

CERTIFICATE OF LIABILITY INSURANCE

JROMERO

DATE (MM/DD/YYYY) 05/31/2017

BMRHEAL-01

CE BE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT		***						
	PRESENTATIVE OR PRODUCER, A	SUR/	Y OI ANCE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTEND OR AL	TER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje s certificate does not confer rights t	ct to	the	terms and conditions of	the policy, certain	policies may			
	UCER License # 0G66614	o the	cent	incate holder in neu of su).			
	Risk Group, LLC DBA: One Risk Mar		mont	9 Incurance Services	CONTACT NAME: PHONE (025)		FAX	/ - ·	
5976	W. Las Positas Blvd., Suite 100	laye	ment	a moutance services	(A/C, No, Ext): (925) 226-7350 (A/C, No): (925) 226-7380				
Pleas	santon, CA 94588				E-MAIL ADDRESS: info@or	neriskgroup	.com		
					IN	SURER(S) AFFO	RDING COVERAGE		NAIC #
					INSURER A : Homeland Insurance Company of New York				34452
INSUF	ED				INSURER B : Wesco Insurance Company				25011
	BMR Health Services, Inc.			INSURER C :					
	5976 W. Las Positas Blvd., S	ite. 216			INSURER D :				
	Pleasanton, CA 94588				INSURER E :				
					INSURER F :				
COV	ERAGES CER	TIFI	САТИ	E NUMBER:			REVISION NUMBER:		1
	IS IS TO CERTIFY THAT THE POLICI				HAVE BEEN ISSUED				
INE CE EX	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITIO , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI SED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
	X CLAIMS-MADE OCCUR	x		MFL-004645-0417	04/24/2017	04/24/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	Included
									4,000,000
l f	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$	Included
							PRODUCTS - COMP/OP AGG		1,000,000
	OTHER:						COMBINED SINGLE LIMIT	\$	2,000,000
A							(Ea accident)	\$	2,000,000
				MFL-004645-0417	04/24/2017	04/24/2018	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
B	WORKERS COMPENSATION	N/A W	WWC3224612		08/01/2017	X PER OTH- STATUTE ER			
				08/01/2016		E.L. EACH ACCIDENT	\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								1,000,000
	HealthCare Prof Liab			MFL-004645-0417	04/24/2017	04/24/2018	E.L. DISEASE - POLICY LIMIT	2	1,000,000
	Phy/Sex Misconduct			MFL-004645-0417	04/24/2017	04/24/2018	Aggregate		3,000,000
					0	0	1.99.094.0		0,000,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ablo Unified School District is named	LES (ACORI	D 101, Additional Remarks Schedu	Ile, may be attached if mo	re space is requi	red)		

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519

AUTHORIZED REPRESENTATIVE

John homers

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ENDORSEMENT NO. 8

ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT ENDORSEMENT

This Endorsement, which is effective at 12:01 a.m. on <u>April 24, 2017</u>, forms part of:

Policy No.MFL-004645-0417Issued byHomeland Insurance Company of New YorkIssued toBMR Health Services Inc.

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENTS (A) and (B) of this Policy and subject to the terms and conditions set forth in this endorsement, the term "Insured," as defined in Section II DEFINITIONS of this Policy, shall include any person or entity whom/which the Named Insured is required by written agreement, effective during the Policy Period, to name as an additional insured under this Policy or to provide indemnification to such person or entity (each an "Additional Insured"), but solely with respect to any liability imposed or sought to be imposed on such Additional Insured as a result of the acts, errors or omissions of an original Insured.
- (2) No coverage will be available under this Policy for that portion of Loss or Defense Expenses for any Claim against an Additional Insured resulting from the actual or alleged acts, errors or omissions of an Additional Insured.
- (3) An Additional Insured's status as an **Insured** under this Policy shall immediately terminate when the **Named Insured's** agreement to provide such status or obligation to indemnify such Additional Insured terminates.
- (4) The amount, extent and scope of coverage available under this Policy to an Additional Insured will be no greater than the amount, extent and scope of the indemnification available to such Additional Insured as agreed to by the **Named Insured** in the written agreement between the **Named Insured** and such Additional Insured.
- (5) It is understood and agreed that the Additional Insured(s) share in the applicable Limits of Liability set forth in ITEM 4 of the Declarations.

All other terms, conditions and limitations of this Policy shall remain unchanged.

ENDORSEMENT NO. 7

ADDITIONAL INSURED ENDORSEMENT-PRIMARY AND NONCONTRIBUTORY (GL)

This Endorsement, which is effective at 12:01 a.m. on <u>April 24, 2017</u>, forms part of:

Policy No.	MFL-004645-0417
Issued by	Homeland Insurance Company of New York
Issued to	BMR Health Services Inc.

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENT (B) of this Policy, the term "**Insured**," as defined in Section II DEFINITIONS of this Policy, is amended to include the person(s) or entity(ies) scheduled below (each an "Additional Insured"), but solely with respect to any liability imposed or sought to be imposed on such Additional Insured as a result of the acts, errors or omission of an original **Insured**.
- (2) No coverage will be available under this Policy for Loss or Defense Expenses for any Claim against an Additional Insured based solely upon the actual or alleged acts, errors or omissions of an Additional Insured.
- (3) With respect to any Claim against an Additional Insured based upon both the acts, errors or omissions of the original Insured and the acts, errors or omissions of an Additional Insured, the Underwriter will pay Defense Expenses incurred by such Additional Insured in connection with such Claim and Loss such Additional Insured is legally obligated to pay as a result of the acts, errors or omissions of the original Insured, subject in all events to all other terms, conditions and exclusions of this Policy. No coverage will be available under this Policy for any Loss such Additional Insured is obligated to pay as a result of its own acts, errors or omissions.
- (4) Any coverage for **Defense Expenses** incurred by an Additional Insured pursuant to this endorsement shall be primary, and Section IV GENERAL CONDITIONS (L) of this Policy shall be deemed amended accordingly.
- (5) If a written agreement between the **Named Insured** and an Additional Insured providing indemnity or contribution in favor of such Additional Insured exists, the amount, extent and scope of coverage available under this Policy to such Additional Insured will be no greater than the amount, extent and scope of indemnification available to such Additional Insured as agreed to by the **Named Insured** in such agreement.
- (6) It is understood and agreed that the Additional Insured(s) scheduled below share in the applicable Limits of Liability set forth in ITEM 4.B. of the Declarations.

<u>SCHEDULE</u>

Additional Insured Mt. Diablo Unified School District, its subsidiaries, officials and employees San Mateo County SELPA and LEA, San Mateo County Office of Education Vacaville Unified School District, its officers and employees Paramount Unified School District Premium Included

HPE-30003-10-08

All other terms, conditions and limitations of this Policy shall remain unchanged.

ENDORSEMENT NO. 5

NOTICE OF CANCELLATION TO SCHEDULED PARTY ENDORSEMENT

This Endorsement, effective at 12:01 a.m. on April 24, 2017 , forms part of:

Policy No.	MFL-004645-0417
Issued by	Homeland Insurance Company of New York
Issued to	BMR Health Services Inc.

In consideration of the premium charged:

- (1) If the Underwriter cancels this Policy for any reason other than non-payment of premium, the Underwriter will endeavor to provide notice of such cancellation to the individual(s) or entity(ies) identified in the schedule below (each a "Scheduled Party"), at the address set forth next to the Scheduled Party's name, when notice of cancellation is sent to the **First Named Insured**. In no event will the timing of notice to a Scheduled Party exceed the timing of notice to the **First Named Insured**. It is understood and agreed that notice of cancellation to a Scheduled Party is provided solely as a courtesy for the convenience of the **First Named Insured** and does not constitute a prerequisite to effective policy cancellation.
- (2) Failure to provide notice of cancellation to a Scheduled Party shall impose no liability of any kind or nature whatsoever on the Underwriter and shall not amend or extend the effective date of policy cancellation or invalidate the cancellation.

Scheduled Party:	Scheduled Party Address:
Mt. Diablo Unified School District, its subsidiaries, officials and employees	1936 Carlotta Dr, Concord, CA 94519

All other terms, conditions and limitations of the Policy shall remain unchanged.