

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/03/2017

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						CONTACT NAME:					
Marsh Risk & Insurance Services 17901 Von Karman Avenue, Suite 1100					PHONE FAX (A/C, No, Ext): (A/C, No):						
License No. 0437153					E-MAIL ADDRESS:						
Irvine, CA 92614 Attn: Healthcare.AccountsCss@marsh.com/FAX: 212 948-1307					INSURER(S) AFFORDING COVERAGE				NAIC #		
420229-17-18-2-17-18					INSURER A.				21199		
INSURED AccentCare Home Health of					MOONER B.				19380		
California, Inc.					INCONCENCE.					23841	
17855 North Dallas Parkway Suite 200					INSURER D : National Union Fire Insurance Company						
Dalla	Dallas, TX 75287										
COVERAGES CERTIFICATE NUMBER:						INSURER F :     INSUREMENT       LOS-001730746-23     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 TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
А	X COMMERCIAL GENERAL LIABILITY			FLP0049823-05		05/01/2017	05/01/2018	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:   X POLICY   PRO- JECT LOC							GENERAL AGGREGATE	\$	3,000,000	
								PRODUCTS - COMP/OP AGG	\$ \$	3,000,000	
D	OTHER:			CA02820244		05/01/2017	05/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per person)	\$	,,	
	X ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	A AUTOS AUTOS   X HIRED AUTOS X   AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	X UMBRELLA LIAB OCCUR			FLP0049823-05		05/01/2017	05/01/2018	EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB X CLAIMS-MADE							AGGREGATE	\$	1,000,000	
В	DED RETENTION \$			WC055816099 (CA)		05/01/2017	05/01/2018	X PER OTH- STATUTE ER	\$		
C				WC055816102 (AZ)			05/01/2018		¢	1,000,000	
С	OFFICER/MEMBER EXCLUDED?	N/A		WC055816101 (KY)		05/01/2017	05/01/2018	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
С	If yes, describe under DESCRIPTION OF OPERATIONS below			WC055816100 (AOS)		05/01/2017	05/01/2018	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
	Professional Liability							Each Medical Incident		\$1,000,000	
А	Claims Made			FLP0049823-05		05/01/2017	05/01/2018	Aggregate		\$3,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: AccentCare Home Health of California: 2300 Contra Costa Blvd., Ste. 125, Pleasant Hill, CA 94523. Mt. Diablo Unified School District is an Additional Insured with respects to General Liability but only to the extent provided by the insurance company.											
CERTIFICATE HOLDER					CANCELLATION						
Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519-1397					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 of Marsh Risk & Insurance Services						
						Pamela Petersen					

ACORD 25 (2014/01)

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# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### COVERAGE CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following designated coverage forms:

HEALTHCARE PROFESSIONAL LIABILITY COVERAGE FORM; HEALTHCARE GENERAL LIABILITY COVERAGE FORM; and HEALTHCARE GENERAL LIABILITY COVERAGE FORM - CLAIMS MADE; HEALTHCARE PROVIDER LIABILITY COVERAGE FORM

whichever applies.

#### A. Changes Applicable to All Coverage Forms

The following is added to the Who Is An Insured section of your policy.

**Good Samaritan**. Your "employees" are insureds for any "occurrence" or "medical incident" arising out of their rendering emergency first aid outside of their duties as your "employees" as long as the emergency first aid is rendered without the receipt or expectation of remuneration.

For the purpose of this Good Samaritan provision only, "medical incident" means any act or omission in the provIding or failure to provide "health care professional services". We will consider a series of related acts or omissions in the provIding or failure to provide "health care professional services" to be one "medical incident".

**Medical Director.** Your Medical Directors are covered for "medical professional injury" that results from acts or omissions in the providing of or failure to provide "health care professional services" that are performed as part of their employment duties for you.

Blanket AddItional Protected Persons. Other individuals or organizations when required to be covered by written contract, agreement, or permit, provided the written contract, agreement or permit is executed prior to the "claim" being made or the "suit" being brought. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limit of liability for any covered "claim" or "suit". Damages paid on their behalf will reduce and may exhaust your limit of liability under this policy.

### B. CHANGES APPLICABLE TO ALL COMMON POLICY CONDTIONS

The following paragraph is added to item 15. Transfer of Rights Of Recovery Against Others To Us.

We waive the right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a written contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only when required by written contract and when such contract was executed prior to any loss.

C. Changes Applicable to Healthcare Professional Liability Coverage Form

The following is added to Section I - Coverage.

#### DAMAGE TO PATIENT'S PROPERTY

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