Client#: 1264663 303PHILLACA

## ACORD.

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 7/02/2019

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 this certificate does not confer any right   |           |                      |  |  |                            | uire an endorsement. A                    | statem              | ent on      |  |
|---|-----------|----------------------|--|--|----------------------------|---|---------------------|-------------|--|
| PRODUCER PRODUCER   | is io iii | Celtinoate notaci in |  | Michelle   |                            |   |                     |             |  |
| McGriff Insurance Services  |           |                      |  | PHONE 640 525 2022 FAX 6402260424  |                            |   |                     |             |  |
| 750 B Street Suite 2400   |           |                      |  | PHONE (AJC, No, Ext): 619 525-2833 (AJC, No): 6192369134   |                            |   |                     |             |  |
| San Diego, CA 92101   |           |                      |  | ADDRESS:   |                            |   |                     |             |  |
| 619 231-1010  |           |                      |  | INSURER(S) AFFORDING COVERAGE  |                            |   |                     |             |  |
| INSURED   |           |                      |  | INSURER A : Nonprofits' insurance Alliance of CA   |                            |   |                     | 40246       |  |
| Phillips Academy  |           |                      | INSURER B : Employers Preferred Insurance Co |  |                            |   |                     | 10346       |  |
| Institute of Human Behavior Research  |           |                      |  | INSURER C:   |                            |   |                     |             |  |
| 1910 Central Avenue   |           |                      | INSURER D:                                   |  |                            |   |                     |             |  |
| Alameda, CA 94501   |           |                      |  | INSURER E :  |                            |   |                     |             |  |
| · · · · · · · · · · · · · · · · · · ·   |           |                      |  | INSURER F:   |                            |   |                     |             |  |
| 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.   |           |                      |  |  |                            |   |                     |             |  |
|   | INST WYO  |                      | POI<br>(MM/                                  | IDD/YTYY)  | POLICY EXP<br>(MM/DD/YYYY) | LIMIT                                     | MITS                |             |  |
| A X COMMERCIAL GENERAL LIABILITY  |           | 201909579            | 07/0   | 01/2019  | 07/01/2020                 | EACH OCCURRENCE                           | s1,000              | 3,000       |  |
| CLAIMS-MADE X OCCUR   |           |                      |  |  |                            | DAMAGE TO RENTED PREMISES (Ea occurrence) | s 500,0             | <u> </u>    |  |
|   |           |                      |  |  |                            | MED EXP (Any one person)                  | s20,00              | )0          |  |
|   |           |                      |  | -  |                            | PERSONAL & ADV INJURY                     | \$1,000             |             |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |           |                      |  |  |                            | GENERAL AGGREGATE                         | s3,000              |             |  |
| POLICY JECT LOC   |           |                      |  |  | ļ                          | PRODUCTS - COMP/OP AGG                    | s3,000              | ),000       |  |
| OTHER:  |           |                      |  |  |                            | COMONICO CINICI E LIMIT                   | Ş                   |             |  |
| A AUTOMOBILE LIABILITY  |           | 201909579            | 07/0   | 01/2019  | 07/01/2020                 | COMBINED SINGLE LIMIT<br>(Ea accident)    | <sub>\$</sub> 1,000 | ,000        |  |
| X ANY AUTO OWNED SCHEDULED  |           |                      |  |  |                            | BODILY INJURY (Per person)                | \$                  |             |  |
| AUTOS ONLY AUTOS  |           |                      |  |  |                            |   | \$                  |             |  |
| X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY   |           |                      | 1  |  |                            | PROPERTY DAMAGE<br>(Per accident)         | \$                  |             |  |
|   |           |                      |  |  |                            |   | \$                  |             |  |
| A X UMBRELLA LIAB X OCCUR   |           | 201909579UMB         | 07/0   | 01/2019  | 07/01/2020                 | EACH OCCURRENCE                           | \$3,000             |             |  |
| EXCESS LIAB CLAIMS-MADE   |           |                      | į  | -  | -                          | AGGREGATE                                 | \$3,000             | ,000        |  |
| DED X RETENTION \$10000   |           |                      |  |  |                            | loco locu                                 | \$                  |             |  |
| B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           | EIG1038667           | 06/30/2019                                   | 30/2019  | 06/30/2020                 | X PER OTH-                                |                     |             |  |
| IANY PROPRIETOR/PARTNER/EXECUTIVE   | IA        |                      |  |  | -                          | E.L. EACH ACCIDENT                        | s1,000              | ,000        |  |
| (Mandatory in NH)   |           |                      |  |  | 1                          | E.L. DISEASE - EA EMPLOYEE                |                     | <del></del> |  |
| if yes, describe under<br>DESCRIPTION OF OPERATIONS below   |           |                      |  |  |                            |   | s1,000              | ,000        |  |
| A Business Personal   |           | 201909579PROP        | 07/0   | 1/2019   | 07/01/2020                 | \$532,001 Limit                           |                     |             |  |
| Property  |           |                      |  |  |                            | \$1,000 deductible                        |                     |             |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate is subject to policy limits, conditions and exclusions. RE: Referral of students. Primary wording is included in the policy form. Coverages shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days notice has been given to the certificate holder. The LEA, its subsidiaries, officials and employees and MDUSD are Named as an Additional Insured (GL,AL) per the captioned operations of the Named Insured. |           |                      |  |  |                            |   |                     |             |  |
| CERTIFICATE HOLDER  |           |                      |  | CANCELLATION   |                            |   |                     |             |  |
| MT. Diablo School District<br>1936 Carlotta Drive   |           |                      |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |                     |             |  |
| Concord, CA 94519-0000  |           |                      |  | AUTUADITEA PERDECENTATIVE  |                            |   |                     |             |  |

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John S. Kill



### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE ONLY**

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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POLICY NUMBER: 2019-09579

COMMERCIAL GENERAL LIABILITY

Named Insured:

Institute of Human Behavior Research & Education\*

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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):

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.

- 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;
  - In connection with your premises owned by or rented to you.

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 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.



### NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

## COMMERCIAL UMBRELLA POLICY DECLARATIONS

POLICY NUMBER: 2019-09579-UMB PRODUCER: McGriff Insurance Services, Inc P.O. Box 129077 RENEWAL OF NUMBER: 2018-09579-UMB-NPO San Diego, CA 92112-9077 NAME OF INSURED AND MAILING ADDRESS: Item 1 Institute of Human Behavior Research & Education dba: The Phillips Academy 1910 Central Avenue Alameda, CA 94501 07/01/2019 TO 07/01/2020 POLICY PERIOD: FROM Item 2 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE Educational learning center for exceptional children **BUSINESS DESCRIPTION:** 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. THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION: \$4,034 Item 3 (premium includes Terrorism Coverage - Certified Acts: \$150 but only for policies that indicate coverage on Schedule A - Schedule of Underlying Insurance) Item 4 LIMITS OF INSURANCE: Each Occurrence (other than Directors' & Officers' Liability, Improper Sexual Conduct and a. Physical Abuse Liability, and Social Service Professional Liability) ...... 3,000,000 Each Wrongful Act - Directors' & Officers' Liability Excluded Each Occurrence - Improper Sexual Conduct Liability Excluded Each Occurrence - Social Service Professional Liability 3,000,000 Products Completed Operations Aggregate [(where applicable)] 3.000,000 3,000,000 ..... C. Excluded Directors' & Officers' Liability Aggregate ..... d. Excluded Improper Sexual Conduct Liability Aggregate ...... 3,000,000 Social Services Professional Liability Aggregate ...... RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE Item 5 FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):

Kamel C. D

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-E42 01 17, SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16,

RY 06/11/2019 COUNTERSIGNED:

UMB-100 08 18, UMB 166 12 88, UMB 62 05 13

(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.