UF ID. LA

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

10/14/2020

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 confirm withthe to the certificate holder in lieu of curb and response.

this certificate does not confer rights to				ich en	dorsement(s).	require air crido	136111611		tatement on
PRODUCER		912	2-352-4444	CONTA NAME:	ст Jonatha	n B. Lane				
Remer Lane Insurance, Inc. www.remerlane.com				PHONE (A/C, No, Ext): 912-352-4444 FAX (A/C, No): 912-352-2500						
P.O. Box 14514				E-MAIL ADDRE	SS:			_		
Savannah, GA 31416 Jonathan B. Lane					IN	SURER(S) AFFO	RDING COVERAGE			NAIC#
				INSURER A: UNITED STATES LIABILITY					25898	
INSURED BRIGHT LIGHT BEHAVIORAL &				INSURER B: NATIONAL LIABILITY & FIRE					20052	
DEVELOPMENTAL SERVICES, LLC C/O CAITLIN HARVEY				INSURER C : AMGUARD INSURANCE COMPANY						42390
31 PINE VIEW DR				INSURE	RD:					
BLUFFTON, SC 29910				INSURER E:						
				INSURE	RF:					<u> </u>
	_		ENUMBER:				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH F	QUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH	RESPE	CT TO	WHICH THIS
INSR TYPE OF INSURANCE (ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	E	s	1,000,000
CLAIMS-MADE X OCCUR	Х		AH1557143B		06/27/2020	06/27/2021	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	100,000
X Professional Liab							MED EXP (Any one p		\$	5,000
							PERSONAL & ADV IN	JURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	s	3,000,000
POLICY PRO-							PRODUCTS - COMP/	OP AGG	s	INCLUDED
OTHER:									\$	
C AUTOMOBILE LIABILITY							COMBINED SINGLE ((Ea accident)	-IMII	\$	500,000
ANY AUTO			BRAU140986		07/02/2020	07/02/2021	BODILY INJURY (Per	person)	S	
OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$	
X HUTES ONLY X NON-OWNED							PROPERTY DAMAGE (Per accident)	-	\$	
									S	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION\$							V DED	T OTH.	S	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			A0M0404025		01/07/2020	01/07/2021	X PER STATUTE	OTH- ER		1,000,000
I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		A9WC164035		01/0//2020	01/0/12021	E.L. EACH ACCIDENT		\$	1,000,000
(Mandatory in NH)							E.L. DISEASE - EA EN	<u>IPLOYEE</u>	\$	1,000,000
DESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLIC	Y LIMIT	\$	1,000,000
								l		
				1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE COMPLETE CERT HOLDER NAME: Mt officials, entrologees, and volunteers. ADDITIONAL INSURED PER ATTACHE	t. Di	ablo	Unified School Distric			space is require	d)			
CERTIFICATE HOLDER				CANC	ELLATION	~				
CERTIFICATE HOLDER				CANO	LLLATION					
SHOULD ANY OF THE ABOVE DESC THE EXPIRATION DATE THERE ACCORDANCE WITH THE POLICY PR						REOF, NOTICE				
DISTRICT 1936 CONCORD DR CONCORD, CA 94519				Jonathan B. Lane						

POLICY NUMBER: AH 1557143B

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):

Effective Date: 09/23/2020 12:01 AM MT. DIABLO UNIFIED SCHOOL DISTRICT, ITS OFFICERS, OFFICIALS, EMPLOYEES, & VOLUNTEERS 1936 CARLOTTA DRIVE CONCORD, CA 94519

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 their 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 or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with the premises owned by or rented to you.

ENDORSEMENT #6

This endorsement, issued by United States Liability Insurance Company to BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES, LLC forms a part of Policy Number AH 1557143B effective on 11/20/2020 (MO. DAY YR.) at 12:01 A.M.

Add/Remove/Amend Coverage

In consideration of an additional premium of \$30 it is hereby agreed and understood that the policy is amended with the following changes:

LOCATIONS:

Loc. # Address Territory

1 3229 Argent Boulevard, Suite A, Ridgeland, SC, 29936 001

Covered Causes of Loss: Special Fire Code: 0702 Construction: Unknown Prot. Class:

Description: Business Personal Property Square Footage: 0

Special Deductible: None Special Deductible Type:

2 1115 North Columbia Avenue, Rincon, GA, 31326 003

Covered Causes of Loss: Special Fire Code: 0702

Construction: Unknown Prot. Class: 1

Description: Business Personal Property Square Footage: 0

Special Deductible: None Special Deductible Type:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

COVERAGES:				Rat	<u>te</u>	Premium Change			
72.00	Loc#	Classification	Code No.	Premium Basis	Pr/Co*	All Other	Pr/Co*	All Other	Charged
1 1 10	1 Amend	Additional Insured - Managers or Lessors of Premises	49950	2 Per Additional Insured	Included	50.000	Included	\$100	\$15
	1 Amend	Mental Health Counselor	73729	6 Per Counselor	Included	36.150	Included	\$217	\$15
	2 Amend	Mental Health Counselor	73729	If Any	Included	36.150	Included	Included	\$0

LIMITS:

The following Limits have been amended as shown:

Each Occurrence Limit \$2,000,000 Personal & Advertising Injury Limit (Any One \$2,000,000 Person/Organization) Medical Expense (Any One Person) \$5,000

Damages To Premises Rented To You (Any One Premises) \$100,000 Products/Completed Operations Aggregate Limit Included

General Aggregate Limit \$4,000,000 Allied Health Abuse Molestation Each Claim Limit \$50,000

Allied Health Abuse Molestation Aggregate \$100,000

It is hereby agreed that the following form(s)

is(are) removed from the Policy:

Products/Completed Operations

ENDORSEMENT #6
Jacket 09/10 - Commercial Insurance Policy Jacket
All other terms and conditions of this Policy remain unchanged.

* Products/Completed Operations