

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

POLICY NUMBER: 2020-09579-UMB

McGriff Insurance Services, Inc
P.O. Box 896623
Charlotte, NC 28289-6623

RENEWAL OF NUMBER: 2019-09579-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:

Institute of Human Behavior Research & Education dba: The Phillips Academy
1910 Central Avenue
Alameda, CA 94501

Item 2 POLICY PERIOD:

FROM 7/1/2020 TO 7/1/2021

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

BUSINESS DESCRIPTION:

Educational learning center for exceptional children

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:**

\$4,503

(premium includes Terrorism Coverage - Certified Acts: \$166
but only for policies that indicate coverage on Schedule A - Schedule of Underlying Insurance)

Item 4 **LIMITS OF INSURANCE:**

a.	Each Occurrence (other than Directors' & Officers' Liability, Improper Sexual Conduct and Physical Abuse Liability, and Social Service Professional Liability)	3,000,000
	Each Wrongful Act - Directors' & Officers' Liability	Excluded
	Each Occurrence - Improper Sexual Conduct Liability	3,000,000
	Each Occurrence - Social Service Professional Liability	3,000,000
b.	Products Completed Operations Aggregate [(where applicable)]	3,000,000
c.	General Aggregate	3,000,000
d.	Directors' & Officers' Liability Aggregate	Excluded
e.	Improper Sexual Conduct Liability Aggregate	3,000,000
f.	Social Services Professional Liability Aggregate	3,000,000

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 01 15, NIAC-E133 UMB 05 20, NIAC-E42 UMB 09 19, SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 08 18, UMB62 05 13

COUNTERSIGNED:

6/29/2020

BY



(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.

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.