

272684



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/27/2016

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 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 Commercial Lines - (415) 541-7900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105-2259	CONTACT NAME: PHONE (A/C, No, Ext): 415.644.7700 FAX (A/C, No): E-MAIL ADDRESS: certificates@wellsfargo.com														
INSURED Shining Star Foundation dba: Star Academy 4470 Redwood Highway San Rafael, CA 94903	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER B: Redwood Fire and Casualty Company</td> <td>11673</td> </tr> <tr> <td>INSURER C: General Star Indemnity Company</td> <td>37362</td> </tr> <tr> <td>INSURER D: RSUI Indemnity Company</td> <td>22314</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: Hanover Insurance Company	22292	INSURER B: Redwood Fire and Casualty Company	11673	INSURER C: General Star Indemnity Company	37362	INSURER D: RSUI Indemnity Company	22314	INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 10718908 **REVISION NUMBER:** See below

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		ZHFA973187 00	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			01APM010060 01	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded: \$1,000 \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000	X		IUG927165	07/01/2016	07/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER
	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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Educators Legal Liability Incl D&O, EPLI & ELL			NHP668489	07/01/2016	07/01/2017	3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Mt. Diablo Unified School District is included as additional insured as it relates to the general liability in accordance with the terms and conditions of the policy. Umbrella follows form as it relates to additional insured.

CERTIFICATE HOLDER Mt. Diablo Unified School District 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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUMMARY OF COVERAGES

1.	Additional Insured by Contract, Agreement or Permit	Included
2.	Additional Insured – Primary and Non-Contributory	Included
3.	Blanket Waiver of Subrogation	Included
4.	Bodily Injury Redefined	Included
5.	Broad Form Property Damage – Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	Knowledge of Occurrence	Included
7.	Liberalization Clause	Included
8.	Medical Payments – Extended Reporting Period	Included
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10.	Non-owned Watercraft	51 ft.
11.	Supplementary Payments Increased Limits	
	- Bail Bonds	\$2,500
	- Loss of Earnings	\$1000
12.	Unintentional Failure to Disclose Hazards	Included
13.	Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

The following is added to **SECTION II – WHO IS AN INSURED:**

Additional Insured by Contract, Agreement or Permit

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured 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, but only with respect to:

(1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;

(2) Premises you own, rent, lease or occupy; or

(3) Your maintenance, operation or use of equipment leased to you.

- b. The insurance afforded to such additional insured described above:

(1) Only applies to the extent permitted by law; and

(2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
- (4) Will not be broader than coverage provided to any other insured.
- (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
- c. This provision does not apply:
- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
- (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
- (3) To any lessor of equipment:
- (a) After the equipment lease expires; or
- (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
- (4) To any:
- (a) Owners or other interests from. whom land has been leased which takes place after the lease for the land expires; or
- (b) Managers or lessors of premises if:
- (i) The occurrence takes place after you cease to be a tenant in that premises; or
- (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
- (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.
- This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and advertising injury" involved the rendering of or failure to render any professional services by or for you.
- d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:
- The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:
1. Required by the contract, agreement or permit described in Paragraph a.; or
 2. Available under the applicable Limits of Insurance shown in the Declarations.
- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
2. **Additional Insured - Primary and Non-Contributory**
- The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. **Other insurance:**
- Additional Insured - Primary and Non-Contributory**
- If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II - WHO IS AN INSURED**, is primary and non-contributory, the following applies:
- If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages A or B of this Coverage Part, our obligations are limited as follows:
- a. **Primary Insurance**
- This insurance is primary to other insurance that is available to the Additional Insured which covers the
- Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:
- (1) For the sole negligence of the Additional Insured;
 - (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
 - (3) when b. below applies.
- If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
- (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
 - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY**.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
- (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each

insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers

3. Blanket Waiver of Subrogation

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us:**

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

4. Bodily Injury Redefined

SECTION V – DEFINITIONS, Definition 3. "bodily injury" is replaced by the following:

- 3. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

5. Broad Form Property Damage – Borrowed Equipment, Customers Goods, Use of Elevators

- a. **SECTION I – COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions** subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to **SECTION V – DEFINITIONS:**

24. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. worked on; or
 - b. used in your manufacturing process.
 - c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent
- 6. Knowledge of Occurrence**
- The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**
- e. Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.
- 7. Liberalization Clause**
- The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**
- Liberalization Clause**
- If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.
- 8. Medical Payments – Extended Reporting Period**
- a. **SECTION I – COVERAGES, COVERAGE C – MEDICAL PAYMENTS**, Paragraph 1. **Insuring Agreement**, subparagraph a.(3)(b) is replaced by the following:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and
 - b. This coverage does not apply if **COVERAGE C – MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Part or by endorsement.
- 9. Newly Acquired Or Formed Organizations**
- SECTION II – WHO IS AN INSURED**, Paragraph 3.a. is replaced by the following:
- a. Coverage under this provision is afforded until the end of the policy period.

10. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. **Exclusions**, subparagraph g.(2) is replaced by the following:

g. Aircraft, Auto Or Watercraft

(2) A watercraft you do not own that is:

- (a) Less than 51 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person who, with your consent, either uses or is responsible for the use of a watercraft.

11. Supplementary Payments Increased Limits

SECTION I – SUPPLEMENTARY PAYMENTS COVERAGES A AND B, Paragraphs 1.b. and 1.d. are replaced by the following:

1.b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1000 a day because of time off from work.

12. Unintentional Failure to Disclose Hazards

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 6. **Representations:**

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

13. Unintentional Failure to Notify

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit:**

Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.



GENERAL STAR INDEMNITY COMPANY
STAMFORD, CONNECTICUT 06904-0119
(Hereinafter called the Company) A Stock Company

COMMERCIAL UMBRELLA LIABILITY
DECLARATIONS

POLICY NUMBER: IUG927165

ITEM 1 - NAMED INSURED: SHINING STAR FOUNDATION DBA
STAR ACADEMY
(SEE NAMED INSURED ENDORSEMENT CU855)

ITEM 2 - MAILING ADDRESS: 4470 REDWOOD HIGHWAY
SAN RAFAEL, CA 94903

ITEM 3 - POLICY PERIOD: 07/01/2016 to 07/01/2017
12:01 AM Standard Time at the address of the Insured as stated 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 coverage stated in this Policy.

ITEM 4 - LIMIT OF INSURANCE:

Policy Aggregate Limit \$10,000,000

Self Insured Retention \$10,000 each occurrence or offense not covered by
Underlying Insurance

ITEM 5 - PREMIUM FOR POLICY:

(a)	Flat Charge	\$15,050	Annual
(b)	Deposit Premium	N/A	
(c)	Minimum Premium	N/A	
(d)	Rate	N/A	
(e)	Audit Reporting Period	Not Adjustable	

ITEM 6 - ENDORSEMENTS ATTACHED: CU300 (07/1998), GSI-05-14 (6/8/1998), IL600 (01/2010), CU855 (07/1998), CU612 (07/1998), CU624 (07/1998), CU897 (01/1999), CU652 (07/1998), CU677 (07/1998), CU052 (07/1998), CU660 (07/1998), CU607 (07/1998), CU617 (07/1998), CU979 (03/2007), CU833 (07/1998), CU849 (07/1998), CU632 (07/1998), CU644 (07/1998), CU687 (07/1998), CU614 (07/1998), CU963 (07/2004), CU940 (07/2004), CU962 (07/2004), CU987 (11/2007), CU995 (04/2008), CU136 (01/2015), IL0985 (01/2015), CU965 (07/2004), CU964 (07/2004), CU880T (07/1998), CU922 (02/2000), CU602T (07/1998), CU820 (07/1998), CU924 (09/2001), CU130 (01/2015), CU887 (01/1999), CU1001 (07/2008), CU151T (07/1998), CU667 (07/1998), CU892 (01/1999), CU702P (07/1998), CU670 (07/1998), CU683 (08/2004), CU702C (07/1998)

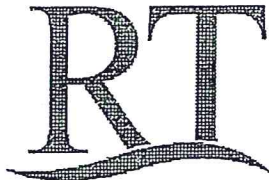
Countersigned at New York, New York this 8th day of July, 2016

GENERAL STAR INDEMNITY COMPANY

Authorized Signature

GENERAL STAR INDEMNITY COMPANY
COMMERCIAL UMBRELLA POLICY
SCHEDULE OF UNDERLYING INSURANCE

- A) Insurer - HANOVER INSURANCE COMPANY
 Coverage - Commercial General Liability
 Limits - \$1,000,000 Each occurrence Bodily Injury and/or Property Damage Liability combined
 \$3,000,000 General Aggregate
 \$3,000,000 Products/Completed Operations Aggregate
 \$1,000,000 Personal and Advertising Injury Limit
- B) Insurer - BERKSHIRE HATHAWAY HOMESTATE INS. COMPANY
 Coverage - Automobile Liability
 Limits - \$1,000,000 each occurrence Bodily Injury and/or Property Damage Liability combined
- C) Insurer - AMERICAN HOME ASSURANCE COMPANY
 Coverage - Employers Liability (Law requires that this carrier provide unlimited coverage in MA, NY.
 The coverage provided by this policy for Employers Liability does not apply to
 employments which are subject to such laws.)
 Limits - Bodily Injury by Accident: \$2,000,000 each accident
 Bodily Injury by Disease: \$2,000,000 policy limit
 Bodily Injury by Disease: \$2,000,000 each employee



**RYAN
TURNER
SPECIALTY**

(dba) R-T Specialty Insurance Services, LLC License #0G97516

July 07, 2016

20 Church Street
Suite 1500
Hartford, CT 06103

T/ 860.561.3600
800.356.0168
F/ 860.561.3606

Stephanie Ruppenstein Fax: (415) 541-7195
Wells Fargo Insurance Services USA, Inc. - San Francisco
45 Fremont Street Suite 800
San Francisco, CA 94105

Acct #: 10226987
App #: 10226987

BINDER

THIS IS TO CERTIFY that the undersigned have procured insurance as hereinafter specified from:

Company: General Star Indemnity Company
Assigned Policy #: IUG927165

Insured: Shining Star Foundation
Star Academy
4470 Redwood Highway
SAN RAFAEL, CA 94903

Policy Term: 07/01/2016 to 07/01/2017
Binder Number: 10226987-447030

This Binder shall be effective from **12:01 A.M., 07/01/2016** standard time at the address of the Insured as stated above, and shall be subject to all the terms and conditions of the policy in current use by the Company. Unless cancelled in accordance with the provision set forth below, this Binder shall remain effective for **90** days or until replaced by issuance of the Company's policy, whichever first occurs.

COVERAGE & LIMITS OF LIABILITY: Umbrella Liability - EIPG

POLICY LIMITS

Limit of Liability	Limit	\$10,000,000
Premium Summary	Premium	\$15,050.00
	Stamping Fee	\$30.10
	Surplus Lines Tax	\$451.50
	Policy Fee	\$451.50
	Total	\$15,983.10

Binder Number: 10226987-447030

UNDERLYING LIMITS

Auto Liability	Insurer	Berkshire Hathaway Homestate Ins. Company (Occurrence)	\$1,000,000
	Auto Liability (Combined Single Limit)		
Employee Benefits Liability	Insurer	Hanover Insurance Company (Claims Made)	\$1,000,000
	Employee Benefits (Per Occurrence)		\$1,000,000
	Employee Benefits (Aggregate)		\$1,000,000
Employers Liability	Insurer	TBD A-V or Higher (Occurrence)	\$100,000
	Employers Liability (Each Accident)		\$500,000
	Employers Liability (Policy Limit)		\$100,000
	Employers Liability (Each Employee)		\$100,000
General Liability	Insurer	Hanover Insurance Company (Occurrence)	\$1,000,000
	General Liability (Each Occurrence)		\$2,000,000
	General Liability (General Aggregate)		\$2,000,000
	General Liability Product/Completed Operations Aggregate)		\$1,000,000
	General Liability (Personal/Advertising Injury)		\$1,000,000
ELL/School Board E&O	Insurer	Allied World Surplus Lines Insurance Co. (Claims Made)	\$1,000,000
	Occurrence		\$3,000,000
	Aggregate		
Abuse and Molestation	Insurer	Lloyds of London (Claims Made)	\$1,000,000
	(Each Occurrence)		\$1,000,000
	(Aggregate)		

EXCLUSIONS

Aircraft and Aircraft Products/Grounding
 Aircraft Liability
 Asbestos - Total
 Bisphenol A
 Cap on Losses from Certified Acts of Terrorism
 Fiduciary Liability
 Fungus
 Known Injury or Damage
 Lawyers Professional (Items I, II, III, IV deleted)
 Lead
 Pollution *Except Hostile Fire & Products/Comp Ops
 Punitive Damages Related Cert. Acts of Terrorism. Applicable in all states except: NY, FL, MN, GA, OH, AK, AR

FOLLOW FORM

**UM/UIM
 Abuse Sublimit: \$5MM
 Athletic Participants
 Auto Liability

Binder Number: 10226987-447030

FOLLOW FORM (Continued)

Broadcasting/Cable TV
Contractual Liability
Corporal Punishment
Cross Suits
Employers Liability
Foreign Liability
Liquor Law
Personal Injury
Prof. (Excluding Physicians)
Publishers E&O
Punitive Damages
Trampoline Follow Form
Watercraft

SPECIAL ENDORSEMENTS

60 Day NOC
All volunteers included as insureds
School Violent Acts Coverage (SVAC)
Serious Injury
Who Is An Insured - Students (Primary and Secondary)

CLAIMS MADE ENDS. COV A AND B

Cov. P Excess CM (Wrongful Act) Retro Date: ELL: 10/11/2010, EBL: 10/11/2010, Abuse: 7/1/16
ELL (School Board E&O)
Employee Benefits

SIR

SIR \$10,000

UNDERLYING CARRIERS

All underlying carriers must be rated A- V or better by A.M. Best.

RETROACTIVE DATE

Cov. P Excess CM (Wrongful Act) Retro Date: ELL: 10/11/2010, EBL: 10/11/2010, Abuse: 7/1/16

NOTES

This binder is being offered in reliance on the information submitted by the applicant. By accepting this binder, and or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented omitted, or suppressed

No Flat Cancellations

PG Fee is fully earned

Premium due within 15 days of binding

**UM/UIM: The insured warrants that it has no vehicles garaged or registered in FL, LA, NH, VT, WV or NV

Abuse Premium: included

Binder Number: 10226987-447030

Note: Any terrorism coverage bound with an effective date after December 31, 2004 will be "conditional" coverage, i.e.: subject to the renewal of "FEDERAL TERRORISM RISK INSURANCE ACT OF 2002 unchanged from its current wording.

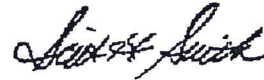
This binder is subject to any Company mandated forms or endorsements which are either updated, added or deleted at the time this contract is issued.

In the event of cancellation or expiration of this binder without a policy or certificate being issued, the Insurers shall be entitled to an earned premium for the time in force at short rate of the annual rate as charged by Insurers hereof if cancelled by the Assured; and at the pro rata of the annual rate if cancelled by the Insurers.

NO FLAT CANCELLATIONS

Date: July 07, 2016

By:

A handwritten signature in black ink, appearing to read "S. J. Smith", is written over the "By:" label.