



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2017

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 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 USA, Inc. 1801 West End Avenue, Suite 1500 Nashville, TN 37203 102-578-487--17-18 Cindy	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B : Hartford Fire Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Tokio Marine Specialty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D : National Union Fire Ins Co. of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Company	18058	INSURER B : Hartford Fire Insurance Company		INSURER C : Tokio Marine Specialty Insurance Company		INSURER D : National Union Fire Ins Co. of Pittsburgh PA	19445	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : Philadelphia Indemnity Insurance Company	18058													
INSURER B : Hartford Fire Insurance Company														
INSURER C : Tokio Marine Specialty Insurance Company														
INSURER D : National Union Fire Ins Co. of Pittsburgh PA	19445													
INSURER E :														
INSURER F :														
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike, Suite 702 Nashville, TN 37217														

COVERAGES **CERTIFICATE NUMBER:** ATL-003971193-12 **REVISION NUMBER:** 8

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 C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> (Limited Coverage) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK1656281 PPK1656733 (LA Only)	06/01/2017 06/01/2017	06/01/2018 06/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <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			PHPK1656281	06/01/2017	06/01/2018	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB584609	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000 \$
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 Y	N/A	10WNS52500	06/01/2017	09/01/2017	<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
D	D&O/EPL (SHARED LIMIT) INCL EDUCATORS LEGAL LIABILITY			14218711	06/01/2016	08/01/2017	\$ 10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Contract to receive students It is agreed that Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as Additional Insureds as respects General & Umbrella liability as required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER Mt. Diablo Unified School District Risk Management Department 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 of Marsh USA Inc. Stephen R. Earp
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
as required by written contract or agreement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2016

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 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 USA, Inc. 1801 West End Avenue, Suite 1500 Nashville, TN 37203	CONTACT NAME: _____																					
	PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																					
102-578-487-16-17 Cindy	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td></td> <td>18058</td> </tr> <tr> <td>INSURER B : Hartford Accident & Indemnity Co.</td> <td></td> <td>22357</td> </tr> <tr> <td>INSURER C : Tokio Marine Specialty Insurance Company</td> <td></td> <td></td> </tr> <tr> <td>INSURER D : National Union Fire Ins Co. of Pittsburgh PA</td> <td></td> <td>19445</td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Philadelphia Indemnity Insurance Company		18058	INSURER B : Hartford Accident & Indemnity Co.		22357	INSURER C : Tokio Marine Specialty Insurance Company			INSURER D : National Union Fire Ins Co. of Pittsburgh PA		19445	INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A : Philadelphia Indemnity Insurance Company		18058																				
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INSURER E :																						
INSURER F :																						
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike, Suite 702 Nashville, TN 37217																						

COVERAGES **CERTIFICATE NUMBER:** ATL-003971193-06 **REVISION NUMBER:6**

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			PHPK1502607	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 1,000,000
C	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PPK1503327 (LA Only)	06/01/2016	06/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> (Limited Coverage)						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY			PHPK1502607	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB542851	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 20,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 20,000,000
	<input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			10WNS52500	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	D&O/EPL (SHARED LIMIT)			14218711	06/01/2016	06/01/2017		10,000,000
	INCL EDUCATORS LEGAL LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE; Contract to receive students It is agreed that Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as Additional Insureds as respects General & Umbrella liability as required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER Mt. Diablo Unified School District Risk Management Department 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 of Marsh USA Inc. Stephen R. Earp <i>Stephen R. Earp</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
as required by written contract or agreement
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

POLICY NUMBER: PHUB584609



**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	20966 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 (212) 345-5000
NAMED INSURED: ChanceLight Inc	
MAILING ADDRESS: 1321 Murfreesboro Pike Ste 702 Nashville, TN 37217-2679	
POLICY PERIOD: FROM <u>06/01/2017</u> TO <u>06/01/2018</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>20,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>20,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>20,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>20,000,000</u>

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

POLICY NUMBER: PHUB584609

PREMIUM	
PREMIUM SUBTOTAL	\$ 67,261.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 67,261.00
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>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

POLICY NUMBER: PHUB584609

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:	<u>SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
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 type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made		
Company:	<u>SEE COMML GEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
Policy Number:	_____	
Policy Period:	_____	
Retroactive Date:	_____	
Minimum Applicable Limits:		
General Aggregate	\$ _____	
Products-Completed Operations Aggregate	\$ _____	
Personal And Advertising Injury	\$ _____	
Each Occurrence	\$ _____	
Commercial Auto Liability		
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1656281</u>	
Policy Period:	<u>06/01/2017 06/01/2018</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: PHUB584609

Employee Benefits Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>SEE EMPL BEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Abuse or Molestation	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>SEE ABUSE/MOLEST SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
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: PHUB584609

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.



President



Secretary

EMPLOYERS' LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK1656281

Policy Period: 06/01/2017 06/01/2018

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

Employers' Liability

Company: The Hartford

Policy Number: TBD

Policy Period: 06/01/2017 06/01/2018

Minimum Applicable Limits

Bodily injury by accident	\$	500,000	Each Accident
Bodily injury by disease	\$	500,000	Each Employee
Bodily injury by disease	\$	500,000	Policy Limit

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

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
SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE**

Commercial General Liability Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK1656281
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits:
 General Aggregate \$ 3,000,000
 Products-Completed Operations Aggregate \$ 3,000,000
 Personal And Advertising Injury \$ 1,000,000
 Each Occurrence \$ 1,000,000

Commercial General Liability Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK1656733
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits:
 General Aggregate \$ 3,000,000
 Products-Completed Operations Aggregate \$ 3,000,000
 Personal And Advertising Injury \$ 1,000,000
 Each Occurrence \$ 1,000,000

Commercial General Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits:
 General Aggregate \$
 Products-Completed Operations Aggregate \$
 Personal And Advertising Injury \$
 Each Occurrence \$

Commercial General Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits:
 General Aggregate \$
 Products-Completed Operations Aggregate \$
 Personal And Advertising Injury \$
 Each Occurrence \$

EMPLOYEE BENEFITS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employee Benefits Liability Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK1656281
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
 Each Claim \$ 1,000,000
 Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK1656733
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
 Each Claim \$ 1,000,000
 Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

ABUSE OR MOLESTATION SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Abuse or Molestation Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK1656281
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits
 Each Abusive Conduct \$ 1,000,000
 Aggregate \$ 3,000,000

Abuse or Molestation Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK1656733
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits
 Each Abusive Conduct \$ 1,000,000
 Aggregate \$ 3,000,000

Abuse or Molestation Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Abuse or Molestation Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Philadelphia Indemnity Insurance Company

Named Insured Schedule

Policy Number: PHUB584609

Brevard Learning Clinic, Inc.

Spectrum Center, Inc.

Colorado Educational Services, Inc.

Ombudsman Educational Services, Ltd.

The College Living Experience, Inc.

Spectrum Center - Rossier Park High
School

Spectrum Center - Rossier Park
Elementary School

POLICY NUMBER: PHUB584609


**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	20966 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 (212) 345-5000
NAMED INSURED: ChanceLight Inc MAILING ADDRESS: 1321 Murfreesboro Pike Ste 702 Nashville, TN 37217-2679 POLICY PERIOD: FROM <u>06/01/2017</u> TO <u>06/01/2018</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>20,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>20,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>20,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>20,000,000</u>

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

POLICY NUMBER: PHUB584609

PREMIUM	
PREMIUM SUBTOTAL	\$ 67,261.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$ <u>Not Applicable</u>
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 67,261.00
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>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

POLICY NUMBER: PHUB584609

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:	<u>SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
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 type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made		
Company:	<u>SEE COMML GEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
Policy Number:	_____	
Policy Period:	_____	
Retroactive Date:	_____	
Minimum Applicable Limits:		
General Aggregate	\$ _____	
Products-Completed Operations Aggregate	\$ _____	
Personal And Advertising Injury	\$ _____	
Each Occurrence	\$ _____	
Commercial Auto Liability		
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1656281</u>	
Policy Period:	<u>06/01/2017 06/01/2018</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: PHUB584609

<p>Employee Benefits Liability</p> <p>Company: <u>SEE EMPL BEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Abuse or Molestation</p> <p>Company: <u>SEE ABUSE/MOLEST SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Directors & Officers Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Liquor Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>

POLICY NUMBER: PHUB584609


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.



President



Secretary

EMPLOYERS' LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK1656281

Policy Period: 06/01/2017 06/01/2018

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

Employers' Liability

Company: The Hartford

Policy Number: TBD

Policy Period: 06/01/2017 06/01/2018

Minimum Applicable Limits

Bodily injury by accident	\$	500,000	Each Accident
Bodily injury by disease	\$	500,000	Each Employee
Bodily injury by disease	\$	500,000	Policy Limit

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

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 SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability Occurrence Claims-Made

Company: **Philadelphia Indemnity Insurance Company**

Policy Number: **PHPK1656281**

Policy Period: **06/01/2017 06/01/2018**

Retroactive Date: **Not Applicable**

Minimum Applicable Limits:

General Aggregate	\$	3,000,000
Products-Completed Operations Aggregate	\$	3,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000

Commercial General Liability Occurrence Claims-Made

Company: **Tokio Marine Specialty Insurance Company**

Policy Number: **PPK1656733**

Policy Period: **06/01/2017 06/01/2018**

Retroactive Date: **Not Applicable**

Minimum Applicable Limits:

General Aggregate	\$	3,000,000
Products-Completed Operations Aggregate	\$	3,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000

Commercial General Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits:

General Aggregate	\$	
Products-Completed Operations Aggregate	\$	
Personal And Advertising Injury	\$	
Each Occurrence	\$	

Commercial General Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits:

General Aggregate	\$	
Products-Completed Operations Aggregate	\$	
Personal And Advertising Injury	\$	
Each Occurrence	\$	

EMPLOYEE BENEFITS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employee Benefits Liability Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK1656281
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
 Each Claim \$ 1,000,000
 Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK1656733
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
 Each Claim \$ 1,000,000
 Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

ABUSE OR MOLESTATION SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Abuse or Molestation Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PPHPK1656281
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits
 Each Abusive Conduct \$ 1,000,000
 Aggregate \$ 3,000,000

Abuse or Molestation Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK1656733
 Policy Period: 06/01/2017 06/01/2018
 Retroactive Date: Not Applicable
 Minimum Applicable Limits
 Each Abusive Conduct \$ 1,000,000
 Aggregate \$ 3,000,000

Abuse or Molestation Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Abuse or Molestation Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Philadelphia Indemnity Insurance Company

Named Insured Schedule

Policy Number: PHUB584609

Brevard Learning Clinic, Inc.

Spectrum Center, Inc.

Colorado Educational Services, Inc.

Ombudsman Educational Services, Ltd.

The College Living Experience, Inc.

Spectrum Center - Rossier Park High
School

Spectrum Center - Rossier Park
Elementary School