



TVG-SHC-01

NKARM

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2019

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> Mesriow Insurance Services, Inc. 353 N Clark St 11th fl Chicago, IL 60654	<b>CONTACT NAME:</b> Nisrine Berry <b>PHONE (A/C, No, Ext):</b> (312) 595-6872 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> nisrine.berry@alliant.com														
<b>INSURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A : QBE Specialty Insurance Company</b></td> <td style="text-align: center;"><b>11515</b></td> </tr> <tr> <td><b>INSURER B : Greenwich Insurance Company</b></td> <td style="text-align: center;"><b>22322</b></td> </tr> <tr> <td><b>INSURER C : XL Insurance America, Inc.</b></td> <td style="text-align: center;"><b>24554</b></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : QBE Specialty Insurance Company</b>	<b>11515</b>	<b>INSURER B : Greenwich Insurance Company</b>	<b>22322</b>	<b>INSURER C : XL Insurance America, Inc.</b>	<b>24554</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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SHC Services dba Supplemental Health Care, Inc.  
 1640 W. Redstone Drive., Suite 200  
 Park City, UT 84098

**COVERAGES****CERTIFICATE NUMBER:****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
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> <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:			<b>QHC0990973</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COM/OP AGG \$ <b>3,000,000</b> \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>RAD500047703</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>QHC0990976</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	EACH OCCURRENCE \$ <b>7,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input checked="" type="checkbox"/> N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>RWD500040605</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Professional Liab</b>			<b>QHC0990973</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	<b>Each Occurrence</b> \$ <b>1,000,000</b>
<b>A</b>	<b>Occurrence Liability</b>			<b>QHC0990973</b>	<b>10/01/2018</b>	<b>10/01/2019</b>	<b>Aggregate</b> \$ <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 LEA, the Borad of Education - Mt. Diablo United School are additional insured per contractual agreement.  
 Ten (10) day non-renewal notice applies.

**CERTIFICATE HOLDER****CANCELLATION**

MT. Diablo United School  
 1936 Carlotta Drive  
 Concord, CA 94520

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



## **Excess Liability Policy**

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**Home Office:**

c/o CT Corporation  
314 East Thayer Avenue  
Bismarck, North Dakota 58501

**Administrative Office:**

55 Water Street  
New York, New York 10041  
1-877-772-6771

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**This policy consists of:**

Declarations  
One or more coverage parts.  
A coverage part consists of:  
— One or more coverage forms  
— Applicable forms and endorsements

**Declarations and Coverage Parts:**

QBEX-3005 (02-18)	Excess Insurance Policy Declarations
QBEX-1000 (01-14)	Excess Insurance Policy
QBEX-3000 (03-14)	Schedule Of Underlying Insurance

**Endorsements:**

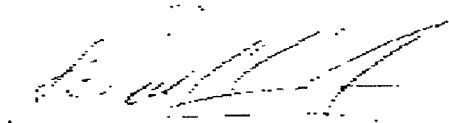
HC-EX-200005 (03-18)	Amend General Conditions (Notice Requirements) Endorsement
HC-EX-200011-UT-M (09-18)	Uninsured-Underinsured Motorist Exclusion Endorsement
QBPD-6000 (02-15)	Cap On Losses From Certified Acts Of Terrorism
QBGS-103 (07-04)	Notice to Policyholders U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC")

**QBE Insurance Corporation**

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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.

Russell Johnston  
President



Jose Ramon Gonzalez, Jr.  
Secretary





**QBE Specialty Insurance Company**

55 Water Street, New York, New York 10041

Home Office: c/o CT Corporation System, 314 East Thayer Avenue, Bismarck, North Dakota 58501

# EXCESS INSURANCE POLICY DECLARATIONS

**THIS POLICY IS A CLAIMS MADE POLICY AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENT AMOUNTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY PAYMENT OF DEFENSE COSTS. PLEASE READ THIS POLICY CAREFULLY.**

**Item 1:** Named Insured: TVG-SHC Holdings, LLC

Mailing Address: 1640 W. Redstone Center Drive, Suite 200  
Park City, UT 84098

**Item 2:** Policy Period From: October 1, 2018 To: October 1, 2019  
At 12:01 A.M. Standard Time at the mailing address stated in Item 1

**Item 3:** Limit of Liability \$10,000,000 Combined Maximum Aggregate  
A. 100% of \$7,000,000 any one Claim  
B. 100% of \$10,000,000 in the aggregate

**Item 4:** A. Followed Policy  
Insurer: QBE Specialty Insurance Company  
Policy Number: QHC0990973  
Limit of Liability: \$1,000,000 / \$3,000,000  
Policy Period: November 1, 2018 to November 1, 2019

B. Underlying Insurance: See Schedule of Underlying Insurance Endorsement

**Item 5:** Premium and Applicable Charges

Premium: \$254,558

**Item 6:** A. Notice to Insurer of a Claim or circumstance: B. All Other Notices to Insurer:

QBE Specialty Insurance Company  
Attn: The Claims Manager  
55 Water Street  
New York, New York 10041  
Telephone: (877) 772-6771  
Facsimile: (212) 894-7899;  
Email: [newlossqbe@us.qbe.com](mailto:newlossqbe@us.qbe.com)

QBE Specialty Insurance Company  
Attn: Underwriting  
55 Water Street  
New York, New York 10041  
Telephone: (877) 772-6771  
Facsimile: (212) 894-7899  
Email: [newlossqbe@us.qbe.com](mailto:newlossqbe@us.qbe.com)

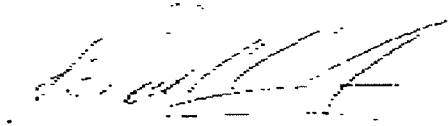
**Item 7:** Retroactive Date: N/A

**The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance Commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A (UCA §31A-15-103[8]).**

In witness whereof, the Insurer has caused this Policy to be executed, but it shall not be valid unless also signed by a duly authorized representative of the Insurer.

Russell Johnston  
President

Jose Ramon Gonzalez, Jr.  
Secretary

A handwritten signature in black ink, appearing to read "Russell Johnston". The signature is stylized and somewhat cursive.A handwritten signature in black ink, appearing to read "J. R. Gonzalez, Jr.". The signature is stylized and somewhat cursive.



## EXCESS INSURANCE POLICY

### I. INSURING CLAUSE

The Insurer shall provide insurance coverage in accordance with the same terms, conditions and limitations of the **Followed Policy**, including those involving policy termination, representations and severability, notice and extended reporting period, and in accordance with the terms and conditions set forth herein.

### II. GENERAL CONDITIONS

The conditions set forth in this Section II. **GENERAL CONDITIONS** are in addition to those set forth in the **Followed Policy**, and are specific to the coverage provided by this Policy.

- (a) Coverage under this Policy shall attach only after exhaustion of the limits of liability of the **Underlying Insurance**. The Insurer shall recognize monetary contribution by or on behalf of an Insured to such exhaustion of the limits of liability of the **Underlying Insurance**.
- (b) The limits of liability set forth in Item 3 of the Declarations represent the maximum amount payable under this Policy during the Policy Period for any one Claim and in the aggregate.
- (c) If the limits of liability of the **Underlying Insurance** are reduced, this Policy shall continue in force as excess insurance for the remaining amount of the limits of liability of the **Underlying Insurance**. If the limits of liability of the **Underlying Insurance** are exhausted, this Policy shall continue in force as primary insurance, subject to any applicable retention.
- (d) The Policy does not provide excess insurance above any sub-limit of liability available under any **Underlying Insurance**, unless the Insurer has agreed to provide such excess coverage by separate endorsement to this Policy. However, where payment of amounts subject to a sublimit erode or reduce the limits of liability of the **Underlying Insurance**, this Policy shall recognize such erosion or reduction of the limits of liability of the **Underlying Insurance**.
- (e) All notices to the Insurer shall be sent to the applicable address set forth in Item 6 of the Declarations.
- (f) The Insurer may elect to effectively associate in the investigation, settlement or defense of any claim reasonably likely to be covered under this Policy.
- (g) Any change in or modification to **Underlying Insurance** or this Policy or assignment of interest under this Policy must be agreed to in writing by Insurer, and in no event shall any such change, modification or assignment affect this Policy's excess position or attachment point.

### III. EXCESS POLICY DEFINITIONS

Any term used in this Policy that is defined in the **Followed Policy** shall have the same meaning as assigned to such term in the **Followed Policy**.

- (a) **Followed Policy** means the insurance policy set forth in Item 4A. of the Declarations.
- (b) **Underlying Insurance** means the **Followed Policy** and any other insurance policies set forth in Item 4B. of the Declarations.

## **SCHEDULE OF UNDERLYING INSURANCE**

- A. Insurer: QBE Specialty Insurance Company - Professional Liability  
Policy No. QHC0990973  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 / \$3,000,000
- B. Insurer: QBE Specialty Insurance Company – General Liability  
Policy No. QHC0990973  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 / \$3,000,000
- C. Insurer: QBE Specialty Insurance Company - Employee Benefits Liability  
Policy No. QHC0990973  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 / \$3,000,000
- D. Insurer: Greenwich Ins Co - Auto Liability  
Policy No. RAD500047703  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 CSL
- E. Insurer: XL Insurance America, Inc. - Employers Liability  
Policy No. RWD5000406-05  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 / \$1,000,000 / \$1,000,000
- F. Insurer: XL Specialty Insurance Company - Employers Liability  
Policy No. RWR5000407-05  
Policy Period: November 1, 2018 to November 1, 2019  
Limits of Liability: \$1,000,000 / \$1,000,000 / \$1,000,000



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMEND GENERAL CONDITIONS (NOTICE REQUIREMENTS)  
ENDORSEMENT**

<b>Name of Parent Company:</b>	TVG-SHC Holdings, LLC
<b>Policy Number:</b>	QHC0990976
<b>Endorsement Number:</b>	1
<b>Effective Date of Endorsement:</b>	October 1, 2018
<b>Name of Insurer:</b>	QBE Specialty Insurance Company

This endorsement modifies insurance provided under the following:

EXCESS INSURANCE POLICY

It is hereby agreed that

Paragraph (e) of Section II. **GENERAL CONDITIONS** is replaced by the following:

- (e) All notices to the Insurer shall be sent to the applicable address set forth in Item 6 of the Declarations. As a prerequisite to the Insurer's obligations under this Policy, the Insured will provide notice to the Insurer of:
1. any Claim, or any circumstance that could give rise to a Claim; and
  2. Policy termination,
- in the same time frame and manner as required by the terms and conditions of the **Followed Policy**. Such notice shall be made to the insurer of the **Followed Policy** and the Insurer simultaneously.

All other terms and conditions of this policy remain unchanged.





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
**UNINSURED-UNDERINSURED MOTORIST EXCLUSION ENDORSEMENT**

<b>Name of Insured:</b>	TVG-SHC Holdings, LLC
<b>Policy Number:</b>	QHC0990976
<b>Endorsement Number:</b>	2
<b>Effective Date of Endorsement:</b>	October 1, 2018
<b>Name of Insurer:</b>	QBE Specialty Insurance Company

This endorsement modifies insurance provided under the following:

EXCESS INSURANCE POLICY -- QBEX-1000 (01-14)

It is agreed that this Policy shall:

- A. not provide coverage for claim based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any liability imposed, or sought to be imposed, upon any insured under any uninsured/underinsured motorist law, personal injury protection law, reparations benefit law, or any other similar law.
- B. be deemed amended to the extent necessary to affect the purpose and intent of this endorsement.

All other terms and conditions of this policy remain unchanged.

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

**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

It is hereby agreed that:

**I.** This Policy is amended by the addition of the following:

If aggregate insured losses attributable to a **Certified Act of Terrorism** under the federal Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**II.** Solely for the purposes of this endorsement, this Policy is amended by the addition of the following:

**Certified Act of Terrorism** means an act that is certified by the Secretary of Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism. The criteria contained in the Terrorism Risk Insurance Act for a **Certified Act of Terrorism** include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**III.** The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any **Loss** that is otherwise excluded under this Policy.

All other terms and conditions of this Policy remain unchanged.



# **Notice to Policyholders U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

**NO COVERAGE IS PROVIDED BY THIS POLICYHOLDER NOTICE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED.**

**THIS NOTICE PROVIDES INFORMATION CONCERNING POSSIBLE IMPACT ON YOUR INSURANCE COVERAGE DUE TO DIRECTIVES ISSUED BY OFAC.**

**PLEASE READ THIS NOTICE CAREFULLY**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

As "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.