

CERTIFICATE OF LIABILITY INSURANCE

LROSAS1

DATE	(MM/DD/YYYY)	
5 /-	12/2024	

FREDFIN-04

								U	5/	13/2024
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OI ANCE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	вү тн	E POLICIES
lf	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain p	oolicies may			
PRO	DUCER					CT Lorraine	Rosas			
	sure Partners West Coast Insurance	Serv	ices,	LLC		o, Ext): (408) 3		FAX (A/C, No):		
1950 W Corporate Way #1 Anaheim, CA 92801				(AC, NO, EX): (+00) 000 0100 (AC, NO): E-MAIL ADDRESS:						
					/		URER(S) AFFOR			NAIC #
					INSURE			nce Alliance of Califor	nia	
INSU	IRED				INSURE	R в : Cypres	s Insurance	e Company (CA)		10855
	Fred Finch Youth Center							Insurance Company		
	3800 Coolidge Avenue				INSURE	RD:				
	Oakland, CA 94602				INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	СТ ТО	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		202400293		4/1/2024	4/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X Imp. Sex Misconduct							MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X OTHER: Deductible = \$0							ISC OCCURRENCE	\$	1,000,000
A								(Ea accident)	\$	1,000,000
				202400293		4/1/2024	4/1/2025	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
Α									\$	5,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	x		202400293UMB		4/1/2024	4/1/2025	EACH OCCURRENCE	\$	5,000,000
		^				-7,172024	-/ 1/2020	AGGREGATE	\$	
В	DED RETENTION \$							X PER OTH-	\$	
-	AND EMPLOYERS' LIABILITY			FRWC521903		3/1/2024	3/1/2025	▲ STATUTE ER	¢	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		1,000,000
С	Cyber Liability			AB-6605006-05		4/1/2024	4/1/2025	Limit	φ	2,000,000
Α	Professional Liab.			202400293		4/1/2024	4/1/2025	Occ/Agg \$1MM/\$3MM		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Diablo Unified School District, its office	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)		
	Diablo Unified School District, its office ched endorsement. Umbrella Liability fo									
	ws form over the Improper Sexual Con							······································		
					041/2					
	RTIFICATE HOLDER				CANC	ELLATION				
SHOULD ANY OF					ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE C		LED BEFORE	
	Mt. Diablo Unified School District				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1936 Carlotta Drive				ACC	ORDANCE WI					
1	Concord, CA 94519									

AUTHORIZED REPRESENTATIVE

Jennifn

© 1988-2015 ACORD CORPORATION. All rights reserved.





LOC #: 0

Page 1 of 1

ADDITIONAL	REMARKS	SCHEDULE
------------	---------	----------

AGENCY		NAMED INSURED
Acrisure Partners West Coast Insurance Services, LLC		Fred Finch Youth Center 3800 Coolidge Avenue
POLICY NUMBER		Oakland, CA 94602
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS		

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages:

Social Services Professional Liability Carrier: Non Profits Insurance Alliance of California Effective: 04/01/2024 to 04/01/2025 Policy #202400293 Per Occurrence: \$1,000,000 Aggregate: \$3,000,000

Improper Sexual Misconduct & Physical Abuse Liability Carrier: Non Profits Insurance Alliance of California Effective: 04/01/2024 to 04/01/2025 Policy #202400293 General Aggregate: \$1,000,000 Each Claim Limit: \$1,000,000 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:
 - 1. In the performance of your ongoing operations; or
 - 2. 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
- 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. 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.



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

	COMMERCIAL UMBRELLA POLICY DECLARATIONS					
Ρ	RODUCER: Acrisure of California, LLC 910 E. Hamilton Avenue, Suite Campbell, CA 95008	POLICY NUMBER: 2023-28735-UMB 410 RENEWAL OF NUMBER: 2022-28735-UMB-NPO				
Item 1	NAME OF INSURED AND MAILIN LifeLong Medical Care, Inc.; db Recovery Project P.O. Box 11247 Berkeley, CA 94712	G ADDRESS: ba: Brookside Community Health; Friends of LifeLong Medical Care; East Bay Community				
	POLICY PERIOD: BUSINESS DESCRIPTION:	FROM 10/1/2023 TO 10/1/2024 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE Health care & medical services for underserved people				

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:

\$93,028

Item 4	LIMITS OF INSURANCE:							
	a.	Occurrence / Accident / Injury / Claim Limits (where applicable):	9,000,000					
		 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	5,000,000					
	c.	Each Claim - Improper Sexual Conduct and Physical Abuse Liability	5,000,000					
	d.	Each Claim - Social Service Professional Liability	Excluded					
	Aggregate limits:							
	e.	Commercial General Liability, Business Auto Liability, Products- Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate						
		(where applicable):	9,000,000					
	f.	Directors and Officers Liability Aggregate	5,000,000					
	g.	Improper Sexual Conduct and Physical Abuse Liability Aggregate	5,000,000					
	h.	Social Service Professional Liability Aggregate	Excluded					
Item 5	RE	TROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE						

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE): CU 21 33 01 15, 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, UMB61 05 13



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

Acrisure of California, LLC 910 E. Hamilton Avenue, Suite 410 Campbell, CA 95008 POLICY NUMBER: 2023-28735-UMB

RENEWAL OF NUMBER: 2022-28735-UMB-NPO

COUNTERSIGNED:

10/3/2023

Samel C. R.

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

ΒY

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

NIAC - UMB / 2-99