



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2019

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 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 Marsh Risk & Insurance Services 17901 Von Karman Avenue, Suite 1100 License No. 0437153 Irvine, CA 92614 Attn: Healthcare.AccountsCss@marsh.com/FAX: 212 948-1307 CN101830257-19-20-2-19-20	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B : American Home Assurance Co</td> <td>19380</td> </tr> <tr> <td>INSURER C : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER D : National Union Fire Insurance Company</td> <td>19445</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 : Arch Specialty Insurance Company	21199	INSURER B : American Home Assurance Co	19380	INSURER C : New Hampshire Insurance Company	23841	INSURER D : National Union Fire Insurance Company	19445	INSURER E :		INSURER F :
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INSURED AccentCare Home Health of California, Inc. 17855 North Dallas Parkway Suite 200 Dallas, TX 75287														

COVERAGES CERTIFICATE NUMBER: LOS-002186816-30 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		FLP0049823-07	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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		CA1722295	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____		FLP0049823-07	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E. L. EACH ACCIDENT \$ 1,000,000 E. L. DISEASE - EA EMPLOYEE \$ 1,000,000 E. L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability <input checked="" type="checkbox"/> Claims Made		FLP0049823-07	05/01/2019	05/01/2020	Each Medical Incident \$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)

Re: AccentCare Home Health of California: 2300 Contra Costa Blvd., Ste. 125, Pleasant Hill, CA 94523.

Mt. Diablo Unified School District is an Additional Insured with respects to General Liability but only to the extent provided by the insurance company.

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 of Marsh Risk & Insurance Services Pamela Petersen <i>Pamela Petersen</i>
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AGENCY CUSTOMER ID: CN101830257

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh Risk & Insurance Services		NAMED INSURED AccentCare Home Health of California, Inc. 17855 North Dallas Parkway Suite 200 Dallas, TX 75287	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued
Insurer: American Home Assurance Company
Policy Number: WC014022131 (FL)
Effective Date: 05/01/2019
Expiration Date: 05/01/2020
Limits: (See First Page)

Insurer: New Hampshire Insurance Company
Policy Number: WC014022133 (MA)
Effective Date: 05/01/2019
Expiration Date: 05/01/2020
Limits: (See First Page)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREULLY.

COVERAGE CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following designated coverage forms:

Healthcare Professional Liability Coverage Form;
Healthcare General Liability Coverage Form;
Healthcare General Liability Coverage Form – Claims Made; and
Healthcare Provider Professional Liability Coverage Form

whichever applies.

A. Changes Applicable to All Coverage Forms

The following is added to the **Who Is An Insured** section of your policy.

Good Samaritan. Your "employees" are insureds for any "occurrence" or "medical incident" arising out of their rendering emergency first aid outside of their duties as your "employees" as long as the emergency first aid is rendered without the receipt or expectation of remuneration.

For the purpose of this Good Samaritan provision only, "medical incident" means any act or omission in the providing or failure to provide "health care professional services". We will consider a series of related acts or omissions in the providing or failure to provide "health care professional services" to be one "medical incident".

Medical Director: Your Medical Directors are covered for "medical professional injury" that results from acts or omissions in the providing of or failure to provide "health care professional services" that are performed as part of their employment duties for you.

Blanket Additional Protected Persons. Other individuals or organizations when required to be covered by written contract, agreement, or permit, provided the written contract, agreement or permit is executed prior to the "claim" being made or the "suit" being brought. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limit of liability for any covered "claim" or "suit". Damages paid on their behalf will reduce and may exhaust your limit of liability under this policy.

B. CHANGES APPLICABLE TO ALL COMMON POLICY CONDITIONS

The following paragraph is added to item **15. Transfer of Rights Of Recovery Against Others To Us.**

We waive the right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only when required by written contract and when such contract was executed prior to any loss.

C. Changes Applicable to Healthcare Professional Liability Coverage Form

The following is added to **Section I – Coverage.**

DAMAGE TO PATIENT'S PROPERTY

Section I. Coverage - 2. Additional Payments is amended to add:

- g.** We will pay up to \$500 for loss that is due to "property damage" to your patient's tangible property if resulting directly from the performance or failure to perform "healthcare professional services". We will make these payments regardless of fault.



HEALTHCARE UMBRELLA COVERAGE DECLARATIONS

This coverage declarations shows the limits of insurance that apply to your Healthcare Umbrella Liability Coverage.

LIMITS OF INSURANCE

Aggregate Limit:	\$10,000,000
Each Occurrence Limit:	\$10,000,000
Personal and Advertising Injury Limit:	\$10,000,000 Any one person or organization

Coverage A – Bodily Injury And Property Damage Liability and Coverage B – Personal And Advertising Injury Liability Umbrella Retroactive Date: N/A

If Coverage A – Bodily Injury and Property Damage Liability and Coverage B – Personal and Advertising Injury Liability are provided on a claims-made basis, a retroactive date will be shown above. If no retroactive date is shown, this coverage is provided on an occurrence basis. The insuring agreement for Section I – Coverages for Coverage A – Bodily Injury and Property Damage Liability and Coverage B – Personal and Advertising Injury Liability will determine the basis of your coverage.

Coverage C – Health Care Professional Liability Umbrella Retroactive Date: 04-11-2002

The Coverage C – Health Care Professional Liability retroactive date is shown above. If no date is shown, we will consider the Coverage C – Health Care Professional Liability umbrella retroactive date to be the same as the beginning date of this policy.

If this policy provides coverage on a claims-made basis to more than one insured and they maintain different retroactive dates, they will be named with their respective retroactive dates on a separate Named Insured And Retroactive Date endorsement.

RETAINED LIMIT

Schedule of Underlying Insurance:

Coverage: Healthcare Professional Liability
 Claims-Made or Occurrence
 Insurer: Arch Specialty Insurance Company
 Policy Number: FLP004982307
 Policy Period: May 01, 2019 to May 01, 2020
 Minimum Applicable Limits: \$3,000,000 Aggregate Limit
 \$1,000,000 Each Medical Incident