



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2023

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> Altus Partners, Inc. 201 King of Prussia Road STE100 Radnor PA 19087	<b>CONTACT NAME:</b> _____
	<b>PHONE (A/C, No, Ext):</b> 610-526-9130 <b>FAX (A/C, No):</b> 610-526-2021
<b>E-MAIL ADDRESS:</b> coi@altuspartners.com	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURER A:</b> Lloyds	<b>NAIC #</b>
<b>INSURER B:</b> ACE American Insurance Company	<b>22667</b>
<b>INSURER C:</b> Indemnity Ins Co of N Am	<b>43575</b>
<b>INSURER D:</b> ACE Fire Underwriters Ins Co	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

 License#: 57081  
 MAXIHEA-02

**INSURED**  
 Maxim Healthcare Staffing Services Inc.  
 7227 Lee Deforest Drive  
 Columbia MD 21046
**COVERAGES**

CERTIFICATE NUMBER: 138972298

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$3,000,000 SIR <input checked="" type="checkbox"/> Sexual Abuse/Mol GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			B0600HC2200107	11/30/2022	11/30/2023	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$5M SIR - Products \$
B	<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 <input type="checkbox"/> AUTOS ONLY			H10703219	11/30/2022	11/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			B0600HC2200107	11/30/2022	11/30/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C D B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	C70307248 (AOS) C70307285 (CA & MA) C70307169 (WI) C70307200 (OH & WA)	11/30/2022 11/30/2022 11/30/2022 11/30/2022	11/30/2023 11/30/2023 11/30/2023 11/30/2023	<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	Professional Liability			B0600HC2200107	11/30/2022	11/30/2023	Per claim/aggregate \$5,000,000 SIR \$5,000,000

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

Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Mt. Diablo Unified School District is an additional insured on the general liability and auto liability insurance policies per the written agreement. The General Liability policy includes coverage for sexual abuse & molestation according to policy terms and conditions. The Excess policy provides excess coverage above the \$1,000,000 limit for the Auto and Employers Liability policies.

**CERTIFICATE HOLDER**
 Mt Diablo Unified School District  
 1936 Carlotta Drive  
 Concord CA 94519
**CANCELLATION**

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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ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



**ENDORSEMENT NUMBER: TWO**

**ADDITIONAL INSURED SCHEDULE**

- Maxim Healthcare Services, Inc.
- Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
- Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
- Maxim Healthcare Systems, LLC
- Maxim Health Systems, LLC
- Maxim Health Systems, LLC d/b/a Maxim Physician Resources
- Maxim of New York, LLC
- Maxim Government Services, LLC
- CareFocus, Inc. formerly known as Carolina Habilitation Services, Inc.
- Maxim Pediatric Services
- Maxim Coding Solutions
- CareMax Medical Resources, LLC
- PHA, LLC doing business as Professional Healthcare Associates
- Carolina Habilitation Services, Inc.
- Maxim Respite Services
- SNI Healthcare Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as Preston House
- Max's House
- Maxim Home Health Resources, LLC
- Maxim Home Healthcare, Inc.
- Maxim at Home (wef 07/23/2021)
- NSI Home Health Services, Inc.
- Centrus Premier Home Care, Inc.
  - o - Terra-Maxim joint Venture No.1, LLC
- Maxim Habilitation Services, LLC
- Logix Healthcare Search Partners, LLC
- Reflectxion Resources, Inc.
- Reflectxion Resources, Inc. doing business as Reflectx Staffing Services
- Reflectxion Resources, Inc. doing business as Reflectx Oncology Resources
- Maxim Healthcare Services doing business as Maxim Health Information Services
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- CareFocus Companion Services, LLC
- Care Focus, Inc. doing business as CareFocus Companion Services
- Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
- Maxim Healthcare Services, Inc. doing business as TravelMax
- HealthAlign, LLC
- StaffAssist Workforce Management, LLC
- Maxim Healthcare Staffing Services, Inc.
- Sunburst Workforce Advisors, LLC (wef 01/24/2022)
- TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC dba Maxim Locum Tenens and Advanced Practitioners
- Maxim Corporate Services, LLC.



- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

**THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.**

**ADDITIONAL INSURED –  
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured Maxim Healthcare Services Holdings, Inc.			Endorsement Number 4
Policy Symbol ISA	Policy Number H10703219	Policy Period 11/30/2022 TO 11/30/2023	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

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

**BUSINESS AUTO COVERAGE FORM  
AUTO DEALERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
  2. Any of your "employees" or agents.
  3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

\_\_\_\_\_  
Authorized Representative

# CHUBB®

## SIGNATURES

Named Insured Maxim Healthcare Services Holdings, Inc.			Endorsement Number 3
Policy Symbol ISA	Policy Number H10703219	Policy Period 11/30/2022 TO 11/30/2023	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

**INDEMNITY INSURANCE COMPANY OF NORTH AMERICA** (A stock company)  
**BANKERS STANDARD INSURANCE COMPANY** (A stock company)  
**ACE AMERICAN INSURANCE COMPANY** (A stock company)  
**ACE PROPERTY AND CASUALTY INSURANCE COMPANY** (A stock company)  
**INSURANCE COMPANY OF NORTH AMERICA** (A stock company)  
**PACIFIC EMPLOYERS INSURANCE COMPANY** (A stock company)  
**ACE FIRE UNDERWRITERS INSURANCE COMPANY** (A stock company)  
**WESTCHESTER FIRE INSURANCE COMPANY** (A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703



JULIET SCHWEIDEL, Secretary



JOHN J. LUPICA, President

Authorized Representative



### DECLARATIONS

- ITEM 1. (a) **NAMED INSURED:-** Maxim Healthcare Services, Inc. plus affiliated, subsidiary and Joint Venture companies as per the Additional Insured Schedule
- (b) **Address of NAMED INSURED:-** 7227 Lee Deforest Drive  
Suite 100, Columbia, Maryland 21046  
United States of America
- (c) **Existing related entities:-** All affiliated, subsidiary and joint venture companies as detailed in Endorsement Number Two attaching to this Policy
- ITEM 2. Limits of Liability in all in respect of each  
**LOSS or PROFESSIONAL INCIDENT**  
and as more fully set forth in Endorsement  
Number Forty - Four:- USD 10,000,000
- ITEM 3. Limits of Liability in the aggregate for  
the **POLICY PERIOD** and as more fully set  
forth in Endorsement Number Forty - Four:- USD 10,000,000
- ITEM 4. **Period of this Policy:-**  
Inception Date: 30<sup>th</sup> November, 2022  
Expiration Date: 30<sup>th</sup> November, 2023  
both days at 12:01 a.m. Local Standard Time at the address of the Named Insured.
- ITEM 5. **Notice to:-** Altus Partners, Inc.  
201 King of Prussia Road  
Suite 100  
Radnor  
Pennsylvania 19087  
United States of America
- ITEM 6. (a) **Retroactive Date:-** As detailed in Endorsement Number Three attaching to this Policy
- (b) **Continuity Date:-** 30<sup>th</sup> November, 2004



- ITEM 7. Currency (Condition N):- United States Dollars
- ITEM 8. Payment of Premium (Other Conditions N) to:-  
 Altus Partners, Inc.  
 201 King of Prussia Road  
 Suite 100  
 Radnor  
 Pennsylvania 19087  
 United States of America
- ITEM 9. Service of Process (Other Conditions O) upon:-  
 Lloyd's America Inc.,  
 Attention: Legal Department  
 280 Park Avenue  
 East Tower  
 25th Floor  
 New York,  
 New York 10017  
 United States of America
- ITEM 10. Underwriters' Representative:-  
 Scott Braun  
 Clark Hill,  
 130 E. Randolph Street,  
 Suite 3900,  
 Chicago, Illinois 60601  
 United States of America
- ITEM 11. Premium for this Policy (Other Conditions A):-  
 As more fully set forth in  
 Endorsement Number Fifty  
 - Two
- ITEM 12. Additional premium in respect of Extended Reporting Period
- Other Conditions D) :- 125% of the full annual premium for this Policy.
- Other Conditions E).:- 125% of the full annual premium for this Policy for 12 months;  
 150% of the full annual premium for this Policy for 24 months;  
 175% of the full annual premium for this Policy for 36 months;  
 200% of the full annual premium for this Policy for 48 months;  
 225% of the full annual premium for this Policy for 60 months.



- ITEM 13. (a) **UNDERWRITERS'** Severability Co-Insurance with respect to  
 V. OTHER CONDITIONS M. SEVERABILITY 1., 3. and 4: 100%
- But
- 
- UNDERWRITERS'** Severability Co-Insurance with respect to  
 V. OTHER CONDITIONS M. SEVERABILITY 2.: 90%
- (b) **INSUREDS'** Severability Co-Insurance with respect to  
 V. OTHER CONDITIONS M. SEVERABILITY 1., 3. and 4: 0%
- But
- INSUREDS'** Severability Co-Insurance with respect to  
 V. OTHER CONDITIONS M. SEVERABILITY 2.: 10%
- ITEM 14. (a) **UNDERWRITERS PUNITIVE DAMAGES'** Co-Insurance: 0%
- (b) **INSUREDS PUNITIVE DAMAGES'** Co-Insurance: 100%
- ITEM 15. Allocation for **PUNITIVE DAMAGES** (Insuring Agreement I.E.6.): 15%