

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/25/2023

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 confor rights to the certificate holder in liquid for up and property.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to t						require an endorsemen	II. A Sta	atement on	
_	DUCER	ine out	moute notati in nea or or	CONTACT NAME:						
Lamb Insurance Services					PHONE (A/C, No):					
1385 Hwy 35 PMB 170					T AAAU					
Mid	dletown NJ 07748		ADDRESS: Smarles@lambis.com							
							RDING COVERAGE		NAIC#	
			License#: PC-1013055	INSURER	a: Alliance	National Insu	urance Co		15334 42376	
INSURED BIGMIND-01 Big Minds, Inc.					INSURER B: Technology Insurance Company,					
	7 San Pablo Ave.			INSURER C: Hiscox Insurance Company Inc.					10200	
	ole CA 94564			INSURER D:						
				INSURER E:						
				INSURER F:						
COV	/ERAGES CERTI	FICATE	NUMBER: 2001048412				REVISION NUMBER:			
CE	IIS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO	UIREMEN RTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY ( ED BY TH BEEN REI	CONTRACT IE POLICIES	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	O ALL TH	VHICH THIS	
INSR LTR	TYPE OF INSURANCE IN	SD WVD	POLICY NUMBER	(M	M/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	YY	2022-57077	10/16/2022	0/16/2022	10/16/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000		
							MED EXP (Any one person)	\$ 20,000		
							PERSONAL & ADV INJURY	\$ 1,000,0	000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,0		
	PRO-						PRODUCTS - COMP/OP AGG	s 3.000.0		
	OTHER:						TROBOOTO COMITO TIO	\$		
Α	AUTOMOBILE LIABILITY		2022-57077	1	0/16/2022	10/16/2023	COMBINED SINGLE LIMIT	\$ 1,000,0	000	
	ANY AUTO		2022-07077		0, 10, 2022	10/10/2020	(Ea accident) BODILY INJURY (Per person)	s		
	OWNED SCHEDULED						BODILY INJURY (Per accident) \$			
	X HIRED X NON-OWNED			074			PROPERTY DAMAGE	S		
	AUTOS ONLY AUTOS ONLY						(Per accident)	s		
_	V 19955111115 V				0/40/0000	10/10/0000				
Α	X UMBRELLA LIAB X OCCUR	0 (See 1)	2022-57077-UMB	1	0/16/2022	10/16/2023	EACH OCCURRENCE	\$ 1,000,0	00	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED X RETENTION \$ 0					40/47/0000	PER OTH-	S		
В	AND EMPLOYERS' LIABILITY Y/N		TWC4175319	1	0/17/2022	10/17/2023	STATUTE   ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	IA					E.L. EACH ACCIDENT	\$ 1,000,0		
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		00	
	DESCRIPTION OF OPERATIONS below							\$ 1,000,0	00	
С	Cyber Liability		HCXCYB-P-5056773	11	0/16/2022	10/16/2023	Limit	\$1M		
[Cer	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES tificate Holder] is included as additional in: en contract executed prior to loss.	(ACORD sured or	101, Additional Remarks Schedul 1 the commercial general li	e, may be att ability poli	ached if more cy for work	space is require performed b	nd) y the named insured whe	re require	ed by	
CEE	TIFICATE HOLDER			CANCEL	LATION					
CER	TIFICATE HOLDER		T	CANCEL	LATION					
Mount Diable 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.					
	1936 Carlotta Dr. Concord, CA 94519-1397			/	AUTHORIZED REPRESENTATIVE					
		11/19								

POLICY NUMBER: 2022-57077 Named Insured: Big Minds, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED 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):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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 liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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 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
- 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.



### NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

## COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

POLICY NUMBER: 2022-57077-UMB

Lamb Financial Group 145 W 45th Street New York, NY 10036

RENEWAL OF NUMBER: 2021-57077-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:

Big Minds, Inc. 1937 San Pablo Ave. Pinole, CA 94564

Item 2 POLICY PERIOD:

FROM 10/16/2022 TO 10/16/2023

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION:

School designed for 2e students

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

#### Item 3 THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION:

\$939

(premium includes Terrorism Coverage - Certified Acts: \$50 but only for policies that indicate coverage on Schedule A - Schedule of Underlying Insurance)

#### Item 4 LIMITS OF INSURANCE:

a.	Occurrence / Accident / Injury / Claim Limits (where applicable):	1,000,000
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Each Occurrence - Commercial General Liability and Products-Completed Operations Liability

ii) Each Accident - Business Auto Liability

iii) Each Injury - Liquor Liability

iv) Each Claim - Employee Benefits Liability

b.	Each Claim - Directors and Officers Liability	Excluded
0	Fach Claim - Improper Sexual Conduct and Physical Abuse Liability	1 000 000

#### Aggregate limits:

f.

e. Commercial General Liability, Business Auto Liability, Products- Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate (where applicable):

(where applicable): 1,000,000
Directors and Officers Liability Aggregate Excluded

g. Improper Sexual Conduct and Physical Abuse Liability Aggregate 1,000,000
h. Social Service Professional Liability Aggregate 1,000,000

#### Item 5 RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):
CU 21 30 01 15, CU 21 33 a 01 15, CU 21 33 e 01 15, CU 21 33 s 01 15, IL 09 99 12 20, NIAC-E003 UMB 08 20, NIAC-E133 UMB 05 20, NIAC-E180 UMB 01 21,
NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19, SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB 166 12 88, UMB62 05 13