



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2022

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.

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.

Table with PRODUCER and INSURED information, and CONTACT NAME: Jennifer Townsend. Includes phone, fax, and email addresses.

COVERAGES CERTIFICATE NUMBER: 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.

Main table listing insurance coverages with columns for INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, and LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, Prof. Liability, and Sexual Misconduct.

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

CERTIFICATE HOLDER CANCELLATION

Table with CERTIFICATE HOLDER (Mt. Diablo Unified School District) and 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.)

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):

Mt. Diablo Unified School District

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. 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 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:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER: POLICY NUMBER: 2022-00293-UMB
 Acrisure of California, LLC
 910 E. Hamilton Avenue, Suite 410
 Campbell, CA 95008 RENEWAL OF NUMBER: 2021-00293-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS: ***SEE SCHEDULE NI FOR FULL NAMED INSURED**
 Fred Finch Youth Center*
 3800 Coolidge Ave.
 Oakland, CA 94602

Item 2 POLICY PERIOD: FROM 4/1/2022 TO 4/1/2023
 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Youth residential treatment and support services

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
 POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

Item 3 **THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION: \$36,500**

Item 4 **LIMITS OF INSURANCE:**

a.	Occurrence / Accident / Injury / Claim Limits (where applicable):	10,000,000
	i) Each Occurrence - Commercial General Liability and Products- Completed Operations Liability	
	ii) Each Accident - Business Auto Liability	
	iii) Each Injury - Liquor Liability	
	iv) Each Claim - Employee Benefits Liability	
b.	Each Claim - Directors and Officers Liability	Excluded
c.	Each Claim - Improper Sexual Conduct and Physical Abuse Liability	4,000,000
d.	Each Claim - Social Service Professional Liability	10,000,000

Aggregate limits:

e.	Commercial General Liability, Business Auto Liability, Products- Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate (where applicable):	10,000,000
f.	Directors and Officers Liability Aggregate	Excluded
g.	Improper Sexual Conduct and Physical Abuse Liability Aggregate	4,000,000
h.	Social Service Professional Liability Aggregate	10,000,000

Item 5 **RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE**

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):
 CU 21 33 01 15, NIAC-E003 UMB 08 20, NIAC-E133 UMB 05 20, NIAC-E140 UMB 08 20, NIAC-E180 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19,
 SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB61 05 13, SCHEDULE NI

COUNTERSIGNED: 3/29/2022

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS,
 AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

SCHEDULE NI

POLICY NUMBER: 2022-00293-UMB

THE NAMED INSURED IS AS FOLLOWS:

Fred Finch Youth Center; Fred Finch Childrens Home. dba: Bridges of San Mateo; Eunice Ann Finch Resource Center; Rising Harte Willness Center; Rising Oaks (formerly known as Emancipation Village), dba: Oakland Hills Academy - Avalon, dba: San Diego Polinsky Behavioral Health Program (formely known as Fred Finch Polinsky Day Rehab); Fred Finch Youth Center CARES, Inc., dba: Fred Finch Youth & Family Services, dba: Bridges of Sonoma, dba: Alameda County Homeless Youth Collaborative, dba: Bridges of Solano, dba: Bridges of San Diego

COUNTERSIGNED: 03/29/2022

BY



(AUTHORIZED REPRESENTATIVE)

SCHEDULE A - SCHEDULE OF UNDERLYING INSURANCE

POLICY NUMBER: 2022-00293-UMB

CONTROL NUMBER: 00293

NAME OF INSURED: Fred Finch Youth Center*

***SEE SCHEDULE NI FOR FULL NAMED INSURED**

TYPE OF POLICY	APPLICABLE LIMITS	INSURER POLICY #	APPLICABLE PERIOD
(A) Automobile Liability Business Auto	Bodily Injury and Property Damage Combined Single Limit \$1,000,000 Uninsured/Underinsured Motorist N/A	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			
(B) Commercial General Liability	Each Occurrence Limit \$1,000,000 General Aggregate Limit \$2,000,000 Products/Completed Operations Aggregate Limi \$2,000,000 Personal & Advertising Injury Limit \$1,000,000 Damage to Premises Rented to You N/A (any one premises)	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			
(C) Social Service Professional Liability	Each Occurrence Limit \$1,000,000 Aggregate Limit \$3,000,000	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			
(D) Standard Workers Compensation & Employers Liability	Coverage B - Employers Liability Bodily Injury by Accident N/A Bodily Injury by Disease N/A Bodily Injury by Disease N/A	Each Accident Each Employee Policy Limit	
(E) Improper Sexual Conduct and Physical Abuse	Each Occurrence Limit \$1,000,000 General Aggregate Limit \$1,000,000	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			
(F) Directors' And Officers'	Each Wrongful Act Limit N/A Aggregate Limit N/A		
(G) Liquor Liability	Each Common Cause Limit \$1,000,000 Aggregate Limit \$1,000,000	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			
(H) Employee Benefits Liability	Each Employee \$1,000,000 Aggregate Limit \$2,000,000	NIAC 2022-00293	04/01/2022 to 04/01/2023
(Does not include: Terrorism Coverage - Certified Acts)			

INDEX OF FORMS ATTACHED TO THE POLICY

POLICY NUMBER: 2022-00293-UMB-NPO

NAME OF INSURED: Fred Finch Youth Center*

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*SEE SCHEDULE NI FOR FULL NAMED INSURED

UMBRELLA FORMS AND ENDORSEMENTS

FORM NUMBER/EDITION DATE

Exclusion of Terrorism	CU 21 33 01 15
Member Criteria	NIAC-E003 UMB 08 2
AI - ISCPA - Exclusion	NIAC-E133 UMB 05 2
Claims Made & Prior Acts Exclusion	NIAC-E140 UMB 08 2
Communicable Disease - Exclusion	NIAC-E180 UMB 01 2
Workers' Compensation - Exclusion	NIAC-E253 UMB 08 2
Nuclear, Chemical and Biological Hazard Exclusion	NIAC-E42 UMB 09 19
Schedule A - Schedule of Underlying Insurance	SCHEDULE A 01 80
Privacy Liability and Cyber Coverage Exclusion	UMB 231 06 16
Medical Payments Exclusion	UMB 232 06 16
Commercial Umbrella Policy	UMB-100 05 21
Employers' Liability Exclusion	UMB61 05 13