



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2022

DATE (MM/DD/YYYY)

6/25/2021

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).

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 777 S. Figueroa Street, 52nd Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B : Zenith Insurance Company</td> <td>13269</td> </tr> <tr> <td>INSURER C : Illinois Union Insurance Company</td> <td>27960</td> </tr> <tr> <td>INSURER D : ACE Property &amp; Casualty Insurance Co</td> <td>20699</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : Zenith Insurance Company	13269	INSURER C : Illinois Union Insurance Company	27960	INSURER D : ACE Property & Casualty Insurance Co	20699	INSURER E :		INSURER F :
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<b>INSURED</b> 1045674 The Help Group and DBAs (see attached) 13130 Burbank Blvd. Sherman Oaks, CA 91401															

**COVERAGES** HELGR03 **CERTIFICATE NUMBER:** 16630980 **REVISION NUMBER:** XXXXXXXX

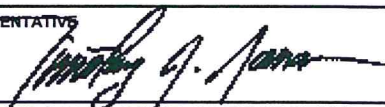
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 type="checkbox"/> LOC OTHER: _____	Y	N	SVRD37806845009	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 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 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	N	CALH0862205A009	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Comp/Coll \$ 1,000
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	N	XOOG25508956009	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A	N	N	Z042214528	7/1/2021	7/1/2022	<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
C	Professional Liability Claims - Made	N	N	CRLG25509031009	7/1/2021	7/1/2022	\$11,000,000 Each Occ \$13,000,000 Agg

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

Mt. Diablo Unified School District, its Board, Officers, Employees, and agents and LEA and the Board of Education are included as Additional Insured to the extent provided by the policy language or endorsement issued or approved by the insurance carrier. Insurance provided to Additional Insured(s) is primary and non-contributory as per the attached endorsements or policy language.

**CERTIFICATE HOLDER**
**CANCELLATION** See Attachments

<b>16630980</b> 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 
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The Help Group  
July 1, 2021-2022

The Help Group

New School for Child Development

Sunrise School  
Bridgeport School  
Village Glen School  
The Help Group's North Hills Prep  
Young Learners School  
Help Group Sherman Oaks Campus Parent Assn

The Help Group Child and Family Center

The Help Group National Autism Foundation  
Advance LA  
Kids Like ME  
We Can Work  
Project Safe  
Workability  
Department of Rehabilitation  
Kaleidoscope Program  
The Help Group Center for Autism Spectrum Disorders  
Prevention and Aftercare  
Early Periodic Screening Diagnosis and Treatment of Children  
CalWORKS Mental Health Treatment  
REACH After School Day Treatment  
Wraparound Program  
Stepping Stones  
Mental Health Services Act (MHSA)

Project Six / The Commons

Project Six Development Delay  
Project Six Transitional Residential

Pacific Living Alternatives

New Opportunities for Living

Summit View School

Summit View School  
Summit View Parent Association  
STEM3 Academy  
STEM3 Academy Orange County

The Help Group West

Village Glen West School  
Sunrise West School  
Bridgeport West School  
STEM3 Academy West  
Bridgeport Vocational West School  
Summit View Westside School  
Westview School of Arts and Technology  
Parent Association of Summit View School (Culver City)  
THG West Parents Association  
Young Learners West

And its officers, agents, representatives and employees.

**CHUBB®**

**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 008

**ACE American Insurance Company**

Named Insured THE HELP GROUP

Endt Effective Date:03-05-2020

12:01 A.M., Standard Time

Agent Name RSG UNDERWRITING MANAGERS LLC

Agent No. Z00018 Policy Eff Date:7/1/2021 Policy Exp Date: 7/1/2022

**POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)**

CG2001 0413 - PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION:

MT DIABLO UNIFIED  
SCHOOL DISTRICT  
1936 CARLOTTA DRIVE  
CONCORD, CA 94519

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

ALL-24627 (01/08)

POLICY NUMBER: SVRD37806845

COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13

**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  
1936 Carlotta Drive  
Concord, CA 94519

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: **SVRD37806845**

## **CANCELLATION ENDORSEMENT**

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

**This endorsement modifies insurance provided under the following:**

### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

Paragraph 2. of CANCELLATION (Common Policy Conditions) is replaced by the following:

2. We may cancel this Coverage Form by mailing or delivering to the first Named Insured and the person or organization shown in the Schedule written notice of cancellation at least:

- a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
- b. 30 days before the effective date of cancellation if we cancel for any other reason.

### **SCHEDULE**

**Name of Person or Organization:**

CITY OF BURBANK

275 EAST OLIVE AVENUE

BURBANK, CA 91502

FOR THE FOLLOWING DATES: 03/03, 03/09, 03/17, 03/19, 03/31, AND 04/23

Mt. Diablo Unified School District

1936 Carlotta Drive

Concord, CA 94519

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Authorized Agent

CHLJIBIEI

Declarations  
ACE Umbrella Plus  
Commercial Umbrella Liability Policy

Policy Symbol: XOO	Previous Policy Symbol: XOO
XOOG25508956009	Previous Policy Number: G25508956 008
COVERAGE IS PROVIDED IN THE COMPANY SHOWN BELOW ACE Property and Casualty Insurance Company 436 Walnut Street, P.O. Box 1000, Philadelphia, PA 19106-3703	
Named Insured and Address The Help Group 13130 Burbank Boulevard Sherman Oaks, CA 91401-6037	Producer Name and Address RSG UNDERWRITING MANAGERS, LLC 25 LAKE LOUISE MARIE RD. ROCK HILL, NY 12775 PRODUCER CODE Z00018
Policy Period: 7/1/2021 to 7/1/2022 12:01 A.M Standard Time at the Address of the Named Insured as stated herein	
Limits of Insurance	
\$ 10,000,000 Each Occurrence	
\$ 10,000,000 General Aggregate	
\$ 10,000,000 Products Completed-Operations Aggregate \$ 10,000 Self-Insured Retention	
Annual Premium	
\$ 30,368 Premium \$ REJECTED Terrorism Premium included in Annual Premium	
\$ N/A [State Surcharge]	
\$ 30,368.00 Premium, including all Surcharges and Assessments	
Policy Period Premium	
\$ 30,368 Premium \$ REJECTED Terrorism Premium included in Annual Premium	
\$ N/A [State Surcharge]	
\$ 30,368.00 Premium, including all Surcharges and Assessments	
Schedule of Underlying Insurance	
Refer to the attached Schedule of Underlying Insurance, which forms a part of this Policy's Declarations.	
Endorsements and Forms	
Refer to the attached Schedule of Endorsements for the forms and endorsements forming this policy at inception.	
DATE OF ISSUE	SIGNATURE OF AUTHORIZED AGENT
07/12/2021 XS- 22695a (08/09)	©Chubb. 2016. All rights reserved. <span style="float: right;">Page 1 of 1</span>