



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/04/2022

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 Berkeley Insurance & Financial Services, Inc. 555 Pierce Street CML#2 Albany CA 94706		CONTACT NAME: Robert Ledesma PHONE (A/C, No, Ext): (510)984-0161 E-MAIL ADDRESS: BIFS123@gmail.com		FAX (A/C, No): (510)248-4150	
INSURER(S) AFFORDING COVERAGE					
INSURER A : Philadelphia Indemnity Insurance Company				NAIC # 18058	
INSURER B : Philadelphia Indemnity Insurance Company				18058	
INSURER C :					
INSURER D :					
INSURER E :					
INSURER F :					
INSURED Ascend Rehab Services, Inc. 29516 Kohoutek Way Union City CA 94587					

COVERAGES **CERTIFICATE NUMBER:** **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	PHPK2386847	03/04/2022	03/04/2023	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 5,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	Y	PHPK2386847	03/04/2022	03/04/2023	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	Y	PHUB805634	03/04/2022	03/04/2023	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EACH OCCURRENCE	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$ 10,000					AGGREGATE	\$ 1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
A	Professional Liability Sexual Molestation		PHPK2386847	03/04/2022	03/04/2023		Each Occurrence	\$1,000,000
							Aggregate	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519	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 <i>Robert Ledesma</i>

Fax: Email:

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ACORD 25 (2016/03)

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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):

Mt Diablo Unified School District

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:

1. 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
2. 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.

POLICY NUMBER: PHUB805634



A Member of the Tokio Marine Group

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 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	108252 Berkeley Insurance & Financial Serv 555 Pierce St, # 2 Albany, CA 94706 (510) 984-0160
NAMED INSURED: Ascend Rehab Services, Inc.	
MAILING ADDRESS: 29516 Kohoutek Way Union City, CA 94587-1221	
POLICY PERIOD: FROM 03/04/2022 TO 03/04/2023 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

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.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ 1,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000 Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ 1,000,000

RETAINED LIMIT	
RETAINED LIMIT:	\$ 10,000

POLICY NUMBER: PHUB805634

PREMIUM	
PREMIUM SUBTOTAL	\$ 2,929.00
STATE TAXES, FEES, SURCHARGES (if applicable)	Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 2,929.00
AUDIT PERIOD:	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>CORPORATION</u>
BUSINESS DESCRIPTION:	<u>For Profit SS Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

POLICY NUMBER: PHUB805634

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:		
Policy Number:		
Policy Period:		
Minimum Applicable Limits		
Bodily injury by accident	\$	Each Accident
Bodily injury by disease	\$	Each Employee
Bodily injury by disease	\$	Policy Limit
Commercial General Liability		
	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK2386847</u>	
Policy Period:	<u>03/04/2022</u> <u>03/04/2023</u>	
Retroactive Date:	<u>Not Applicable</u>	
Minimum Applicable Limits:		
General Aggregate	\$	3,000,000
Products-Completed Operations Aggregate	\$	3,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Commercial Auto Liability		
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK2386847</u>	
Policy Period:	<u>03/04/2022</u> <u>03/04/2023</u>	
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$	Not Applicable
Each Accident	\$	1,000,000
Professional Liability		
	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK2386847</u>	
Policy Period:	<u>03/04/2022</u> <u>03/04/2023</u>	
Retroactive Date:	<u>Not Applicable</u>	
Minimum Applicable Limits		
<u>Each Professional Incident</u>	\$	1,000,000
<u>Aggregate</u>	\$	3,000,000

POLICY NUMBER: PHUB805634

<p>Employee Benefits Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Abusive Conduct Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Directors & Officers Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Liquor Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>

POLICY NUMBER: PHUB805634

Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made

Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

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

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



John W. Glomb, Jr.
President & CEO



Secretary