



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/09/2019

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).

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hiscox Insurance Company Inc	10200
INSURED Sonja Biggs Educational Services 7483 Dornoch Ct GILROY, CA 95020	INSURER B:	
	INSURER C:	
	INSURER D:	
	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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UDC-4173159-BOP-19	05/29/2019	05/29/2020	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ S/T Each Occ.						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			UDC-4173159-BOP-19	05/29/2019	05/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Hired and non owned auto liability limits match the occurrence limits for the Commercial General liability policy. The limits for HNOA are 2 million dollars.

CERTIFICATE HOLDER**CANCELLATION**

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

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SONJBIG-01

NBIALKOWSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/23/2019

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.

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PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd Suite 280 Waltham, MA 02451	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: support@apintego.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sonja Biggs Educational Services Inc 7483 Dornoch Court Gilroy, CA 95020	INSURER A : Guard Insurance Group***	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	SOWC094092	1/26/2019	1/26/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Proof of Coverage	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.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Hiscox Insurance Company Inc 10200 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Sonja Biggs Educational Services 7483 Dornoch Ct GILROY, CA 95020		

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y		UDC-4173159-EO-19	05/29/2019	05/29/2020	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Dr Concord, CA 94519	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. AUTHORIZED REPRESENTATIVE 
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Hiscox Insurance Company Inc.

Policy Number: UDC-2022164-CGL-18
 Named Insured: Sonja Biggs Educational Services
 Endorsement Number: 21
 Endorsement Effective: October 04, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

The following item(s):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective/Expiration Date	<input type="checkbox"/>	Insured's Legal Status/Business of Insured
<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input checked="" type="checkbox"/>	Coverage Forms and Endorsements
<input checked="" type="checkbox"/>	Limits/Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property/Located Description	<input type="checkbox"/>	Classification/Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
				\$ 351.38	\$

POLICY CHANGES ENDORSEMENT DESCRIPTION

Each Occurrence Limit:	\$ 1000000
Damage to Premises Rented to You Limit:	\$ 100000 Any one premises
Medical Expense Limit:	\$ 5000 Any one person
Personal & Advertising Injury Limit:	\$ 1000000 Any one person or organization
General Aggregate Limit:	\$ 2000000
Products/Completed Operations Aggregate Limit:	\$ Products-completed operations are subject to the General Aggregate Limit
Supplemental Business Personal Property Floater Coverage Limit:	\$ 25000
Supplemental Business Personal Property Floater Coverage Deductible:	\$ 500

It is hereby understood and agreed that the changes shown above, as appropriate, apply only to:

1. an offense arising out of your business that caused a "personal and advertising injury";
2. an "occurrence" that caused "bodily injury" or "property damage"; or
3. an accident that caused "bodily injury"

that takes place on or after the effective date of this endorsement.

It is understood and agreed that effective October 04, 2018, Endorsement # 23 entitled Supplemental Business Personal Property Floater Coverage is added in its entirety. In addition, Endorsement # 20 entitled Disclosure Pursuant to Terrorism Risk Insurance Act has been deleted and is replaced in its entirety by attached Endorsement # 22 entitled Disclosure Pursuant to Terrorism Risk Insurance Act.

All other terms and conditions remain unchanged.



Hiscox Insurance Company Inc.

Policy Number: UDC-2022164-CGL-18
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 22
Endorsement Effective: October 04, 2018

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I

Terrorism Premium (Certified Acts) \$ 8.95

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):

Additional information, if any, concerning the terrorism premium:

SCHEDULE – PART II

Federal share of terrorism losses 85% year 2015; 84% year 2016; 83% year 2017; 82% year 2018; 81% year 2019 and 80% year 2020.

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

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Hiscox Insurance Company Inc.

Policy Number: UDC-2022164-CGL-18
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 23
Endorsement Effective: October 04, 2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUPPLEMENTAL BUSINESS PERSONAL PROPERTY FLOATER COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The terms and conditions of the Commercial General Liability Form and the following terms and conditions all apply to this Coverage. Words and phrases that appear in quotes are defined in the Commercial General Liability Form or this form and are given their defined meaning.

SCHEDULE

Table with 2 columns: Limit of Insurance (per "occurrence") and Deductible (per "occurrence"). Values: \$ 25000 and \$ 500.

COVERAGE D – SUPPLEMENTAL BUSINESS PERSONAL PROPERTY COVERAGE FLOATER

1. Insuring Agreement – WHAT WE COVER

We will pay for direct physical loss or damage to "computer equipment" or "contents" caused by an "occurrence".

2. What We Will Pay

If you have first paid the deductible stated in the Schedule, we will pay the following amounts up to the Limit of Insurance stated in the Schedule. Loss or damage to "contents" and "computer equipment" away from the premises shall be subject to a sublimit of \$ 2500.00, which shall be part of, and not in addition to the Limit of Insurance shown in the Schedule.

a. For loss or damage to "computer equipment" or "contents" you own, we will pay the lesser of:

- (1) the cost to repair the "computer equipment" and "contents"; or
(2) the "replacement cost" of the "computer equipment" and "contents".

b. For loss or damage to "computer equipment" or "contents" you do not own that are in your care, custody or control, we will pay the least of:

- (1) the cost to repair the "computer equipment" and "contents";
(2) the "replacement cost" of the "computer equipment" and "contents"; or

(3) the amount for which you are legally liable for the "computer equipment" and "contents".

If the lowest amount is "replacement cost", we will pay the "actual cash value" as of the date of loss and then pay the difference between "actual cash value" and "replacement cost" if you replace the "computer equipment" or "contents" within one year from the date of the "occurrence".

3. Exclusions – What We Do Not Cover

a. We will pay only for loss or damage to the "computer equipment" or "contents" themselves. We will not pay for any loss or damage caused by or ensuing from loss or damage to "computer equipment" or "contents", including without limitation:

- (1) personal injury;
- (2) property damage to property other than "computer equipment" or "contents";
- (3) loss of or damage to electronic data, applications or systems; or
- (4) economic loss or damage, including loss of use, loss of market or business interruption.

b. We will not pay for loss or damage to "computer equipment" attributable solely to wear and tear, deterioration or inherent fault.

DEFINITIONS

1. "Actual cash value" means the fair market value of the lost or damaged property as of the date of the "occurrence" taking into account deterioration, depreciation and obsolescence.

2. "Computer equipment" means the following equipment used primarily in your business:

a. hardware capable of accepting information, processing it according to a plan, and producing the desired results (including without limitation desktop and laptop computers, electronic tablets and mobile phones), as well as related peripheral equipment, including without limitation

printers, video display monitors, modems, surge protectors, keyboards, routers and servers;

b. air conditioning and fire protection equipment used exclusively in computer operations; and

c. telephone systems and their component parts that you own.

3. "Contents" means all business personal property used primarily in your business.

4. "Replacement cost" means the cost to replace lost or damaged property with property of like kind, quality and utility, without deduction for deterioration, depreciation or obsolescence. Replacement cost will be valued as of the date of the "occurrence".



GET THE RIGHT INSURANCE, RIGHT NOW®

Declarations Page

Businessowners Insurance Declarations

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.

Policy No.:

Named Insured:

Address:

Policy period: From: To:

At 12:01 A.M. (Standard Time) at the address shown above.

Form of Business:

Premises Information: Premises Number: Building Number:

Premises Address:

Section I - Property

Property Coverage Limits of Insurance

Premises Number: Building Number:

Limit of Insurance:

Covered Property:

Deductibles (Apply per location , per occurrence):

Premises Number:

Deductible:

Optional Coverage/ Glass Deductible:

Additional Coverages - No Optional Higher Limits or extended number of days apply

Coverage Extensions - No Optional Higher Limits apply

Optional Coverages do not apply

Section II - Liability and Medical Expenses



HISCOX INSURANCE COMPANY INC. (A Stock Company)
104 South Michigan Avenue, Suite 600, Chicago, Illinois 60603

Liability and Medical Expenses:	\$ 2,000,000	Per Occurrence
Products/Completed Operations Aggregate:	\$ 2,000,000	
Other Than Products/Completed Operations Aggregate:	\$ 2,000,000	
Damage to Premises Rented to You:	\$ 100,000	Any one premises
Medical Expenses:	\$ 5,000	Per Person

Total Premium: \$ 574.00

Attachments: See attached Forms and Endorsements Schedule.

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative

Forms and Endorsements Schedule

Forms and Endorsements made part of this policy at time of issue:

BOP D001 01 10 - Businessowners Insurance Declarations
BP 00 03 01 10 - Business Owners Policy Coverage Form
BOP E5422 CW (02/15) - Blanket Additional Insured - Lessors of Premises, Clients
BOP E5201 CW (03/10) - Aggregate Limit Endorsement (Single Limit)
BOP E5207 CW (03/10) - Exclusion - Damage to Primary Residence
BP 06 86 01 10 - Hired Auto and Non-Owned Coverage
BP 05 23 01 15 - Cap On Losses From Certified Acts Of Terrorism
BP 05 15 01 15 - Disclosure Pursuant To Terrorism Risk Insurance Act
BP 05 01 07 02 - Calculation of Premium
BP 04 54 01 06 - Newly Acquired Organizations
BOP E5215 CW (03/10) - Right and Duty to Select Defense Counsel
BOP E5214 CW (03/10) - Notice Information
BOP E5211 CW (03/10) - Exclusion - Intercompany Products Suits
BP 01 55 04 06 - California Changes
BOP E5208 CW (03/10) - Definition of Employee
BOP E5206 CW (03/10) - Exclusion - Personal Information
BOP E5212 CW (03/10) - Lock and Key Replacement
BOP E5205 CW (03/10) - Cancellation Provision (14 Day Full Refund)
BP 05 95 01 06 - Electronic Data Liability
BOP E5633 CW (10/16) - Personal Property Off-Premises Coverage Extension
INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice



GET THE RIGHT INSURANCE, RIGHT NOW®

Endorsements



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 1
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED –LESSORS OF PREMISES,
CLIENTS**

BUSINESSOWNERS COVERAGE FORM

A. The following is added to Paragraph C. **Who Is An Insured in Section II – Liability:**

3. If you have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this insurance, the following persons or organizations are added to this policy as additional insureds:

a. Any person or organization from whom you lease any premises, but only with respect to liability arising out the ownership, maintenance, or use of that part of the premises leased to you.

However, this insurance does not apply to any structural alterations, new construction, or demolition operations performed by or on behalf of the additional insured.

A person or organization's status as an additional insured under this subsection a. ends when you cease to be a tenant in the premises.

b. Any person or organization for whom you are performing operations, but only with respect to liability arising out of:

(1) Your acts or omissions or of those acting on your behalf; and

(2) The performance of your ongoing operations for the additional insured.

A person or organization's status as an additional insured under this subsection b. ends when your operations for that additional insured are completed.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 2
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGGREGATE LIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Subparagraph 4. **Aggregate Limits** in paragraph D. **Liability and Medical Expenses Limits of Insurance of Section II – Liability** is deleted and replaced with the following:

4. Aggregate Limits

The most we will pay for all:

- (1) "Bodily injury" and "property damage";
- (2) Plus medical expenses;
- (3) Plus all "personal and advertising injury" caused by offenses committed;

is the Liability and Medical Expenses limit.

The Damage To Premises Rented To You Limit is the most we will pay for damages because of

"property damage" to any one premises, while rented to you, or in the case of fire, while rented to you or temporarily occupied by you with permission of the owner.

The Limits of Insurance of Section II – Liability apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 3
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DAMAGE TO PRIMARY RESIDENCE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

With respect to a premises that is an insured's primary residence:

- A. The last paragraph ("Exclusions c., d., e., f., g., h., i., k., l., m., n. and o. in **Section II – Liability** do not apply . . .") of Paragraph **B. Exclusions, 1. Applicable to Business Liability Coverage** under **Section II – Liability** is deleted.
- B. The first exception ("Paragraphs (1), (3) and (4) of this exclusion do not apply . . .") to Exclusion **k. Damage To Property** of Paragraph **B. Exclusions, 1. Applicable to Business Liability Coverage** of **Section II – Liability** is deleted.
- C. Subparagraph 3. in paragraph **D. Liability and Medical Expenses Limits of Insurance** of **Section II – Liability** is deleted.
- D. Any reference in the Declarations to "Damage To Premises Rented To You" is deleted.



Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 4
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA – HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Table with 2 columns: Coverage, Additional Premium. Row 1: A. Hired Auto Liability, \$154.00. Row 2: B. Non-owned Auto Liability, \$0.00.

A. Throughout this endorsement the term spouse means:

Spouse or a registered domestic partner under California law.

B. Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.

1. Hired Auto Liability

The insurance provided under Paragraph A.1. Business Liability in Section II – Liability applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

2. Non-owned Auto Liability

The insurance provided under Paragraph A.1. Business Liability in Section II – Liability applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

C. For insurance provided by this endorsement only:

1. The exclusions under Paragraph B.1. Applicable To Business Liability Coverage in Section II – Liability, other than Exclusions a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and

- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers' compensation law.

b. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

2. Paragraph C. Who Is An Insured in Section II – Liability is replaced by the following:

1. Each of the following is an insured under this endorsement to the extent set forth below:

- a. You;
- b. Any other person using a "hired auto" with your permission;
- c. For a "non-owned auto":
 - (1) Any partner or "executive officer" of yours; or
 - (2) Any "employee" of yours; but only while such "non-owned auto" is being used in your business; and
- d. Any other person or organization, but only for their liability because of acts or omissions of an insured under a., b. or c. above.

2. None of the following is an insured:

- a. Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;

- b. Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;

- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or

- e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

D. For the purposes of this endorsement only, Paragraph H. Other Insurance in Section III – Common Policy Conditions is replaced by the following:

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

E. The following additional definitions apply:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".

2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.

3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 5
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following provisions are added to the Businessowners Policy and apply to Property and Liability Coverages:

A. CAP ON CERTIFIED TERRORISM LOSSES

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B.

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for loss or injury or damage that is otherwise excluded under this Policy.



Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 6
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Table with 2 parts: SCHEDULE - PART I (Terrorism Premium (Certified Acts) \$ 6.00) and SCHEDULE - PART II (Federal share of terrorism losses percentages for years 2015-2020).

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

**C. Cap On Insurer Participation In Payment Of
Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 7
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 8
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEWLY ACQUIRED ORGANIZATIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph C. **Who Is An Insured** in **Section II – Liability**:

3. Any organization you newly acquire or form, other than a partnership, joint venture, or limited liability company and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. Paragraph A.1. **Business Liability** does not apply to:

- (1) "Bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- (2) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture, or limited liability company that is not shown as a Named Insured in the Declarations.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 9
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RIGHT AND DUTY TO SELECT DEFENSE COUNSEL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

In regard to any covered "suit" seeking damages under **Section II – Liability 1. Business Liability**, our right and duty to defend shall include the right to select defense counsel.

In regard to any suit arising from claims of owners of property that we elect to defend under subparagraph f. of paragraph **5. Loss Payment** of **Section I – Property E. Property Loss Conditions**, our election to defend such suits shall include the right to select defense counsel.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 10
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE INFORMATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Where To Send Notice

Phone: 866-424-8508
Email: reportclaim@hiscox.com
Mail: Hiscox
520 Madison Avenue-32nd Floor
Attn: Direct Claims
New York, NY, 10022

Subparagraph 3. Duties In The Event Of Loss Or Damage in paragraph E. Property Loss Conditions of Section I – Property and Subparagraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit in paragraph E. Liability And Medical Expenses General Conditions of Section II – Liability are amended to include the following:

Any notification required by this policy shall be provided to us at the address listed in the above SCHEDULE.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 11
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – INTERCOMPANY PRODUCTS SUITS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to paragraph **B. Exclusions**
1. Applicable To Business Liability Coverage of
Section II – Liability:

Intercompany Product Suits

This insurance does not apply to any claim for damages by any Named Insured against another Named Insured because of "bodily injury" or "property damage" arising out of "your products" and included within the "products-completed operations hazard".



Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 12
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Section I – Property is amended as follows:

1. With respect to an "open policy", the following is added to any provision which uses the term actual cash value:

a. In the event of a total loss to a building or structure, actual cash value is calculated as the Limit of Insurance applicable to that building or structure or the fair market value of the building or structure, whichever is less.

b. In the event of a partial loss to a building or structure, actual cash value is calculated as **b.(1)** or **b.(2)**, whichever is less:

(1) The amount it would cost to repair, rebuild or replace the property less a fair and reasonable deduction for physical depreciation of the components of the building or structure that are normally subject to repair or replacement during its useful life. Physical depreciation is based upon the condition of the property at the time of loss;

(2) The Limit of Insurance applicable to the property.

c. In the event of a partial or total loss to Covered Property other than a building or structure, actual cash value is calculated as **c.(1)** or **c.(2)**, whichever is less:

(1) The amount it would cost to repair or replace the property less a fair and reasonable deduction for physical depreciation, based on the condition of the property at the time of loss;

(2) The Limit of Insurance applicable to the property.

d. An "open policy" is a policy under which the value of Covered Property is not fixed at policy inception, but is determined at the time of loss in accordance with policy provisions on valuation.

2. Paragraph **E.2. Appraisal** Property Loss Conditions is replaced by the following:

2. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written request for an appraisal of the loss. If the request is accepted, each party will select a competent and impartial appraiser. Each party shall notify the other of the appraiser selected within 20 days of the request. The two appraisers will select an umpire. If they cannot agree within 15 days, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

a. Pay its chosen appraiser; and

b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny the claim.

3. Paragraph **E.5.d.(1)(c)** of the **Loss Payment** Condition is deleted.

4. Paragraphs **E.5.d.(1)(d)** and **E.5.d.(5)** of the **Loss Payment Condition** are replaced as follows:

(d) We will not pay on a replacement cost basis for any loss or damage until the lost or damaged property is actually repaired or replaced. Prior to such repair or replacement, we will pay the actual cash value of the lost or damaged property as described in Paragraph **A.1.** of this endorsement. If the actual cash value does not exhaust the applicable limit of insurance, we will then pay the difference between the actual cash value and the replacement cost, provided that the repair or replacement is completed:

- (i) Within 12 months after we pay the actual cash value; or
- (ii) Within 24 months after we pay the actual cash value if the loss or damage relates to a state of emergency as described in Section 8558 of the Government Code;

unless we extend the time period for good cause.

Nothing in this Paragraph (d) constitutes a waiver of our right to deny the claim for any valid reason or to restrict payment in cases of suspected fraud.

(5) **Tenants' Improvements and Betterments** at:

- (a) Replacement cost in accordance with the terms set forth in Paragraph (d) above.
- (b) A proportion of your original cost if the property is not repaired or replaced. We will determine the proportionate value as follows:
 - (i) Multiply the original cost by the number of days from the loss or damage to the expiration of the lease; and
 - (ii) Divide the amount determined in (i) above by the number of days from the installation of improvements to the expiration of the lease.

If your lease contains a renewal option, the expiration of the renewal option period will replace the expiration of the lease in this procedure.

(c) Nothing if others pay for repairs or replacement.

B. Section II – Liability is amended as follows:

The term spouse is replaced by the following:

Spouse or a registered domestic partner under California law.

C. Section III – Common Policy Conditions is amended as follows:

1. Paragraphs **A.2.** and **A.3. Cancellation** are replaced by the following:

2. All Policies In Effect For 60 Days Or Less

If this policy has been in effect for 60 days or less, and is not a renewal of a policy we have previously issued, we may cancel this policy by mailing or delivering to the first Named Insured at the mailing address shown in the policy and to the producer of record, advance written notice of cancellation, stating the reason for cancellation, at least:

a. 10 days before the effective date of cancellation if we cancel for:

- (1) Nonpayment of premium; or
- (2) Discovery of fraud by:
 - (a) Any insured or his or her representative in obtaining this insurance; or
 - (b) You or your representative in pursuing a claim under this policy.

b. 30 days before the effective date of cancellation if we cancel for any other reason.

3. All Policies In Effect For More Than 60 Days

a. If this policy has been in effect for more than 60 days, or is a renewal of a policy we issued, we may cancel this policy only upon the occurrence, after the effective date of the policy, of one or more of the following:

- (1) Nonpayment of premium, including payment due on a prior policy we issued and due during the current policy term covering the same risks.

- (2) Discovery of fraud or material misrepresentation by:
 - (a) Any insured or his or her representative in obtaining this insurance; or
 - (b) You or your representative in pursuing a claim under this policy.
- (3) A judgment by a court or an administrative tribunal that you have violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against.
- (4) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by you or your representative, which materially increase any of the risks insured against.
- (5) Failure by you or your representative to implement reasonable loss control requirements, agreed to by you as a condition of policy issuance, or which were conditions precedent to our use of a particular rate or rating plan, if that failure materially increases any of the risks insured against.
- (6) A determination by the Commissioner of Insurance that the:
 - (a) Loss of, or changes in, our reinsurance covering all or part of the risk would threaten our financial integrity or solvency; or
 - (b) Continuation of the policy coverage would:
 - (i) Place us in violation of California law or the laws of the state where we are domiciled; or
 - (ii) Threaten our solvency.
- (7) A change by you or your representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, unless the added, increased or changed risk is included in the policy.
 - b. We will mail or deliver advance written notice of cancellation, stating the reason for cancellation, to the first Named Insured, at the mailing address shown in the policy, and to the producer of record, at least:
 - (1) 10 days before the effective date of cancellation if we cancel for non-payment of premium or discovery of fraud; or
 - (2) 30 days before the effective date of cancellation if we cancel for any other reason listed in Paragraph 3.a.

2. The following provision is added to Paragraph A. Cancellation:

7. Residential Property

This provision applies to coverage on real property which is used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household personal property in a residential unit. If such coverage has been in effect for 60 days or less and is not a renewal of coverage we previously issued, we may cancel this coverage for any reason, except that we may not cancel this policy solely because:

- a. Corrosive soil conditions exist on the premises; or
- b. The first Named Insured has:
 - (1) Accepted an offer of earthquake coverage; or
 - (2) Cancelled or did not renew a policy issued by the California Earthquake Authority (CEA) that included an earthquake policy premium surcharge.

However, we shall cancel this policy if the first Named Insured has accepted a new or renewal policy issued by the CEA that includes an earthquake policy premium surcharge but fails to pay the earthquake policy premium surcharge authorized by the CEA.

3. Paragraph **C. Concealment, Misrepresentation Or Fraud** is replaced by the following with respect to loss or damage caused by fire:

We do not provide coverage to the insured who, whether before or after a loss, has committed fraud or intentionally concealed or misrepresented any material fact or circumstance concerning:

- a. This policy;
- b. The Covered Property;
- c. That insured's interest in the Covered Property; or
- d. A claim under this policy.

4. Paragraph **C. Concealment, Misrepresentation Or Fraud** is replaced by the following with respect to loss or damage caused by a Covered Cause of Loss other than fire:

This policy is void if any insured, whether before or after a loss, has committed fraud or intentionally concealed or misrepresented any material fact or circumstance concerning:

- a. This policy;
- b. The Covered Property;
- c. An insured's interest in the Covered Property; or
- d. A claim under this policy.

5. Paragraph **H.1. Other Insurance** is replaced by the following (with respect to coverage provided under Section I – Property):

If there is other insurance covering the same loss or damage, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable limit of insurance bears to the limits of insurance of all insurance covering on the same basis.

We will not pay more than the applicable Limit of Insurance of Section I – Property.

6. The following paragraph is added and supersedes any provisions to the contrary:

M. Nonrenewal

1. Subject to the provisions of Paragraphs 2. and 3. below, if we elect not to renew this policy, we will mail or deliver written notice stating the reason for nonrenewal to the first Named Insured shown in the Declarations and to the producer of record, at least 60 days, but not more than 120 days, before the expiration or anniversary date.

We will mail or deliver our notice to the first Named Insured, and to the producer of record, at the mailing address shown in the policy.

2. Residential Property

This provision applies to coverage on real property used predominantly for residential purposes and consisting of not more than four dwelling units, and to coverage on tenants' household property contained in a residential unit.

We may elect not to renew such coverage for any reason, except that we will not refuse to renew such coverage solely because:

- a. The first Named Insured has accepted an offer of earthquake coverage.

However, the following applies only to insurers who are associate participating insurers as established by Cal. Ins. Code Section 10089.16. We may elect not to renew such coverage after the first Named Insured has accepted an offer of earthquake coverage, if one or more of the following reasons applies:

- (1) The nonrenewal is based on sound underwriting principles that relate to the coverages provided by this policy and that are consistent with the approved rating plan and related documents filed with the Department of Insurance as required by existing law;
- (2) The Commissioner of Insurance finds that the exposure to potential losses will threaten our solvency or place us in a hazardous condition. A hazardous condition includes, but is not limited to, a condition in which we make claims payments for losses resulting from an earthquake that occurred within the preceding two years and that required a reduction in policyholder surplus of at least 25% for payment of those claims; or
- (3) We have:
 - (a) Lost or experienced a substantial reduction in the availability or scope of reinsurance coverage; or

- (b) Experienced a substantial increase in the premium charged for reinsurance coverage of our residential property insurance policies; and
the Commissioner has approved a plan for the nonrenewals that is fair and equitable, and that is responsive to the changes in our reinsurance position.
 - b. The first Named Insured has cancelled or did not renew a policy, issued by the California Earthquake Authority that included an earthquake policy premium surcharge.
 - c. Corrosive soil conditions exist on the premises.
3. We are not required to send notice of nonrenewal in the following situations:
- a. If the transfer or renewal of a policy, without any changes in terms, conditions, or rates, is between us and a member of our insurance group.
 - b. If the policy has been extended for 90 days or less, provided that notice has been given in accordance with Paragraph 1.
 - c. If you have obtained replacement coverage, or if the first Named Insured has agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
 - d. If the policy is for a period of no more than 60 days and you are notified at the time of issuance that it will not be renewed.
 - e. If the first Named Insured requests a change in the terms or conditions or risks covered by the policy within 60 days of the end of the policy period.
 - f. If we have made a written offer to the first Named Insured, in accordance with the timeframes shown in Paragraph 1., to renew the policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 13
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFINITION OF EMPLOYEE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

With respect to **Section II – Liability**, Definition 5. “Employee” in Paragraph F. **Liability And Medical Expenses Definitions** is deleted and replaced with the following:

5. “Employee” includes a “leased worker” and a “temporary worker”.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 14
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – PERSONAL INFORMATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to paragraph **B. Exclusions**
1. Applicable To Business Liability Coverage of
Section II – Liability:

Personal Information

This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” caused by the insured’s failure to protect any non-public, personally identifiable information in the insured’s care, custody or control.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 15
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOCK AND KEY REPLACEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I – Property, A. Coverage, paragraph 6. **Coverage Extensions** is amended to add the following:

Lock and Key Replacement

1. You may extend the insurance provided by this policy to apply to the:
 - (1) replacement of stolen keys;
 - (2) repair of locks;
 - (3) replacement of lock sets due to a breach of building security.
2. The most we will pay for loss or damage under this Extension is \$1,000 unless a higher Limit of Insurance for Lock and Key Replacement is shown in the Declarations.
3. No Deductible applies to this Extension.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 16
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION PROVISION (14 DAY FULL REFUND)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

In paragraph A. **Cancellation of Section III – COMMON POLICY CONDITIONS (APPLICABLE TO SECTION I – PROPERTY AND SECTION II – LIABILITY)**, subparagraph 5. is deleted in its entirety and replaced with the following:

5. If this Policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata.

If the first Named Insured cancels, the refund may be less than pro rata. However, if the first Named Insured cancels within 14 days of the inception of the policy period shown in the Declarations

without there having been: (i) a Covered Cause of Loss; (ii) an offense arising out of your business that caused a "personal and advertising injury"; or (iii) an "occurrence" that caused "bodily injury" or "property damage"; or (iv) an accident that caused "bodily injury"; then we shall return in full any premium amount actually paid to us. In such event, the effective date of cancellation shall be deemed to be the inception date of the policy period shown in the Declarations.

The cancellation will be effective even if we have not made or offered a refund.



Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 17
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELECTRONIC DATA LIABILITY – LIMITED COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Table with 1 row: Loss Of Electronic Data Limit: \$ 25,000. Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. Exclusion 1.q. is replaced by the following:

1. Exclusions

This insurance does not apply to:

q. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate "electronic data" that does not result from physical injury to tangible property.

B. The following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance:

Subject to 2. and 4. above, the Loss Of Electronic Data Limit shown in the Schedule above is the most we will pay under Paragraph A.1. Business Liability for "property damage" because of all loss of "electronic data" arising out of any one "occurrence".

C. The following definition is added to Paragraph F. Liability And Medical Expenses Definitions:

"Electronic data" means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

D. For the purposes of the coverage provided by this endorsement, Paragraph F.17. Liability And Medical Expenses Definitions is replaced by the following:

17. "Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it;
b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it; or
c. Loss of, loss of use of, damage to, corruption of, inability to access, or inability to properly manipulate "electronic data", resulting from physical injury to tangible property. All such loss of "electronic data" shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, "electronic data" is not tangible property.



Hiscox Insurance Company Inc.

Policy Number: UDC-4173159-BOP-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 18
Endorsement Effective: May 29, 2019

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PERSONAL PROPERTY OFF-PREMISES COVERAGE
EXTENSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Personal Property Off-premises:	\$ 15,000
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

In **Section 1 – Property, A. Coverage**, paragraph 6. **Coverage Extensions, b. Personal Property Off-premises**, the last sentence beginning with “The most we will pay” is deleted in its entirety and replaced with the following:

The most we will pay for loss or damage under this Extension is the amount shown in the Schedule.

All other terms and conditions remain unchanged.

Professional Liability Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

Policy No.:	UDC-4173159-EO-19	
1. Named Insured:	Sonja Biggs Educational Services	
2. Address:	7483 Dornoch Ct GILROY, CA 95020	
3.A. Limit of Liability:	\$ 1,000,000	Each Claim
3.B.	\$ 1,000,000	Aggregate for all Claims
4. Deductible:	\$ 500	Each Claim
5. Notice:	Phone: 866-424-8508 Email: reportclaim@hiscox.com Mail: Hiscox 520 Madison Avenue-32nd Floor Attn: Direct Claims New York, NY, 10022	
6. Policy period:	From: May 29, 2019	To: May 29, 2020
At 12:01 A.M. (Standard Time) at the address shown above.		
7. Retroactive Date:	July 1, 2012	
8. Premium:	\$ 2,064.00	
9. Attachments:		

DPL D001 CW (01/10) - Professional Liability Errors & Omissions Insurance Declarations
 DPL P001 CW (05/13) - Professional Liability Coverage Form
 DPL E5011 CW (01/10) - Education Consulting Services Endorsement
 DPL E5102 CA (01/10) - California Amendatory Endorsement
 DPL E5424 CW (02/15) - Blanket Additional Insured Endorsement (PL)
 INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

Bijin Wat

President

[Signature]

Secretary

[Signature]

Authorized Representative

Endorsements

Endorsement 1

NAMED INSURED: Sonja Biggs Educational Services

E5011.1 Education Consulting Services Endorsement

Page 1 of 2

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph O., "**Professional Services**," is amended to read as follows:

O. **Professional Services** means the below listed services performed for others for compensation:

1. education consulting services, including but not limited to:
 - a. advising on general business operations, strategy, organizational structure, human resources, curriculum, systems or ecological/"green" issues; and
 - b. project management.

2. Clause III. **EXCLUSIONS** is amended to include the following at the end thereof:

This Policy does not apply to and **We** shall have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

EC-A. based upon or arising out of any actual or alleged commingling of or inability or failure to safeguard funds.

EC-B. based upon or arising out of any actual or alleged compilation of audited financial statements.

EC-C. based upon or arising out of any actual or alleged performance or failure to perform audit attestation services.

EC-D. based upon or arising out of any actual or alleged performance or failure to perform investment advisory services, including but not limited to the following:

1. the selection of any investment manager, investment advisory, custodial or similar firm;
2. the promise or guarantee of the future performance of value of investments, or rate of return or interest;
3. the fluctuation in the value of any security;
4. any failure of investments to perform as expected or desired; or
5. acting as an investment advisor as defined in Section 202 (11) of the Investment Advisors Act of 1940.

EC-E. based upon or arising out of any actual or alleged services in connection with mergers and/or acquisitions.

EC-F. based upon or arising out of any actual or alleged services in connection with the valuation of any entity or tangible or intangible property.

EC-G. based upon or arising out of any actual or alleged promise, warranty or guarantee of the future value of any real or personal property.

All other terms and conditions remain unchanged.

Hiscox Insurance Company Inc.



Endorsement 1

NAMED INSURED: Sonja Biggs Educational Services

E5011.1 Education Consulting Services Endorsement

Page 2 of 2

Endorsement effective: May 29, 2019
Endorsement No: 1

Policy No.: UDC-4173159-EO-19



By: Kevin Kerridge
(Appointed Representative)

DPL E5011 CW (01/10)

Endorsement 2

NAMED INSURED: Sonja Biggs Educational Services

E5102.1 California Amendatory Endorsement

Page 1 of 3

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY - ERRORS AND OMISSIONS INSURANCE

In consideration of the premium charged, it is understood and agreed that the Policy is modified as follows:

1. Section V. **OTHER MATTERS AFFECTING COVERAGE** is amended to include the following at the end thereof:

CANCELLATION

Notice of Cancellation

- A. The **Named Insured** may cancel this Policy by giving **Us** advance written notice stating when thereafter such cancellation shall be effective. If the **Named Insured** cancels this Policy, the refund may be less than pro rata. Provided, however, if this Policy shall be cancelled by the **Named Insured** within 14 days of the inception of the **Policy Period** without having submitted a **Claim**, **We** shall return in full any premium amount actually paid to **Us**. In such event, the effective date of cancellation shall be deemed to be the inception date of the **Policy Period**.

- B. **Policies In Effect For 60 Days or Less**

If this Policy has been in effect for sixty (60) days or less, and is not a renewal of a Policy **We** have previously issued, **We** may cancel this Policy by mailing or delivering to the **Named Insured** at the mailing address shown in the Declarations and to the producer of record, if any, advance written notice of cancellation stating the reason for cancellation at least :

Ten (10) days before the effective date of cancellation if **We** cancel for:

- (a) Non-payment of premium; or
- (b) Discovery of fraud by:
 - i. The **Insured** or the **Insured's** representative in obtaining this insurance; or
 - ii. The **Insured** or the **Insured's** representative in pursuing a **Claim** under the Policy.

Thirty (30) days before the effective date of cancellation if **We** cancel for any other reason.

- C. **Policies In Effect For More Than 60 Days**

If this Policy has been in effect for more than sixty (60) days, **We** may also cancel this Policy by mailing or delivering to the **Named Insured** at the address shown in the Declarations, the producer of record, if any, written notice, including the reason for cancellation, stating when not less than thirty (30) days thereafter (or ten (10) days thereafter when cancellation is due to non-payment of premium or discovery of fraud), the cancellation shall be effective.

We may only cancel this Policy for one or more of the following reasons:

- (a) Nonpayment of premium, including payment due on a prior policy issued by **Us** and due during the current policy term covering the same risks;
- (b) Discovery of fraud or material misrepresentation by:
 - i. The **Insured** or the **Insured's** representative in obtaining this insurance; or
 - ii. The **Insured** or the **Insured's** representative in pursuing a **Claim** under the Policy.

Endorsement 2

NAMED INSURED: Sonja Biggs Educational Services

E5102.1 California Amendatory Endorsement

Page 2 of 3

- (c) A judgment by a court or an administrative tribunal that the **Insured** has violated a California or Federal law, having as one of its necessary elements an act which materially increases any of the risks insured against;
 - (d) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by the **Insured** or the **Insured's** representative, which materially increase any of the risks insured against;
 - (e) Failure by the **Insured** or the **Insured's** representative to implement reasonable loss control requirements, agreed to by the **Insured** as a condition of policy issuance, or which were conditions precedent to **Our** use of a particular rate or rating plan, if that failure materially increases any of the risks insured against;
 - (f) A determination by the Commissioner of Insurance that the
 - i. Loss of, or changes in, **our** reinsurance covering all or part of the risk would threaten **Our** financial integrity or solvency; or
 - ii. Continuation of the policy coverage would:
 - a. Place **Us** in violation of California law or the laws of the state where **We** are domiciled; or
 - b. Threaten **Our** solvency.
 - (g) A change by the **Insured** or the **Insured's** representative in the activities or property of the commercial or industrial enterprise, which results in a materially added, increased or changed risk, is included in the Policy.
- D. The mailing of the notice of cancellation shall be sufficient proof of notice and this Policy shall terminate at the date and hour specified in such notice. If **We** cancel this Policy, any return premium shall be calculated pro rata. Payment or tender of any unearned premium by **Us** shall not be a condition precedent to the effectiveness of the cancellation, but such payment shall be made as soon as practicable.

Nonrenewal

- A. If **We** elect not to renew this Policy, **We** will mail or deliver to the **Named Insured** written notice of nonrenewal, stating the reason for nonrenewal, not less than sixty (60) days, but not more than one hundred twenty (120) days before the end of the **Policy Period**.

We will mail the notice of nonrenewal to the **Named Insured** at the last mailing address known **Us**. If the notice of nonrenewal is mailed, proof of mailing will be sufficient proof of notice.

- B. **We** are not required to send notice of nonrenewal in the following situations:
- (a) If the transfer or renewal of a policy, without any changes in terms, conditions or rates, is between **Us** and a member of **Our** insurance group.
 - (b) If the policy has been extended for 90 days or less, provided that notice has been given in accordance with paragraph A above.

Endorsement 2

NAMED INSURED: Sonja Biggs Educational Services

Page 3 of 3

E5102.1 California Amendatory Endorsement

- (c) If the **Named Insured** has obtained replacement coverage, or if the **Named Insured** has agreed, in writing, within 60 days of the termination of the Policy, to obtain that coverage.
 - (d) If the Policy is for a period of no more than 60 days and the **Named Insured** is notified at the time of issuance that it will not be renewed.
 - (e) If the **Named Insured** requests a change in the terms or conditions or risks covered by the Policy within 60 days of the end of the **Policy Period**.
 - (f) If **We** made a written offer to the **Named Insured**, in accordance with the timeframes shown in paragraph A above, to renew the Policy under changed terms or conditions or at an increased premium rate, when the increase exceeds 25%.
2. Section VII. **DEFINITIONS**, Paragraph E **Damages**, is modified to the extent necessary to provide the following:
- Punitive and exemplary damages shall not be insurable in cases where California law governs the **Claim**.
3. The Policy is amended by adding the following Clause at the end thereof:

Policy Conflicts

To the extent any term or condition contained in the Policy or any Endorsement attached thereto conflicts with any term or condition contained in this or any other State Amendatory Endorsement attached to the Policy, such terms and conditions most favorable to the Insured shall apply.

All other terms and conditions remain unchanged.

Endorsement effective: May 29, 2019
Endorsement No: 2

Policy No.: UDC-4173159-EO-19



By: Kevin Kerridge
(Appointed Representative)

DPL E5102 CA (01/10)



Hiscox Insurance Company

Policy Number: UDC-4173159-EO-19
Named Insured: Sonja Biggs Educational Services
Endorsement Number: 3
Endorsement Effective: May 29, 2019

E5424.1 Blanket Additional Insured Endorsement (PL)

In consideration of the premium charged and on the understanding that this endorsement leaves all other terms, conditions, and exclusions unchanged, it is agreed that the Professional Liability – US Direct Errors and Omissions Insurance policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph V., “**You**’ or ‘**Your**’,” is amended to include the following at the end thereof:

You or **Your** shall also include any **Additional Insured** but only for the **Wrongful Acts** of those contemplated in paragraphs 1., 2. or 3. of the definition of “**You**’ or ‘**Your**”:

2. The following definition is added to Clause VI. **DEFINITIONS**:

AI-A. **Additional Insured** means any person(s) or organization(s) with whom **You** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Policy, provided the contract or agreement:

1. is currently in effect or becomes effective during the **Policy Period**; and
2. was executed before the **Professional Services** from which the **Claim** arises were performed.

3. In Clause III. **EXCLUSIONS**, paragraph F. is deleted in its entirety and replaced with the following:

F. brought by or on behalf of one **Insured** against another **Insured**; provided, however, this Exclusion will not apply to any **Claim** brought by an **Additional Insured** in any capacity other than that of an **Additional Insured**.

All other terms and conditions remain unchanged.

Notices

ECONOMIC AND TRADE SANCTIONS POLICYHOLDER NOTICE

Hiscox is committed to complying with the U.S. Department of Treasury Office of Foreign Assets Control (OFAC) requirements. OFAC administers and enforces economic sanctions policy based on Presidential declarations of national emergency. OFAC has identified and listed numerous foreign agents, front organizations, terrorists, and narcotics traffickers as Specially Designated Nationals (SDN's) and Blocked Persons. OFAC has also identified Sanctioned Countries. A list of Specially Designated Nationals, Blocked Persons and Sanctioned Countries may be found on the United States Treasury's web site <http://www.treas.gov/offices/enforcement/ofac/>.

Economic sanctions prohibit all United States citizens (including corporations and other entities) and permanent resident aliens from engaging in transactions with Specially Designated Nationals, Blocked Persons and Sanctioned Countries. Hiscox may not accept premium from or issue a policy to insure property of or make a claim payment to a Specially Designated National or Blocked Person. Hiscox may not engage in business transactions with a Sanctioned Country.

A Specially Designated National or Blocked Person is any person who is determined as such by the Secretary of Treasury.

A Sanctioned Country is any country that is the subject of trade or economic embargoes imposed by the laws or regulations of the United States.

In accordance with laws and regulations of the United States concerning economic and trade embargoes, this policy may be rendered void from its inception with respect to any term or condition of this policy that violates any laws or regulations of the United States concerning economic and trade embargoes including, but not limited to the following:

- (1) Any insured under this Policy, or any person or entity claiming the benefits of such insured, who is or becomes a Specially Designated National or Blocked Person or who is otherwise subject to US economic trade sanctions;
- (2) Any claim or suit that is brought in a Sanctioned Country or by a Sanctioned Country government, where any action in connection with such claim or suit is prohibited by US economic or trade sanctions;
- (3) Any claim or suit that is brought by any Specially Designated National or Blocked Person or any person or entity who is otherwise subject to US economic or trade sanctions;
- (4) Property that is located in a Sanctioned Country or that is owned by, rented to or in the care, custody or control of a Sanctioned Country government, where any activities related to such property are prohibited by US economic or trade sanctions; or
- (5) Property that is owned by, rented to or in the care, custody or control of a Specially Designated National or Blocked Person, or any person or entity who is otherwise subject to US economic or trade sanctions.

Please read your Policy carefully and discuss with your broker/agent or insurance professional. You may also visit the US Treasury's website at <http://www.treas.gov/offices/enforcement/ofac/>.