



Policy Number:

Date Entered: 5/30/2019

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/30/2019

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).

PRODUCER Landmark Insurance Agency PO Box 32420 San Jose CA 95152-2420	CONTACT NAME: PHONE: (408) 259-1400 FAX: (408) 925-1000 E-MAIL: ADDRESS:
INSURED LA CHEIM SCHOOL, INC 4892 SAN PABLO DAM ROAD EL SOBRANTE, CA 94803	INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA INDEMNITY INSURER B: CATERESS INS CO INSURER C: INSURER D: INSURER E: INSURER F:

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.

INSUR TYPE	TYPE OF INSURANCE	ADD'L SUBS INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Professional liability CGLA APPROPRIATE LIMIT APPLIES FOR <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> EXCESS <input type="checkbox"/> LOC OTHER		PHSD1350766	5/25/2019	5/25/2019	EACH OCCURRENCE \$1,000,000 CLAIMS TO RENTED PREMISES (1st occurrence) \$100,000 MED EXP (Any one contract) \$5,000 PERSONAL AND INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/PROP AGG \$3,000,000
A	AUTOMOBILE LIABILITY OWN AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRE AUTOS ONLY NON-OWNED AUTOS ONLY HIRE AUTOS ONLY		PHSD1350766	5/25/2019	5/25/2019	COVERED SINGLE LIMIT (Per person) \$1,000,000 BODILY INJURY (Per person) \$1,000,000 BODILY INJURY (Per occurrence) \$1,000,000 PROPERTY DAMAGE (Per occurrence) \$1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> PER RETENTION \$10,000		PHUB593553	5/25/2019	5/25/2019	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER OR PARTIAL/EXECUTIVE EMPLOYER EXCLUDED? (Mandatory in NH) First Inmate under RECOGNITION OF OPERATIONS policy	Y/N N	LAWC602073	5/25/2019	5/25/2019	PER STATE \$1,000,000 EL DISEASE-EMPLOYEE \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000
A	EMPLOYEE THEFT		PHSD1350766	5/25/2019	5/25/2019	LIMIT 200,000
A	EMPLOYEE THEFT		PHSD1350766	5/25/2019	5/25/2019	DEDUCTIBLE 2,500

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

RE: As per Contract or agreement on file with insured
Mount Diablo Unified School District, it's Board of Supervisors, the Individual Members thereof and of all District Officers, Administrators, Employees, Agents, and Representatives are included as Additional Insured in all respects to the operation of insured on this Insurance Policy
Per the attached endorsement.
This certificate replaces and supersedes and previous certificates issued.

CERTIFICATE HOLDER

CANCELLATION

MOUNT DIABLO
UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
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

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Evidence of Placement of Insurance

DATE: 05/29/2018

Per your instructions and with reliance upon the statements made in your application, CID Insurance Programs, Inc. has arranged for binding of the following:

INSURED: La Cheim School, Inc.
4892 San Pablo Dam Rd.
El Sobrante, CA 94803

PRODUCER: Landmark Financial and
Insurance Services
PO Box 32420
San Jose, CA 95152

POLICY PERIOD: 05/25/2018 to 05/25/2019

INSURER: Philadelphia Indemnity Insurance Company

POLICY NUMBERS: Package: PHPK1827581
Directors & Officers: PHSD1350766
Umbrella: PHUB631171

COVERAGES: Package, Directors & Officers, and Umbrella

ANNUAL PREMIUMS: Package: \$56,804.84
Directors & Officers: \$12,901
Umbrella: \$11,207

LOCATIONS: 4892 San Pablo Dam Rd., El Sobrante, CA 94803
3031 Telegraph Ave., Oakland, CA, 94609
2885 Concord Blvd., Concord, CA 94519
5860 McBryde Ave., Richmond, CA 94805

PAYMENT TERMS

By acceptance of these terms, the broker agrees to guarantee to CID Insurance Programs all earned premiums and other charges, it being understood that flat cancellations cannot be arranged. A \$30 fee will be applied to any non-sufficient funds check. In the event of any return premium, the broker will be billed ALL unearned commissions and any overpaid premium will be mailed to the insured direct.

Please read this certificate carefully and, if not correct, return immediately to
Michelle@CIDInsurance.com

Policy Number: PHSD1350766

General Liability
CG 20 10 10 93

ADDITIONAL INSURED OWNERS, LESSEES OR
CONTRACTORS
(With Optional Coverage Provisions)

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART
OWNER AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

MT DIABLO UNIFIED SCHOOL DISTRICT
Concord, CA

RE:

It is agreed that coverage is afforded to the **Additional Insured(s)** as follows:

MT. Diablo Unified School District
1936 Carlotta Drive, Concord, CA 94519

1. Section II of the policy, (who is an insured) is amended to include for coverage A liability only, any person or organization that the **Named Insured** has named as an **Additional Insured**.

2. **"Bodily Injury"** and "Property Damage" coverage is afforded to the **Additional Insured(s)** as provided in the insuring agreement and subject to all policy provisions, provided that the **"Bodily Injury"** or **Property Damage** also:

in the insuring agreement and subject to all policy provisions, provided that the **"Bodily Injury"** or **Property Damage** also:

- a) First takes place after the execution of the **Insured Contract**; and
 - b) The **"Bodily Injury"** or **"Property Damage"** arises from **"your work"** performed for the Additional Insured(s) during the policy period.
3. The applicable limit of our liability shall not be increased by the inclusion of **Additional Insureds** under the policy.

4. We shall have no duty to defend or indemnify damages arising from the acts, errors or omissions of the **Additional Insured(s)**.
5. We shall have no duty to defend any **Additional Insured(s)** that qualifies as such either by endorsement to the policy or under an **Insured Contract**.
6. Our duty to contractually indemnify the **Additional Insured(s)** shall not arise until the **insured's** percentage of comparative fault is determined by the trier-of-fact after an actual or contested trial.
7. Our duty to contractually indemnify the **Additional Insured(s)** under an insured contract shall be limited to that sum derived by applying the percentage of fault of the Named Insured as determined by the tier-of-fact to the total damage sum allocated by the tier-of-fact to the **Additional Insured(s)**. This limitation to percentage of fault shall equally apply to any attorney fees or litigation costs and expenses incurred by or on behalf of the **Additional Insured**. Under no circumstances shall we pay more than this proportionate contractual indemnity share.
8. Any contractual indemnity payments made on behalf of any **Additional Insured** under an **insured contract**, including any portion of such indemnity payment comprised of attorney's fees, litigation expenses or **supplementary payments**, shall reduce the applicable **limits of insurance** on a dollar for dollar basis.

If any entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

WHO IS INSURED: is amended to include as an insured, the person or organization shown in the Schedule, but only with respect to Liability for injury or damage arising out of your ongoing operations performed for that insured.

It is further agreed that such insurance as is afforded by the General Liability policy for the benefit of the above additional insured(s). **This insurance shall be primary insurance with respect to the Additional Insured(s). The coverage's evidenced herein primary and non-contributory to other insurance available to an Additional Insured per schedule on file with Company.**

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza Suite 100, Bala Cynwyd, PA 19004-1403
(A Capital Stock Insurance Company)

**EXCESS HEALTHCARE PROFESSIONAL LIABILITY - CLAIMS MADE AND
HEALTHCARE UMBRELLA LIABILITY - OCCURRENCE**

DECLARATIONS

Various provisions in the General Policy Provisions and Conditions and Coverage Parts restrict coverage. There may be both occurrence coverages and claims made coverages in this Policy. Claims made coverage is limited to liability for claims first made against an Insured during the policy period or any extended reporting period, if applicable.

Please read all General Policy Provisions and Conditions and Coverage Parts carefully to determine rights, duties, and what is and what is not covered. A complete Policy includes the Declarations, General Policy Provisions and Conditions, and the applicable Coverage Parts.

POLICY NUMBER: PHPK1827581

RENEWAL OF NUMBER: PH PHPK1659733

Item 1. FIRST NAMED INSURED: LA CHEIM SCHOOLS, INC

Item 2. ADDRESS: 4892 SAN PABLO DAM ROAD, EL SOBRANTE, CA 94803

Item 3. (a) RETROACTIVE DATE - EXCESS HEALTHCARE PROFESSIONAL LIABILITY
CLAIMS MADE COVERAGE PART *ONLY*: 05/25/2001

(b) POLICY PERIOD: From; May 25, 2018 To: May 25, 2019
at 12:01 a.m. Standard Time at your mailing address shown above.

(c) OPTIONAL EXTENDED REPORTING PERIOD: To be determined at time of purchase

Item 4. DESCRIPTION OF OPERATIONS: Health Care Facility and Foster Care

Item 5. LIMITS OF INSURANCE

(a) Excess Healthcare Professional Liability

Each Medical Incident
Retained Limit

\$4,000,000
Refer to Schedule of Underlying Insurance

(b) Healthcare Umbrella Liability

Each Occurrence
Retained Limit

\$4,000,000
Refer to Schedule of Underlying Insurance

(c) General Aggregate Limit

\$4,000,000

Item 6. PREMIUM

Premium

\$58,750

Item 7. FORMS AND ENDORSEMENTS - Attached at Inception

Item 8. PRODUCER NAME AND ADDRESS – LANDMARK INSURANCE AGENCY
111 N MARKET STREET , SUITE 300
SAN JOSE, CA 95113

By _____
Countersignature (In States Where Applicable)

By _____
Authorized Representative