

CERTIFICATE OF LIABILITY INSURANCE

HOPEA-1

OP ID: B DATE (MM/DD/YYYY)

09/30/2020

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 be endorsed. If SUBROGATION IS WAIVED, subject to

t	he terms and conditions of the policy, certificate holder in lieu of such endors	cer	tain policies may require an e	ndorsement. A st	atement on the	nis certificate does not c	onfer	rights to the
PRO	DDUCER nnbrook Insurance Services ense #0622553		(0)	CONTACT NAME: PHONE (A/C, No, Ext): 415-820-2200 FAX (A/C, No): 415-394-8332				
	Sansome Street, 4th Floor			E-MAIL ADDRESS:		(1.00).		
	n Francisco, CA 94104 nnbrook - House A/C				ISURER(S) AFFO	RDING COVERAGE		NAIC#
- Similar on Thomas 7 to				INSURER A : Nonprofits' Ins Alliance				10023
INSURED Hope Academy for Dyslexics				INSURER B : North American Elite				29700
5353 Concord Blvd. Concord, CA 94521				INSURER C:				20.00
	Concord, CA 94521			INSURER D :				
				INSURER E :				
				INSURER F:				
CO	VERAGES CERT	TIFI	CATE NUMBER:	REVISION NUMBER:				
C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REJECTIFICATE MAY BE ISSUED OR MAY FUNCTIONS AND CONDITIONS OF SUCH FUNCTIONS OF SUCH FUNC	QUIF PERT POLI	REMENT, TERM OR CONDITION FAIN. THE INSURANCE AFFORD	OF ANY CONTRACTED BY THE POLICIES BEEN REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR TO DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		INSD	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	х				EACH OCCURRENCE	\$	1,000,00
	X \$1M		202066304NPO	09/29/2020		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,00
			EDUCATORS E&O	09/29/2020		MED EXP (Any one person)	\$	5,00
						PERSONAL & ADV INJURY	\$	1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,00
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,00
	OTHER:						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
	AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,00
	EXCESS LIAB CLAIMS-MADE		202066304UMB	09/29/2020	09/29/2021	AGGREGATE \$		1,000,00
	DED RETENTION\$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					E.L. EACH ACCIDENT	\$	
				l l		E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	Property - BPP		202066304PRO	09/29/2020	09/29/2021			20,00
	Special Form					Ded		50
VIt. I	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Diablo Unified School is named as ten contract.				e space is require	ed)		
CEF	RTIFICATE 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				

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):

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.

- 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:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 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
- 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.