

**ACORD. CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)  
JUN 15 20

PRODUCER  
COMMERCIAL BUSINESS INSURANCE AGENCY  
1329 EGLIN STREET, #327  
RAPID CITY SD 57701-9630  
PHONE: 866-573-7772  
FAX:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

INSURED  
HERITAGE SCHOOLS, INC.  
5600 NO. HERITAGE SCHOOL DR.  
PROVO UT 84604

COMPANY A: PHILADELPHIA INSURANCE CO. RATING A++ SUPERIOR  
COMPANY B:  
COMPANY C:  
COMPANY D:  
COMPANY E:

**COVERAGES**

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR *PROFESSIONAL LIAB. TOTAL: \$6,000,000. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK2106772	MAR 12 20	MAR 12 21	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any One Fire) \$ 100,000				
	MED. EXP (Any One Person) \$ 20,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 3,000,000				
	PRODUCTS-COMP/OP AGG. \$ 3,000,000				
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UNINSURED/UNDERINSD LIAB	PHPK2106772	MAR 12 20	MAR 12 21	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	PHUB714228	MAR 12 20	MAR 12 21	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000				
	AUTO LIABILITY \$ 5,000,000				
	EMPLOYER'S LIABILITY \$ 5,000,000				
	ABUSE EXCESS \$ 5,000,000				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU- TORY LIMITS OTHER
	E.L. EACH ACCIDENT \$				
	E.L. DISEASE-EA EMPLOYEE \$				
	E.L. DISEASE-POLICY LIMIT \$				
A	<b>OTHER: SEXUAL/PHYSICAL ABUSE</b>	PHPK2106772	MAR 12 20	MAR 12 21	<b>SEXUAL ABUSE SUBLIMIT: \$1,000,000. OCCURRENCE \$1,000,000. AGGREGATE</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS **MT. DIABLO UNIFIED SCHOOL DISTRICT IS NAMED ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF WORK OR OPERATIONS PERFORMED BY THE CONSULTANT/NAMED INSURED. ENDORSEMENT ATTACHED.**

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:        CANCELLATION

**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
1936 CARLOTTA DRIVE, WING D  
CONCORD, CA 94519

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
PHONE: 866-573-7772

Attention:

AGENT: Robin Patterson

POLICY NUMBER: PHPK2106772

COMMERCIAL GENERAL LIABILITY

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

## **ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS (Form B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

### **SCHEDULE**

**Name of Person or Organization;**

MT. DIABLO UNIFIED SCHOOL DISTRICT  
1936 CARLOTTA DRIVE, WING D  
CONCORD, CA 94519

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**THE CERTIFICATE HOLDER IS AN "ADDITIONAL INSURED" WITH RESPECT TO THE LIABILITY COVERAGES PROVIDED IN THIS POLICY.**

POLICY NUMBER: PHUB714228



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
 Bala Cynwyd, Pennsylvania 19004  
 610.617.7900 Fax 610.617.7940  
 PHLI.com

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	16135 COMMERCIAL BUSINESS INSURANCE AGENCY PO Box 1120 Eden, UT 84310  (801) 337-3999
NAMED INSURED: Heritage Schools Inc.	
MAILING ADDRESS: 5600 Heritage School Dr Provo, UT 84604-7701	
POLICY PERIOD: FROM 03/12/2020 TO 03/12/2021 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)	\$ 5,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$ 5,000,000      Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 5,000,000
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ 5,000,000

RETAINED LIMIT	
RETAINED LIMIT:	\$ 10,000

POLICY NUMBER: PHUB714228

<b>PREMIUM</b>	
PREMIUM SUBTOTAL	\$ 26,610.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$ Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 26,610.00
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	

<b>DESCRIPTION OF BUSINESS</b>	
FORM OF BUSINESS:	<u>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Non-Profit Umbrella</u>

<b>ENDORSEMENTS ATTACHED TO THIS POLICY</b>	
SEE ATTACHED SCHEDULE	



POLICY NUMBER: PHUB714228

<b>SCHEDULE OF UNDERLYING INSURANCE</b>	
<b>Employers' Liability</b>	
Company:	<u>WCF Mutual Insurance Company</u>
Policy Number:	<u>1703605</u>
Policy Period:	<u>01/01/2020</u> <u>01/01/2021</u>
Minimum Applicable Limits	
Bodily injury by accident	\$ <u>1,000,000</u> Each Accident
Bodily injury by disease	\$ <u>1,000,000</u> Each Employee
Bodily injury by disease	\$ <u>1,000,000</u> Policy Limit
<b>Commercial General Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date:	<u>Not Applicable</u>
Minimum Applicable Limits:	
General Aggregate	\$ <u>3,000,000</u>
Products-Completed Operations Aggregate	\$ <u>3,000,000</u>
Personal And Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
<b>Commercial Auto Liability</b>	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Minimum Applicable Limits	
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>
Each Accident	\$ <u>1,000,000</u>
<b>Professional Liability</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2106772</u>
Policy Period:	<u>03/12/2020</u> <u>03/12/2021</u>
Retroactive Date:	<u>Not Applicable</u>
Minimum Applicable Limits	
<u>Each Professional Incident</u>	\$ <u>1,000,000</u>
<u>Aggregate</u>	\$ <u>3,000,000</u>

POLICY NUMBER: PHUB714228

<b>Employee Benefits Liability</b>		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>03/12/2020</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
<b>Abusive Conduct Liability</b>		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2106772</u>			
Policy Period: <u>03/12/2020</u> <u>03/12/2021</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
<b>Directors &amp; Officers Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		
<b>Liquor Liability</b>		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		