Insured: THE DEVEREUX FOUNDATION</p> <p>Endorsement Effective Date: 7/01/17</p>
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### SCHEDULE

<p><b>Name Of Person(s) Or Organization(s):</b>          ANY PERSON OR ORGANIZATION TO WHOM OR WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II -- Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I -- Covered Autos Coverages of the Auto Dealers Coverage Form.



ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.  
199 Water Street, New York, NY 10038 · Tel. (646) 794-0500 · Fax (646) 794-0611

**HEALTHCARE EXCESS AND UMBRELLA  
LIABILITY INSURANCE POLICY**

POLICY NUMBER:  RENEWAL OF:

THIS POLICY MAY CONTAIN BOTH CLAIMS MADE AND OCCURRENCE COVERAGE PARTS. UNLESS OTHERWISE SPECIFIED, THE COVERAGE PROVIDED BY THIS POLICY SHALL ONLY APPLY IN EXCESS OF SCHEDULED UNDERLYING INSURANCE OR SELF-INSURANCE. THE APPLICABLE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

PLEASE READ THIS POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE BROKER.

**DECLARATIONS**

- Item 1. Name and Mailing Address of Named Insured:** The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.
- The Devereux Foundation  
2012 Renaissance Blvd  
King of Prussia, PA 19406
- Item 2. Policy Period:**
- (a) Inception Date: July 1, 2017  
(b) Expiration Date: July 1, 2018  
At 12:01 a.m. Standard Time at the Mailing Address Shown Above
- Item 3. Limits of Liability:**
- (a) \$5,000,000 Specific Loss Limit for Insuring Agreement I.A. Medical Professional Liability  
(b) \$5,000,000 Aggregate Limit of Liability for Insuring Agreement I.A.  
(c) \$5,000,000 Specific Loss Limit for Insuring Agreement I.B. General Liability, and all other coverages  
(d) \$5,000,000 Aggregate Limit of Liability for Insuring Agreement I.B. and all other coverages

(e) \$5,000,000 Policy Aggregate Limit of Liability for all Insuring Agreements and all other coverages

**Item 4. Retained Amount:**

- (a) N/A for Insuring Agreement I.A.
- (b) N/A for Insuring Agreement I.B. and all other coverages

**Item 5. Address of Insurer For Notices Under This Policy:**

Claim-Related Notices:  
Noticeofloss@awac.com

All Other Notices:  
1690 New Britain Avenue, Suite 101  
Farmington, CT 06032

**Item 6. Policy Premium:**

**Item 7. Minimum Earned Premium:** 25% of the Policy Premium set forth above

**Item 8. Retroactive Dates:**

- (a) July 1, 1990 for Insuring Agreement I.A. (Claims-Made Professional Liability)
- (b) July 1, 1990 for Insuring Agreement I.B. (Only if Claims-Made General Liability coverage is purchased.)

**Item 9. Applicable Insuring Agreements:**

Insuring Agreement A. Professional Liability:   
Insuring Agreement B.1. Occurrence-Based General Liability:   
Insuring Agreement B.2. Claims-Made General Liability:   
Insuring Agreement C. Excess Follow Form Liability:

**Item 10. Endorsements Attached at Issuance:**

1. SVC 00011 00 AWAC (11/2012) Service Of Suit
2. MED 00058 00 (05/2014) Nuclear Energy Liability Exclusion
3. MED 00090 00 (05/2014) Punitive Damages with Most Favorable Venue
4. MED 00115 00 (05/2014) Schedule A - Insured Entities (Use with Excel Spreadsheets)
5. MED 00122 00 (10/2014) Schedule B - Schedule of Physicians, Share in Limits
6. MED 00120 00 (05/2014) Unimpaired Underlying Aggregate Non-Concurrency Endorsement
7. Manu-A Amend Notice of Cancellation (60 Days)
8. Manu-B Amend Definition of Employee
9. Manu-C Amend General Liability Exclusion For Patient Injuries
10. Manu-D Amend Insured Versus Insured Exclusion
11. Manu-E 90-Day Notice of Non-Renewal

- 12. Manu-F Amend Payment of Loss
- 13. Manu-G Amend Definition of Medical Professional Services
- 14. Manu-H Additional Insureds General Liability Coverage Waiver of Subrogation
- 15. Manu-I Amend Reporting and Notice of Claims Section D.4.
- 16. Manu-J Coverage For Independent Contractors
- 17. Manu-K Amend Definition of Insured
- 18. Manu-L Amend Reporting of Claims Notice Requirement Trigger Amended

In Witness Whereof, the **Insurer** has caused this Policy to be executed and attested. This Policy shall not be valid unless countersigned by a duly authorized representative of the **Insurer**.



President



Secretary



**AUTHORIZED REPRESENTATIVE**