



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2023

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).

| | | | |
|---|--|---|--|
| PRODUCER ISU/San Francisco CA License #0778092 PO Box 512965 Los Angeles CA 90051-2965 | | CONTACT NAME: Jason Cheung PHONE (A/C, No, Ext): (415) 788-9810 E-MAIL ADDRESS: jcheung@isusf.com FAX (A/C, No): (415) 248-3534 | |
| INSURED Orion Academy 1866-1868 Clayton Road Concord CA 94520 | | INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins. Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 23-24

REVISION NUMBER:

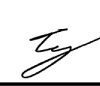
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Campus | Y | | PHPK2571449 | 06/30/2023 | 06/30/2024 | 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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | PHPK2571449 | 06/30/2023 | 06/30/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000 |
| A | <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 | | | PHUB870309 | 06/30/2023 | 06/30/2024 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | PHPK2571450/PHPK2571449 | 06/30/2023 | 06/30/2024 | Aggregate/Each Claim \$3,000,000 Abusive Aggregate \$3,000,000 Each Abusive Conduct \$1,000,000 |

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

Certificate Holder is included as Additional Insured as respects to Liability as required by written contract only as pertains to the Insured's operations as per Form CG 2005.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Mt. Diablo Unified School District Attn:Liz Acevedo 1936 Carlotta Dive 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  |
|---|--|

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| |
|---|
| <p>Name Of Person(s) Or Organization(s): Mt. Diablo Unified School District</p> |
| <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p> |

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 their liability arising out of:

1. Their financial control of you; or
2. Premises they own, maintain or control while you lease or occupy these premises.

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. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/08/2024

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 DAVID OLSON 3195 DANVILLE BLVD. ALAMO, CA. 94507 | CONTACT NAME: DAVID OLSON PHONE (A/C, NO, EXT): 925-837-3323 FAX (A/C, NO): 925-837-3122 E-MAIL ADDRESS: ALAMO.OLSON@GMAIL.COM |
| INSURED ORION ACADEMY INC. 1866 CLAYTON RD. CONCORD, CA. 94520 | INSURER(S) AFFORDING COVERAGE INSURER A: EMPLOYERS INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| NAIC # | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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.

| INSTR | TYPE OF INSURANCE | ADDTL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------|--|------------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | 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 Y | N/A | EIG 272889005 | 12/01/2023 | 12/01/2024 | <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 |

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

| | |
|--|--|
| CERTIFICATE HOLDER Orion Academy 1868 Clayton Road Concord, CA 94520 | 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 |
|--|--|

POLICY NUMBER: PHUB870309



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

| | |
|---|---|
| Philadelphia Indemnity Insurance Company | 2830 ISU Insurance Services of San Francis PO Box 512965 Los Angeles, CA 90051 (415) 623-5189 |
| NAMED INSURED: Orion Academy MAILING ADDRESS: 1866-1868 Clayton Road Concord, CA 94520 POLICY PERIOD: FROM <u>06/30/2023</u> TO <u>06/30/2024</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE | |

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

| LIMITS OF INSURANCE | |
|--|--|
| EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) | \$ <u>2,000,000</u> |
| PERSONAL & ADVERTISING INJURY LIMIT | \$ <u>2,000,000</u> Any one person or organization |
| PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT | \$ <u>2,000,000</u> |
| GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations) | \$ <u>2,000,000</u> |

| RETAINED LIMIT | |
|-----------------|------------------|
| RETAINED LIMIT: | \$ <u>10,000</u> |

POLICY NUMBER: PHUB870309

| PREMIUM | |
|---|---|
| PREMIUM SUBTOTAL | \$ 1,920.00 |
| STATE TAXES, FEES, SURCHARGES (if applicable) | Not Applicable |
| PREMIUM TOTAL (including Taxes, Fees, Surcharges) | \$ 1,920.00 |
| AUDIT PERIOD: | <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY |

| DESCRIPTION OF BUSINESS | |
|--------------------------------|----------------------------------|
| FORM OF BUSINESS: | <u>CORPORATION</u> |
| BUSINESS DESCRIPTION: | <u>Specialty School Umbrella</u> |

| ENDORSEMENTS ATTACHED TO THIS POLICY | |
|---|--|
| SEE ATTACHED SCHEDULE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

POLICY NUMBER: PHUB870309

| SCHEDULE OF UNDERLYING INSURANCE | |
|---|---|
| Employers' Liability | |
| Company: | _____ |
| Policy Number: | _____ |
| Policy Period: | _____ |
| Minimum Applicable Limits | |
| Bodily injury by accident | \$ _____ Each Accident |
| Bodily injury by disease | \$ _____ Each Employee |
| Bodily injury by disease | \$ _____ Policy Limit |
| Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made | |
| Company: | <u>Philadelphia Indemnity Insurance Company</u> |
| Policy Number: | <u>PHPK2571449</u> |
| Policy Period: | <u>06/30/2023</u> <u>06/30/2024</u> |
| Retroactive Date: | <u>Not Applicable</u> |
| Minimum Applicable Limits: | |
| General Aggregate | \$ <u>2,000,000</u> |
| Products-Completed Operations Aggregate | \$ <u>2,000,000</u> |
| Personal And Advertising Injury | \$ <u>1,000,000</u> |
| Each Occurrence | \$ <u>1,000,000</u> |
| Commercial Auto Liability | |
| Company: | <u>Philadelphia Indemnity Insurance Company</u> |
| Policy Number: | <u>PHPK2571449</u> |
| Policy Period: | <u>06/30/2023</u> <u>06/30/2024</u> |
| Minimum Applicable Limits | |
| Garage Aggregate Limit For Other Than Autos (if applicable) | \$ <u>Not Applicable</u> |
| Each Accident | \$ <u>1,000,000</u> |
| Professional Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made | |
| Company: | _____ |
| Policy Number: | _____ |
| Policy Period: | _____ |
| Retroactive Date: | _____ |
| Minimum Applicable Limits | |
| _____ | \$ _____ |
| _____ | \$ _____ |

POLICY NUMBER: PHUB870309

| | | |
|--|--|--------------------------------------|
| Employee Benefits Liability | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| Company: _____ | | |
| Policy Number: _____ | | |
| Policy Period: _____ | | |
| Retroactive Date: _____ | | |
| Minimum Applicable Limits | | |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| Abusive Conduct Liability | <input checked="" type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| Company: <u>Philadelphia Indemnity Insurance Company</u> | | |
| Policy Number: <u>PHPK2571449</u> | | |
| Policy Period: <u>06/30/2023</u> <u>06/30/2024</u> | | |
| Retroactive Date: <u>Not Applicable</u> | | |
| Minimum Applicable Limits | | |
| <u>Each Abusive Conduct</u> | \$ | <u>1,000,000</u> |
| <u>Aggregate</u> | \$ | <u>3,000,000</u> |
| Directors & Officers Liability | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| Company: _____ | | |
| Policy Number: _____ | | |
| Policy Period: _____ | | |
| Retroactive Date: _____ | | |
| Minimum Applicable Limits | | |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| Liquor Liability | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| Company: _____ | | |
| Policy Number: _____ | | |
| Policy Period: _____ | | |
| Retroactive Date: _____ | | |
| Minimum Applicable Limits | | |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

POLICY NUMBER: PHUB870309

| | | |
|--|-------------------------------------|--------------------------------------|
| Watercraft Liability | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| Company: _____ | | |
| Policy Number: _____ | | |
| Policy Period: _____ | | |
| Retroactive Date: _____ | | |
| Minimum Applicable Limits | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| Other Coverages Not Included in Above | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made |
| _____ | | |
| Company: _____ | | |
| Policy Number: _____ | | |
| Policy Period: _____ | | |
| Retroactive Date: _____ | | |
| Minimum Applicable Limits | | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

| | |
|----------------|-----------------------------|
| Countersigned: | By: |
| (Date) | (Authorized Representative) |

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



John W. Glomb, Jr.
President & CEO



Secretary