



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2023

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 confer rights to the certificate holder in lieu of such endorsement(s).

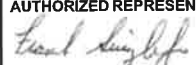
PRODUCER Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas TX 75240	CONTACT NAME: PHONE (A/C, No, Ext): 972-715-8732 FAX (A/C, No): 972-387-3808 E-MAIL ADDRESS: kgibbons@swinglecollins.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED ACES 2020, LLC; ACES Management Holdco, LLC; ACES Conversions, LLC; Comprehensive Education Svc, Inc. ACES MH Services PC PO Box 33568 San Diego CA 92163	INSURER A : Hanover Insurance Company 22292	
	INSURER B : Massachusetts Bay Insurance Company 22306	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 2013257857** **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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		ZDDD26368606	7/22/2022	7/22/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							Pys/Sex/Molest-Abuse	\$ 1,000,000
B	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			ZDDD26368606	7/22/2022	7/22/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UHDD26369406	7/22/2022	7/22/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	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				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Professional Liab - Human Svcs			ZDDD26368606	7/22/2022	7/22/2023	See Below	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Professional Liability Human Services Limit per Claim \$1,000,000; Aggregate Limit \$3,000,000
 Physical Abuse, Sexual Misconduct or Molestation Limit per Claim \$1,000,000; Aggregate Limit \$3,000,000

CERTIFICATE HOLDER Mt. Diablo USD 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 

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 4. Other Insurance:**

Additional Insured – Primary and Non-Contributory

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II – WHO IS AN INSURED**, is primary and non-contributory, the following applies:

If other valid and collectible insurance is available to the Additional Insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

(1) Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the

Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (a) For the sole negligence of the Additional Insured;
- (b) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (c) When (2) below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in (3) below.

(2) Excess Insurance

- (a) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (ii) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
 - (iii) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property

damage" to premises rented to the Additional Insured or temporarily occupied by the Additional with permission of the owner; or

- (iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY.**

- (b) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

- (c) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (i) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (ii) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

(3) Method Of Sharing

- (a) If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.
- (b) If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



RENEWAL OF POLICY UHD D263694 05

COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE BELOW NUMBERED POLICY.

POLICY NUMBER: UHD D263694 06
COMPANY: Hanover Insurance Company

DECLARATIONS

Item 1. Named Insured and Address
(No., Street, Town, County, State)

Agent

ACES 2020, LLC P.O. BOX 33568 SAN DIEGO CA 92163	1602282 SWINGLE COLLINS & ASSOC 13760 NOEL RD., STE 600 DALLAS TX 75240
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Item 2. Policy Period: (Month, Day, Year)

From 07/22/2022 To 07/22/2023
12:01 A. M., standard time at the address of the Named Insured as stated herein.

Form of Business:

- Individual
 Partnership
 Corporation
 Limited Liability Company
 Organization (Other than Partnership, Joint Venture or Limited Liability Company)

Business Description: ABA therapy services in home, school, clinic and community

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. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

Item 3. Limit of Insurance

Each Occurrence or Each Claim Limit:	\$5,000,000
Products – Completed Operations Aggregate Limit:	\$5,000,000
General Aggregate Limit	\$5,000,000

Retained Limit: \$0

Item 4. Premium Computation:

Estimated Annual Premium	\$52,224.00
Premium Surcharges	\$
(Premium Surcharges NOT APPLICABLE in New York)	
Annual Minimum Premium	\$52,224.00
Advance Premium	\$52,224.00

Endorsements:

See next page



SCHEDULE OF UNDERLYING POLICIES

Insured: ACES 2020, LLC
Effective on and after 07/22/2022 12:01 A.M. Standard Time
This Schedule is part of Policy Number: UHD D263694 06

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE	
(a) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDD D263686 06 Policy Period: 07/22/2022 TO 07/22/2023	Commercial General Liability <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000 \$1,000,000 \$1,000,000 \$3,000,000 Incl in Gen Agg	Occurrence/ Each Claim Personal Injury Advertising Injury General Aggregate Product/Completed Operations Aggregate
(a) Carrier: HANOVER INSURANCE COMPANY Policy Number: ZHD D263679 06 Policy Period: 07/22/2022 TO 07/22/2023	Commercial General Liability <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000 \$1,000,000 \$1,000,000 \$3,000,000 Incl in Gen Agg	Occurrence/ Each Claim Personal Injury Advertising Injury General Aggregate Product/Completed Operations Aggregate
(b) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY Policy Number: ZDD D263686 06 Policy Period: 07/22/2022 TO 07/22/2023	Comprehensive Automobile Liability including <input type="checkbox"/> Owned Autos <input checked="" type="checkbox"/> Non-Owned & Hired Autos	\$1,000,000 Bodily Injury \$ \$ Property Damage: \$	Bodily Injury and Property Damage Liability Combined: Each Accident Each Person Each Accident Each Accident
(c) Carrier: Policy Number: Policy Period:	Garage Liability <input type="checkbox"/> Dealers <input type="checkbox"/> Service	\$ \$ \$ Garage Operations \$	Bodily Injury and Property Damage Liability Combined: Each Accident Garage Operations Auto Only Other than Auto Only Aggregate Other than Auto Only

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance



<p>(d) Carrier: Excluded</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Standard Workers' Compensation & Employers' Liability</p> <p>NEW YORK ONLY: The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.</p>	<p>Coverage B – Employers Liability</p>	
<p>(e) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Liquor Liability</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>Each Accident</p> <p>Each Employee Aggregate</p> <p>Each Common Cause</p> <p>Other</p> <p>Aggregate</p> <p>Other</p>
<p>(f) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY</p> <p>Policy Number: ZDD D263686 06</p> <p>Policy Period: 07/22/2022 TO 07/22/2023</p>	<p>Professional Liability</p> <p>Human Services</p>	<p>\$1,000,000</p> <p>\$</p> <p>\$</p> <p>\$3,000,000</p> <p>\$</p>	<p>Each Occurrence</p> <p>Each Claim</p> <p>Other</p> <p>Aggregate</p> <p>Other</p>
<p>(g) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Directors & Officers Liability</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>Each Occurrence</p> <p>Each Claim</p> <p>Other</p> <p>Aggregate</p> <p>Other</p>
<p>(h) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Stop Gap Liability</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>Each Accident</p> <p>Each Employee Aggregate</p>
<p>(i) Carrier: MASSACHUSETTS BAY INSURANCE COMPANY</p> <p>Policy Number: ZDD D263686 06</p> <p>Policy Period: 07/22/2022 TO 07/22/2023</p>	<p>Abuse and Molestation</p> <p>Human Services</p>	<p>\$1,000,000</p> <p>\$</p> <p>\$</p> <p>\$3,000,000</p>	<p>Each Occurrence</p> <p>Each Claim</p> <p>Other</p> <p>Aggregate</p>
<p>(j) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Foreign</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>Each Occurrence</p> <p>Each Claim</p> <p>Other</p> <p>Aggregate</p>
<p>(k) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Employee Benefits Liability</p>	<p>\$</p> <p>\$</p> <p>\$</p> <p>\$</p>	<p>Each Occurrence</p> <p>Each Claim</p> <p>Other</p> <p>Aggregate</p>

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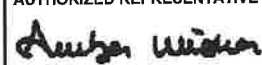
PRODUCER Marsh & McLennan Agency LLC Marsh & McLennan Ins. Agency LLC 1 Polaris Way #300 Aliso Viejo, CA 92656	CONTACT NAME: Amber Wisner PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: OCCerts@MarshMMA.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Homestate Ins Co
INSURED ACES 2020,LLC dba ACES P.O. Box 33568 San Diego, CA 92163	NAIC # 20044
	INSURER B : _____
	INSURER C : _____
	INSURER D : _____
	INSURER E : _____

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	ACWC347043	08/02/2022	08/02/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mt. Diablo School District is Waiver of Subrogation applies with respects to Workers Compensation per the attached endorsement.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive, Wing D 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 

INSURED: ACES 2020,LLC dba ACES

POLICY#: ACWC347043

POLICY PERIOD: 08/02/2022

TO: 08/02/2023

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 04 10 C
(Ed. 01-19)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA
BLANKET BASIS**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this endorsement shall be calculated by applying a factor of % to the total manual premium, with a minimum initial charge, then applying all other pricing factors for the policy to this calculated charge to derive the final cost of this endorsement.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver

Person/Organization

Blanket Waiver – Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

Job Description

All CA Operations

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)