

ACORD CERTIFICATE OF LIABILITY INSURANCE

JAN 26 18

PRODUCER
COLE P. SCHLACK
CBI INSURANCE AGENCY, INC.
 PO BOX 1120
 EDEN UT 84310
 Agency Lic#: 102586

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE	
COMPANY A:	MARKEL INSURANCE COMPANY
COMPANY B:	WORKERS COMPENSATION FUND
COMPANY C:	
COMPANY D:	
COMPANY E:	

INSURED
SYRACUSE RTC, LLC WTC, LLC SEVEN STARS ACADEMY
DBA ELEVATIONS RTC, FAMILY HELP & WELLNESS
 2650 WEST 2700 SOUTH
 SYRACUSE UT 84075

COVERAGES

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ABUSE 1000000 <input checked="" type="checkbox"/> PROFESSIONAL LIAB 1,000,000/\$3,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	HUP1668-01	APR 25 17	APR 25 18	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 1,000,000 MED. EXP (Any One Person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG. \$ 3,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	HUA1669-01	APR 25 17	APR 25 18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	HUU1670-01	APR 25 17	APR 25 18	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3375123	APR 18 17	APR 18 18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
	OTHER: CRIME COVERAGE	HUP1668-01	APR 25 17	APR 25 18	\$50,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS **MT. DIABLO UNIFIED SCHOOL DISTRICT, ITS BOARD, OFFICERS, EMPLOYEES, AND AGENTS ARE COVERED AS ADDITIONAL INSURED WITH RESPECTS TO LIABILITY ARISING OUT OF ACTIVITIES PERFORMED BY OR ON BEHALF OF CONTRACTOR WHEN REQUIRED BY WRITTEN CONTRACT. CONTRACTOR'S INSURANCE COVERAGE SHALL BE PRIMARY.**

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION

MT. DIABLO UNIFIED SCHOOL DISTRICT
 1936 CARLOTTA DRIVE
 CONCORD, CA 94519-1397
 Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 (866) 977-4555 Ph.
 (866)211-7419 Fax

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ THIS CAREFULLY

ADDITIONAL INSURED PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance is primary for the person or organization shown in the schedule, but only with respect to liability arising out of your work or that insured by or for you. Other insurance afforded to that insured will apply as excess and not contribute as primary to the insurance afforded by this endorsement.

All other endorsement provisions, conditions and exclusions of this insurance shall remain unchanged and apply to the additional insured and described below.

SCHEDULE

ADDITIONAL INSURED


CONTRACT/PROJECT

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

ADDITIONAL INSURED SYRACUSE RTC, LLC WTC, LLC SEVEN
STARS ACADEMY
DBA ELEVATIONS RTC, FAMILY HELP &
WELLNESS
2650 WEST

Markel Insurance Company

EXCESS/UMBRELLA DECLARATIONS

POLICY NUMBER: HUU1670-01		RENEWAL OF POLICY: 4602SS429365-01
Named Insured and Mailing Address: Syracuse RTC, LLC DBA: Elevations RTC 2650 W. 2700 S. Syracuse, UT 84075		
Policy Period	From: 4/25/17	To: 4/25/18
At 12:01 a.m. standard time at your mailing address shown above		
This policy provides <input type="checkbox"/> Excess Liability coverage only or <input checked="" type="checkbox"/> Umbrella Liability coverage only. <i>Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to coverage type.</i>		
IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.		
Policy Premium:		
<input type="checkbox"/> Direct Billed <input checked="" type="checkbox"/> Agency Billed		
Limits of Insurance:		
General Aggregate		\$ 4,000,000
Products-Completed Operations Aggregate		\$ 4,000,000
Each Occurrence		\$ 4,000,000
Each Person - Personal And Advertising Injury		\$ 4,000,000
Self-Insured Retention – Each Occurrence		\$ 10,000
THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY. This insurance does not apply to Coverage A – Bodily Injury And Property Damage Liability and Coverage B – Personal And Advertising Injury written under Section II – Umbrella Liability Coverage which occurs before the Retroactive Date shown below. N/A in New York		
Retroactive Date: (Enter a date only when one or more underlying insurance coverages are claims-made.)		
Producer Number, Name and Mailing Address		
50386	CBI Insurance Agency Inc 298 24th Street, Suite 203 Ogden, UT 84401	
Forms and Endorsements attached to this policy at time of issuance: See Schedule of Forms and Endorsements		
These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.		
Issue Date: April 21, 2017	At: Kennesaw, GA	By:  (Authorized Representative)

Named Insured: Syracuse RTC, LLC		Policy Number: HUU1670-01	
EXCESS/UMBRELLA POLICY			
SCHEDULE OF UNDERLYING INSURANCE			
(An "X" in the Type of Coverage boxes below () indicates these coverages are provided by the underlying policies.)			
Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance	
Carrier: Markel Insurance Company Policy Number: HUP1668-01 Policy Period: 4/25/17 - 4/25/18	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Liquor Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 3,000,000 \$ 3,000,000 \$ 1,000,000 \$ 1,000,000 \$ \$ \$	General Aggregate Products-Completed Operations Aggregate Each Occurrence Personal And Advertising Injury - Each Person Or Organization
Carrier: Markel Insurance Company Policy Number: HUP1668-01 Policy Period: 4/25/17 - 4/25/18	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Professional Liability	\$ 1,000,000 \$ 3,000,000	Each Wrongful Act Aggregate
Carrier: Markel Insurance Company Policy Number: HUP1668-01 Policy Period: 4/25/17 - 4/25/18	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Employee Benefits Liability	\$ 1,000,000 \$ 3,000,000	Each Employee Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Liquor Liability	\$ \$	Each Common Cause Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Stop Gap - Employers Liability	\$ \$ \$	Bodily Injury By Accident Bodily Injury By Disease – Each Person Bodily Injury By Disease – Policy Limit
Carrier: Markel Insurance Company Policy Number: HUA1669-01 Policy Period: 4/25/17 - 4/25/18	<input checked="" type="checkbox"/> Business Automobile Liability <input checked="" type="checkbox"/> Owned Automobiles <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Hired Automobiles	\$ 1,000,000	Each Accident
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Auto Dealer Liability <input type="checkbox"/> Owned Automobiles <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	\$ \$ \$ \$ \$	Covered Autos Liability - Each Accident General Liability Bodily Injury And Property Damage Liability – Each Accident Personal And Advertising Injury Liability – Any One Person Or Organization General Liability Aggregate Products And Work You Performed Aggregate

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: HUP1668-01 Policy Period: 4/25/17 - 4/25/18	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Sexual Abuse & Molestation	\$ 3,000,000 Aggregate \$ 1,000,000 Per Person, Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$