

POLICY NUMBER: PHUB532473



**PHILADELPHIA
INSURANCE COMPANIES**

A Member of the Tokio Marine Group

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COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	17962 Hub International Insurance Services 1903 Wright Pl Ste 280 Carlsbad, CA 92008 (760) 804-0402
NAMED INSURED: Futures in Education, Inc (A Delaware Corp)	
MAILING ADDRESS: 1301 Dove St Ste 750 Newport Beach, CA 92660-2477	
POLICY PERIOD: FROM <u>03/01/2016</u> TO <u>03/01/2017</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>5,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>5,000,000</u>	Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>5,000,000</u>	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>5,000,000</u>	

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

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PREMIUM	
PREMIUM SUBTOTAL	\$ 5,097.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 5,097.00
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>CORPORATION</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

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SCHEDULE OF UNDERLYING INSURANCE		
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 <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made		
Company:	Philadelphia Indemnity Insurance Company	
Policy Number:	PHPK1462667	
Policy Period:	03/01/2016 03/01/2017	
Retroactive Date:	<u>Not Applicable</u>	
Minimum Applicable Limits:		
General Aggregate	\$ _____	2,000,000
Products-Completed Operations Aggregate	\$ _____	2,000,000
Personal And Advertising Injury	\$ _____	1,000,000
Each Occurrence	\$ _____	1,000,000
Commercial Auto Liability		
Company:	Philadelphia Indemnity Insurance Company	
Policy Number:	PHPK1462667	
Policy Period:	03/01/2016 03/01/2017	
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ _____	<u>Not Applicable</u>
Each Accident	\$ _____	1,000,000
Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made		
Company:	Philadelphia Indemnity Insurance Company	
Policy Number:	PHPK1462667	
Policy Period:	03/01/2016 03/01/2017	
Retroactive Date:	<u>09/01/2010</u>	
Minimum Applicable Limits		
Each Professional Incident	\$ _____	1,000,000
Aggregate	\$ _____	1,000,000

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Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1462667</u>			
Policy Period: <u>03/01/2016</u> <u>03/01/2017</u>			
Retroactive Date: <u>09/01/2010</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
Abuse or Molestation		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1462667</u>			
Policy Period: <u>03/01/2016</u> <u>03/01/2017</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>3,000,000</u>	
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			
	\$		
	\$		

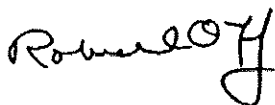
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Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Other Coverages 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

Philadelphia Indemnity Insurance Company

Form Schedule – Umbrella Liability

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Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-CXL-002	0413	Commercial Umbrella Liability Ins Policy Declarations
PI-CXL-001	0314	Commercial Umbrella Liability Insurance Policy
PI-CXL-004	0912	Directors And Officers Liability Exclusion
PI-CXL-006	0912	Employers Liability (Stop Gap) Exclusion
PI-CXL-009	0912	Automobile Liability Follow Form Endorsement
PI-CXL-014	0912	Subsidence Exclusion
PI-CXL-015	0912	Athletic Participants And Officials Exclusion
PI-CXL-016	0912	Watercraft Exclusion Re-Stated
PI-CXL-020	0912	Martial Arts Exclusion
PI-CXL-021	0912	Trampoline Exclusion
PI-CXL-029	0912	Employee Benefits Liability Follow Form Endorsement
PI-CXL-032	0912	Fungi Or Bacteria Exclusion
PI-CXL-037	0912	Sexual Or Physical Abuse Or Molestation Vicarious Liab
PI-CXL-039	0912	Cap On Losses From Certified Acts Of Terrorism
PI-CXL-044	0413	D&O, EPLI Or Educators Legal Liab Claims Made Cov Endt
PI-CXL-054	0912	Non-Owned Watercraft Amendment
PI-CXL-059	0912	Violent Event Response Exclusion
PI-CXL-075	0314	Lead Liability Exclusion
PI-CXL-076	0314	Nuclear/Biological/Chem/Radiological Acts Of Terrorism
PI-CXL-088	0314	Access Or Disclosure Of Confidential Info W/Exception
PI-CXL-CA 1	0912	California Changes - Cancellation And Nonrenewal
PI-CXL-CA 2	0912	California Changes
PI-UMTER-DN	0115	Disclosure Notice Of Terrorism Ins Cov Rejection Opt