

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>MAR 16 20</b>
PRODUCER <b>COMMERCIAL BUSINESS INSURANCE AGENCY</b> 1329 EGLIN STREET, #327 RAPID CITY SD 57701-9630 PHONE: 866-573-7772 FAX:	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <b>HERITAGE SCHOOLS, INC.</b> 5600 NO. HERITAGE SCHOOL DR. PROVO UT 84604	<b>COMPANIES AFFORDING COVERAGE</b>	
	COMPANY A: <b>PHILADELPHIA INSURANCE CO. RATING A++ SUPERIOR</b> COMPANY B: COMPANY C: COMPANY D: COMPANY E:	

**COVERAGES**

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *PROFESSIONAL LIAB TOTAL: \$6,000,000. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK2106772	MAR 12 20	MAR 12 21	EACH OCCURRENCE \$ <b>1,000,000</b>
					FIRE DAMAGE (Any One Fire) \$ <b>100,000</b>
					MED. EXP (Any One Person) \$ <b>20,000</b>
					PERSONAL & ADV INJURY \$ <b>1,000,000</b>
					GENERAL AGGREGATE \$ <b>3,000,000</b>
					PRODUCTS-COMP/OP AGG. \$ <b>3,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UNINSURED/UNDERINSURD LIAB	PHPK2106772	MAR 12 20	MAR 12 21	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>	PHUB714228	MAR 12 20	MAR 12 21	EACH OCCURRENCE \$ <b>5,000,000</b>
					AGGREGATE \$ <b>5,000,000</b>
					AUTO LIABILITY \$ <b>5,000,000</b>
					EMPLOYER'S LIABILITY \$ <b>5,000,000</b>
					ABUSE EXCESS \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS OTHER
					E. L. EACH ACCIDENT \$
					E. L. DISEASE-EA EMPLOYEE \$
					E. L. DISEASE-POLICY LIMIT \$
A	<b>OTHER: SEXUAL/PHYSICAL ABUSE</b>	PHPK2106772	MAR 12 20	MAR 12 21	<b>SEXUAL ABUSE SUBLIMIT: \$1,000,000. OCCURRENCE \$1,000,000. AGGREGATE</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS **MT. DIABLO UNIFIED SCHOOL DISTRICT IS NAMED ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF WORK OR OPERATIONS PERFORMED BY THE CONSULTANT/NAMED INSURED. ENDORSEMENT ATTACHED.**

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
<b>MT. DIABLO UNIFIED SCHOOL DISTRICT</b> 1936 CARLOTTA DRIVE CONCORD, CA 94519-1397  Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE PHONE: 866-573-7772  AGENT: Robin Patterson	

POLICY NUMBER: PHPK2106772

COMMERCIAL GENERAL LIABILITY

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

**ADDITIONAL INSURED-OWNERS, LESSEES OR  
CONTRACTORS (Form B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

**SCHEDULE**

**Name of Person or Organization;**

MT. DIABLO UNIFIED SCHOOL DISTRICT  
1936 CARLOTTA DRIVE  
CONCORD, CA 94519-1397

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**THE CERTIFICATE HOLDER IS AN "ADDITIONAL INSURED" WITH RESPECT TO THE LIABILITY COVERAGES PROVIDED IN THIS POLICY.**

# Philadelphia Indemnity Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2106772

Agent # 16135

See Supplemental Schedule

### LIMITS OF INSURANCE

\$	3,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

### FORM OF BUSINESS: CORPORATION

Business Description: Private School

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

**AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:** This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
<b>TOTAL PREMIUM FOR THIS COVERAGE PART:</b>					\$	\$

### RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

**FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule**

\_\_\_\_\_  
Countersignature Date

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



POLICY NUMBER: PHUB714228

<b>SCHEDULE OF UNDERLYING INSURANCE</b>	
<b>Employers' Liability</b>	
Company:	<u>WCF Mutual Insurance Company</u>
Policy Number:	<u>1703605</u>
Policy Period:	<u>01/01/2020</u> <u>01/01/2021</u>
Minimum Applicable Limits	
Bodily injury by accident	\$ <u>1,000,000</u> Each Accident
Bodily injury by disease	\$ <u>1,000,000</u> Each Employee
Bodily injury by disease	\$ <u>1,000,000</u> Policy Limit
<b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date: <u>Not Applicable</u>	
Minimum Applicable Limits:	
General Aggregate	\$ <u>3,000,000</u>
Products-Completed Operations Aggregate	\$ <u>3,000,000</u>
Personal And Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
<b>Commercial Auto Liability</b>	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Minimum Applicable Limits	
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>
Each Accident	\$ <u>1,000,000</u>
<b>Professional Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date: <u>Not Applicable</u>	
Minimum Applicable Limits	
<u>Each Professional Incident</u>	\$ <u>1,000,000</u>
<u>Aggregate</u>	\$ <u>3,000,000</u>

POLICY NUMBER: PHUB714228

<b>Employee Benefits Liability</b>		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>03/12/2020</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
<b>Abusive Conduct Liability</b>		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
<b>Directors &amp; Officers Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
<b>Liquor Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	

POLICY NUMBER: PHUB714228



**PHILADELPHIA  
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

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

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	16135 COMMERCIAL BUSINESS INSURANCE AGENCY PO Box 1120 Eden, UT 84310  (801) 337-3999
NAMED INSURED: Heritage Schools Inc.  MAILING ADDRESS: 5600 Heritage School Dr Provo, UT 84604-7701  POLICY PERIOD: FROM 03/12/2020 TO 03/12/2021 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)	\$ 5,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ 5,000,000	Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 5,000,000	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ 5,000,000	

RETAINED LIMIT	
RETAINED LIMIT:	\$ 10,000

POLICY NUMBER: PHUB714228

PREMIUM	
PREMIUM SUBTOTAL	_____
STATE TAXES, FEES, SURCHARGES (if applicable)	_____
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	_____
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>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Non-Profit Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE
_____
_____
_____
_____
_____
_____
_____
_____



POLICY NUMBER: PHUB714228

<b>SCHEDULE OF UNDERLYING INSURANCE</b>	
<b>Employers' Liability</b>	
Company:	<u>WCF Mutual Insurance Company</u>
Policy Number:	<u>1703605</u>
Policy Period:	<u>01/01/2020</u> <u>01/01/2021</u>
Minimum Applicable Limits	
Bodily injury by accident	\$ <u>1,000,000</u> Each Accident
Bodily injury by disease	\$ <u>1,000,000</u> Each Employee
Bodily injury by disease	\$ <u>1,000,000</u> Policy Limit
<b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date:	<u>Not Applicable</u>
Minimum Applicable Limits:	
General Aggregate	\$ <u>3,000,000</u>
Products-Completed Operations Aggregate	\$ <u>3,000,000</u>
Personal And Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
<b>Commercial Auto Liability</b>	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Minimum Applicable Limits	
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>
Each Accident	\$ <u>1,000,000</u>
<b>Professional Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date:	<u>Not Applicable</u>
Minimum Applicable Limits	
<u>Each Professional Incident</u>	\$ <u>1,000,000</u>
<u>Aggregate</u>	\$ <u>3,000,000</u>



POLICY NUMBER: PHUB714228

<b>Employee Benefits Liability</b>		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>03/12/2020</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$		<u>1,000,000</u>
<u>Aggregate</u>	\$		<u>1,000,000</u>
<b>Abusive Conduct Liability</b>		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$		<u>1,000,000</u>
<u>Aggregate</u>	\$		<u>1,000,000</u>
<b>Directors &amp; Officers Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		
<b>Liquor Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		