



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2016

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		CONTACT NAME: Jamel Freeman	
Freeman Insurance Services, Inc 1035 San Pablo Ave. #1		PHONE (A/C, No, Ext): (510) 528-2700	FAX (A/C, No):
Albany CA 94706		E-MAIL ADDRESS: jamel@freemaninscompany.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Bay Area Educational Institute dba BayHill High School 1940 Virginia St		INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
Berkeley CA 94709		INSURER B: Sentinel Insurance Company, LTD.	11000
		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	ADDITIONAL INSURED	SUBROGATION	WARRANTY	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X			PHPK1473260	04/01/2016	04/01/2017	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X			PHPK1473260	04/01/2016	04/01/2017	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X			PHUB535135	04/01/2016	04/01/2017	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	57WBCZH5765	04/01/2016	04/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability & Abuse and Molestation Liability	X			PHPK1473260	04/01/2016	04/01/2017	Ea. Occurrence \$1,000,000 Gen. Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Mt. Diablo Unified School District is named additional insured with respect to liability arising out of work or operations performed by the Consultant/Named Insured. Endorsement attached.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
 1936 Carlotta Drive
 Concord, CA 94519-1397

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

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POLICY CHANGE DOCUMENT

POLICY NO.: PHPK1473260

Philadelphia Indemnity Insurance Company | 30253 Freeman Insurance Services Inc.

NAMED INSURED Bay Area Educational Institute
dba: Bayhill High School

MAILING ADDRESS 521 Boden Way
Oakland, CA 94610-3609

POLICY PERIOD: FROM 04/01/2016 TO 04/01/2017 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 04/01/2016 **CHANGE #** 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Additional Insured/Primary and Non-Contributory wording in favor of:

Mt. Diablo Unified School District

1936 Carlotta Dr

Concord, CA 94519

Per the attached

Path ID 9719794

Total Annual
Additional/Return Premium \$

0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$

0.00
NO CHANGE

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

04/20/2016
Issue Date

Insurance Policy

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POLICY NUMBER: PHUB535135



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

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	30253 Freeman Insurance Services Inc. 1035 SAN PABLO AVE Albany, CA 94706 (510) 528-2700
NAMED INSURED: Bay Area Educational Institute dba: Bayhill High School MAILING ADDRESS: 1940 Virginia St Berkeley, CA 94709-2136 POLICY PERIOD: FROM <u>04/01/2016</u> TO <u>04/01/2017</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

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.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>4,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>4,000,000</u>	Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>4,000,000</u>	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>4,000,000</u>	

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB535135

PREMIUM	
PREMIUM SUBTOTAL	\$ 2,775.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 2,775.00
AUDIT PERIOD: <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

POLICY NUMBER: PHUB535135

SCHEDULE OF UNDERLYING INSURANCE	
Employers' Liability	
Company:	<u>Hartford Accident and Indemnity Insurance Co.</u>
Policy Number:	<u>57 WEC ZH5765</u>
Policy Period:	<u>04/01/2016</u> <u>04/01/2017</u>
Minimum Applicable Limits	
Bodily injury by accident	\$ <u>1,000,000</u> Each Accident
Bodily injury by disease	\$ <u>1,000,000</u> Each Employee
Bodily injury by disease	\$ <u>1,000,000</u> Policy Limit
Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK1473260</u>
Policy Period:	<u>04/01/2016</u> <u>04/01/2017</u>
Retroactive Date:	<u>Not Applicable</u>
Minimum Applicable Limits:	
General Aggregate	\$ <u>2,000,000</u>
Products-Completed Operations Aggregate	\$ <u>2,000,000</u>
Personal And Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Commercial Auto Liability	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK1473260</u>
Policy Period:	<u>04/01/2016</u> <u>04/01/2017</u>
Minimum Applicable Limits	
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>
Each Accident	\$ <u>1,000,000</u>
Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK1473260</u>
Policy Period:	<u>04/01/2016</u> <u>04/01/2017</u>
Retroactive Date:	<u>06/01/2011</u>
Minimum Applicable Limits	
Each Professional Incident	\$ <u>1,000,000</u>
Aggregate	\$ <u>1,000,000</u>

POLICY NUMBER: PHUB535135

Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1473260</u>			
Policy Period: <u>04/01/2016</u> <u>04/01/2017</u>			
Retroactive Date: <u>06/01/2012</u>			
Minimum Applicable Limits			
Each Claim	\$	<u>1,000,000</u>	
Aggregate	\$	<u>1,000,000</u>	
Abuse or Molestation		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
Directors & Officers Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
Liquor Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	

POLICY NUMBER: PHUB535135

Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

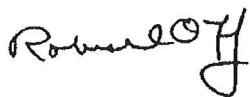
Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made

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:	By:
(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.



President



Secretary

Philadelphia Indemnity Insurance Company

Form Schedule – Umbrella Liability

Policy Number: PHUB535135

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-CXL-002	0413	Commercial Umbrella Liability Ins Policy Declarations
PI-CXL-001	0314	Commercial Umbrella Liability Insurance Policy
PI-CXL-003	0912	Professional Liability Follow Form Endorsement
PI-CXL-004	0912	Directors And Officers Liability Exclusion
PI-CXL-005	0912	Employers Liability (Stop Gap) Follow Form Endorsement
PI-CXL-007	0912	Abuse Or Molestation Exclusion
PI-CXL-009	0912	Automobile Liability Follow Form Endorsement
PI-CXL-016	0912	Watercraft Exclusion Re-Stated
PI-CXL-026	0314	Specified Underlying Claims Made Coverage Endorsement
PI-CXL-029	0912	Employee Benefits Liability Follow Form Endorsement
PI-CXL-032	0912	Fungi Or Bacteria Exclusion
PI-CXL-040	0912	Exclusion Of Certified Acts Of Terrorism
PI-CXL-075	0314	Lead Liability Exclusion
PI-CXL-076	0314	Nuclear/Biological/Chem/Radiological Acts Of Terrorism
PI-CXL-088	0314	Access Or Disclosure Of Confidential Info W/Exception
PI-CXL-CA 1	0912	California Changes - Cancellation And Nonrenewal
PI-CXL-CA 2	0912	California Changes
PI-UMTER-DN	0115	Disclosure Notice Of Terrorism Ins Cov Rejection Opt