



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2019

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 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> Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	<b>CONTACT NAME:</b> Danielle Donohue <b>PHONE (A/C, No, Ext):</b> 818-539-8605 <b>E-MAIL ADDRESS:</b> Danielle_Donohue@ajg.com	<b>FAX (A/C, No):</b> 818-539-8705
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> License#: 0726293 SCHOOLFI-01 School for Independent Learning East Bay Branch LLC DBA: Tilden Preparatory School 1231 Solano Ave Albany CA 94706	<b>INSURER A:</b> Great American Insurance Company <b>NAIC #:</b> 16691	<b>INSURER B:</b> Great American Alliance Insurance Company <b>NAIC #:</b> 26832
	<b>INSURER C:</b> Republic Indemnity Company of California <b>NAIC #:</b> 43753	<b>INSURER D:</b>
	<b>INSURER E:</b>	<b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 1499607056

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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PAC 1553624 03	11/2/2019	11/2/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PAC 1553624 03	11/2/2019	11/2/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB 1553625 03	11/2/2019	11/2/2020	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<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	N/A	18671706	12/15/2018	12/15/2019	<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
A	Abuse & Molestation			PAC 1553624 03	11/2/2019	11/2/2020	Each Claim Aggregate	\$1,000,000 \$2,000,000

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

Policy: Professional Liability  
 Policy#: PAC 1553624 03  
 Policy term: 11/2/2019 to 11/2/2020  
 Carrier: Great American Insurance Company  
 Each Claim: \$1,000,000, Aggregate: \$2,000,000  
 Mt. Diablo Unified School District is named additional insured under General/Automobile Liability with respect to the operations of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

Mt. Diablo Unified School District  
 1936 Carlotta Drive  
 Concord CA 94519-1397

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

Named Insured: School for Independent Learning East Bay Branch LLC DBA: Tilden Preparatory School

Policy Number: PAC 1553624 03

CA 20 48  
(Ed. 02 99)

Effective Date: 11/2/2019

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

### **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies Person(s) or Organization(s) who are "Insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

### **SCHEDULE**

#### **Name of Person(s) or Organization(s):**

Mt. Diablo Unified School District

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

Each Person or Organization shown in the Schedule is an "Insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "Insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.



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

**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED 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)	Location(s) of Covered Operations
Mt. Diablo Unified School District	All insured premises and operations
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:

1. your acts or omissions; or
2. the acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the Additional Insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the location of the covered operations has been completed; or

2. that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. 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.



INFORMATION PAGE

**POLICY NO.**  
1 8 6 7 1 7 0 7

REPUBLIC INDEMNITY COMPANY OF AMERICA  
Company No: 19739

**RENEWAL OF POLICY NO.**  
1 8 6 7 1 7 0 6

**ITEM ONE - GENERAL INFORMATION**

The Insured : Tilden Preparatory School  
Mailing Address : 1231 Solano Ave  
Albany, CA 94706-1734

Legal Entity : LLC  
FEIN : 11-3789457  
Risk ID : 7259875

Other workplaces not shown above:  
See Extension of Information Page.

**ITEM TWO - POLICY PERIOD**

The policy period is from 12/15/2019 to 12/15/2020 12:01 A.M. Standard Time at the insured's mailing address.

**ITEM THREE - COVERAGE**

- A. Workers Compensation Insurance:**  
Part One of the policy applies to the Workers Compensation Law of the states listed here: CA
- B. Employers Liability Insurance:**  
Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
 

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee
- C. Other States Insurance:**  
Part Three of the policy applies to the states, if any, listed here: None
- D.** This policy includes these endorsements and schedules:  
See Extension of Information Page.

**ITEM FOUR - PREMIUM**

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.  
See Extension of Information Page.

**POLICY PREMIUM SUMMARY**

Minimum Premium :	\$1,000	Total Est. Annual Premium Including Assessments :	\$20,200
Experience Modification :	61%	Total Est. Annual Premium Without Assessments :	\$19,648
Expense Constant :		Deposit Premium Including Assessments :	\$3,499.20
Date of Issue :	12/11/2019		

**AUTHORIZED REPRESENTATIVE**

Name of Producer : Arthur J. Gallagher/Chapman  
505 N. Brand Blvd. Suite 600  
Glendale, CA 91203

Servicing Office : LA Office

Countersigned by Melinda A. Keegan



POLICY NO.  
1 8 6 7 1 7 0 7

EXTENSION OF INFORMATION PAGE

Schedule of Named Insured

Item 1

Named Insured	FEIN	Insured Is
School For Independent Learners, East Bay Branch, LLC (DBA) Tilden Preparatory School	11-3789457	LLC

POLICY NO.  
1 8 6 7 1 7 0 7

EXTENSION OF INFORMATION PAGE

Schedule of Locations

Item 1

Location Number	Location Name/Address
1	1231 Solano Ave Albany, CA 94706-1734
2	1475 N Broadway Ste 200 Walnut Creek, CA 94596-4649

POLICY NO.  
1 8 6 7 1 7 0 7

EXTENSION OF INFORMATION PAGE

Schedule of Forms

Item 3D

Form Number	Edition Number	Endorsement Number	Form Description	Applicable States
DL 00 UW DB	07 16		Direct Bill Letter	CA
WC 00 00 01 A	05 98		Information Page	CA
WC 00 04 19	01 01	1	Premium Due Date Endorsement	CA
WC 00 04 22 B	01 15	2	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	CA
DS 00 AC IS	01 14		Installment Billing Plan	CA
WC 04 03 60 B	01 15	3	Employers' Liability Coverage Amendatory Endorsement - California	CA
WC 04 03 01 D	02 18	4	Policy Amendatory Endorsement - California	CA
WC 04 04 22	01 12	5	California Short-Rate Cancellation Endorsement	CA
WC 04 06 01 A	01 94	6	California Cancellation Endorsement	CA
WC 04 03 18 C	07 18	7	Limited Liability Company Coverage/Exclusion Endorsement - California	CA
WC 04 04 21	01 08	8	Optional Premium Increase Endorsement - California	CA
110-024	06 11		Policyholder Notice 110-024 (06/11) Cancellation	CA
PN 04 99 02 B	05 02		Policyholder Notice - California Workers' Compensation Insurance Rating Laws	CA
PN 04 99 01 G	03 19		Policyholder Notice - Your Right To Rating And Dividend Information	CA
PN 04 99 04	12 01		Policyholder Notice - California Insurance Guarantee Association (CIGA) Surcharge	CA



## EXTENSION OF INFORMATION PAGE

## Schedule of Forms

## Item 3D

(Continued)

Form Number	Edition Number	Endorsement Number	Form Description	Applicable States
WC 00 00 00 C	01 15		Workers Compensation And Employers Liability Insurance Policy	CA

POLICY NO.  
1 8 6 7 1 7 0 7

EXTENSION OF INFORMATION PAGE

Classifications

Item 4

California

Code No.	Classifications	Premium Basis Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
8868	Colleges Or Schools--Private--Not Automobile Schools--Professors, Teachers, Or Academic Professional Employees.	4,338,691	0.81	\$35,143
9101	Colleges Or Schools--Private--Not Automobile Schools--All Employees Other Than Professors, Teachers Or Academic Professional Employees-- Including Cafeterias.	If Any	6.26	\$0
8810	Clerical Office Employees - N.O.C.	350,000	0.31	\$1,085
	<b>Total Manual Premium</b>			<b>\$36,228</b>
	<b>Total Subject Premium</b>			<b>\$36,228</b>
9898	Experience Modification Risk ID: 7259875	36,228	61%	(\$14,129)
	<b>Total Modified Premium</b>			<b>\$22,099</b>
9889	Rate Adjustment Factor		(10.88%)	(\$2,404)
9722	Kaiser Credit	19,695	(5%)	(\$985)
	<b>Total Standard Premium</b>			<b>\$18,710</b>
9740	Terrorism Charge	4,688,691	0.02	\$938
	<b>Estimated Annual Premium</b>			<b>\$19,648</b>
	Total Assessments			\$552
	<b>Total Including Assessments</b>			<b>\$20,200</b>