



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2024

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 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 The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	CONTACT NAME: Stephanie Johnson PHONE (A/C, No, Ext): (888)918-3960 E-MAIL ADDRESS: sjohnson@libertycompany.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Building Connections Behavioral Health, Inc. 710 S Broadway Suite 250 Walnut Creek CA 94596	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B: Employers Compensation Insurance Co.	NAIC # 11512
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Effective 7/1/2024

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6799277	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							EMPLOYEE BENEFITS LIAB AGG	\$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6799277	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			6799278	7/1/2024	7/1/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
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	N/A	EIG495639302	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A	Professional Liability			6799277	7/1/2024	7/1/2025	\$1,000,000/ EACH CLAIM	\$3,000,000
A	Abuse or Molestation Liability			6799277	7/1/2024	7/1/2025	\$1,000,000/ EACH CLAIM	\$3,000,000

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

Whereby required by written contract or agreement, Mt. Diablo Unified School District is hereby named as an Additional Insured with respects to the Commercial General Liability on a Primary & Non-Contributory basis per form 141664 (07/21). Excess coverage follows form.

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District 1936 Carlotta Drive Wing D 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 S Johnson/SJOHN 
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ENDORSEMENT NO.

This endorsement, effective 12:01 AM: 07/01/2024
Forms a part of policy no.: 6799277
Issued to: Building Connections Behavioral Health, Inc.
By: Lexington Insurance Company

**ADDITIONAL INSURED ENDORSEMENT
(GENERAL LIABILITY)**

This endorsement modifies insurance under the following:

**MISCELLANEOUS HEALTHCARE FACILITIES GENERAL LIABILITY COVERAGE PART
SCHEDULE**

Name of Additional Insured: Where required by written contract.

The following is added to Section II. **WHO IS AN INSURED** of the **MISCELLANEOUS HEALTHCARE FACILITIES GENERAL LIABILITY COVERAGE PART**:

The person or organization shown in the Schedule above is included as an additional **Insured** if **you** are obligated by virtue of a written contract to provide insurance to such person or organization of the type afforded by this Policy, but only with respect to liability arising out of operations conducted by **you** or on **your** behalf.

Notwithstanding any provision in the written contract between **you** and the person or organization shown in the Schedule above to the contrary, the person or organization shown in the Schedule above shall not be construed as a person or organization acting on **your** behalf and there shall be no coverage with respect to liability for injury or **damages** arising out of any act or omission of such person or organization.

In the event that the Limits of Insurance provided by this Policy exceed the Limits of Insurance required by the written contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance (inclusive of any applicable deductible or self insured retention) required by the written contract. The Limits of Insurance (inclusive of any applicable deductible or self insured retention) provided by this Policy shall not be increased for any reason, including any failure, refusal or inability of any self insurance/**Insured** to pay any amounts due thereunder. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional **Insured** shown in the Schedule above shall be excess over any other valid and collectible insurance or self insured retention available to the additional **Insured** whether primary, excess, contingent or on any other basis, unless the written contract with the additional **Insured** specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional **Insured**. In such case, this insurance shall be primary and non-contributory with any other insurance carried by the additional **Insured**.

In accordance with the terms and conditions of the Policy, as soon as practicable, each additional **Insured** must give **us** prompt notice of any **occurrence** or offense which may result in a **claim**, forward all legal papers to **us**, cooperate in the defense of any actions, and otherwise comply with all of the Policy's terms and conditions. Failure to comply with this provision may, at **our** option, result in the **claim** or **suit** being denied.

All other terms and conditions of the policy remain the same.

Authorized Representative