DEVERFOUND

## ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

Client#: 353510

DATE (MM/DD/YYYY) 12/03/2019

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).

certificate floider in fied of Sach endorsement(s).				
PRODUCER	CONTACT Ilia Kappenhagen			
Conner Strong & Buckelew	PHONE (A/C, No, Ext): 856-479-2202 FAX (A/C, No): 856-2	91-9683		
TRIAD 1828 CENTRE	E-MAIL ADDRESS: ikappenhagen@connerstrong.com			
P.O. Box 99106	INSURER(S) AFFORDING COVERAGE	NAIC#		
Camden, NJ 08101	INSURER A : United Specialty Insurance Company	12537		
INSURED DELICATION	INSURER B : American Zurich Insurance Company	40142		
DEVEREUX FOUNDATION	INSURER C : Zurich American Insurance Company	16535		
2012 RENAISSANCE BLVD.	INSURER D : XL Specialty insurance Company			
KING OF PRUSSIA, PA 19406	INSURER E:			
	INSURER F:			

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		THE OF WOLDANDS	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	I	
LTR			INSR	WVD			1	LIMIT	T
Α	X	COMMERCIAL GENERAL LIABILITY			HLM33HPP190023	07/01/2019	07/01/2020	EACH OCCURRENCE	\$3,000,000
1		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,000,000
l				-	70.44			MED EXP (Any one person)	\$
			l		-			PERSONAL & ADV INJURY	\$3,000,000
	GEN'L	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s6,000,000
	F	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	s6,000,000
		OTHER:							\$
C	AUTO	MOBILE LIABILITY			BAP293636319	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 1,000,000
1		ANY AUTO						BODILY INJURY (Per person)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
1	F	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X	JMBRELLA LIAB OCCUR			HLM33HPX190024	07/01/2019	07/01/2020	EACH OCCURRENCE	s5,000,000
1	E	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s5,000,000
L	c	DED RETENTIONS							\$
В		CERS COMPENSATION			WC654108010	07/01/2019	07/01/2020	X PER OTH-	
В		ROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC293636219	07/01/2019	07/01/2020	E.L. EACH ACCIDENT	s1,000,000
l	(Mand	atory in NH)	"''					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, DESCI	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s1,000,000
Α	Prof	essional			HLM33HPP190023	07/01/2019	07/01/2020	\$3,000,000 Each Cla	im
	Liab	ility						\$6,000,000 Aggrega	te
D	Com	mercial Crime			ELU162384-19	07/01/2019	07/01/2020	\$10,000,000 Limit	

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

Mount Diablo Unified School District and the Board of Education are included as additional insured on a primary and non-contributory basis on the above referenced Commercial General Liability Policy and Business Automobile Policy if and to the extent required by written contract.

For any claims related to the services, the Devereux Foundations insurance coverage shall be primary (See Attached Descriptions)

1	W. Whall Tragenard
Concord, CA 94519	AUTHORIZED REPRESENTATIVE
District 1936 Carlotta Drive	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mount Diablo Unified School	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
CERTIFICATE HOLDER	CANCELLATION

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DESCRIPTIONS (Continued from Page 1)	
insurance as respects to Mount Diablo USD, its subsidiaries, officials and employees. Any insurance or self insurance maintained by Mount Diablo USD, its subsidiaries, officials and employees shall be excess of the Devereux Foundations insurance and shall not contribute with it.  Deductibles: General Liability - \$2.0m; Automobile - \$250k; Workers Compensation - \$750k; Crime - \$50k  The above referenced Professional and General Liability Policy affords the following Abuse and Molestation Limits:  \$3,000,000 per occurrence \$6,000,000 aggregate	

## ADDITIONAL INSURED ENDORSEMENT – WHERE REQUIRED BY CONTRACT – GL ONLY

Named Insured			Endorsement Number	
The Devereux Foundation			17	
Policy Symbol	Policy Number HLM33HPP190023	Policy Period 7/1/2019 To 7/1/2020	Endorsement Date	
Issued By (Name of Insurance Company)				
United Specialty Insurance Company				

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

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENT (B) of this Policy and subject to the terms and conditions set forth in this endorsement, the term "Insured," as defined in Section III DEFINITIONS of this Policy, shall include any person or entity with whom/which the Named Insured has a written agreement, effective during the Policy Period, to provide such person or entity insured status under this Policy (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 terminates.
- (4) 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.
- (5) It is understood and agreed that the Additional Insured(s) share in the applicable Limits of Liability set forth in ITEM 4.B. of the Declarations.

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