



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2024

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 have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                              |                                                                   |                                                  |                       |       |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|-----------------------|-------|
| <b>PRODUCER</b><br>The Horton Group<br>10320 Orland Parkway<br>Orland Park IL 60467                          | <b>CONTACT NAME:</b><br><b>PHONE (A/C. No. Ext):</b> 708-845-3917 |                                                  | <b>FAX (A/C. No):</b> |       |
|                                                                                                              | <b>E-MAIL ADDRESS:</b> certificates@thehortongroup.com            |                                                  |                       |       |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                         |                                                                   |                                                  | <b>NAIC #</b>         |       |
| <b>INSURED</b><br>Education Parent LP<br>Right at School LLC<br>909 Davis St, Suite 500<br>Evanston IL 60201 | RIGHTS-01                                                         | <b>INSURER A:</b> Philadelphia Insurance Company |                       | 18058 |
|                                                                                                              |                                                                   | <b>INSURER B:</b> Hartford Property & Casualty   |                       | 34690 |
|                                                                                                              |                                                                   | <b>INSURER C:</b>                                |                       |       |
|                                                                                                              |                                                                   | <b>INSURER D:</b>                                |                       |       |
|                                                                                                              |                                                                   | <b>INSURER E:</b>                                |                       |       |
|                                                                                                              |                                                                   | <b>INSURER F:</b>                                |                       |       |

**COVERAGES**

CERTIFICATE NUMBER: 669299185

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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PHPK2624475   | 11/19/2023              | 11/19/2024              | EACH OCCURRENCE                                                                    | \$ 1,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                          | \$ 100,000      |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | MED EXP (Any one person)                                                           | \$ 5,000        |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | PERSONAL & ADV INJURY                                                              | \$ 1,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | GENERAL AGGREGATE                                                                  | \$ 3,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                                                             | \$ 3,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         |                                                                                    | \$              |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                              |           |          | PHPK2624475   | 11/19/2023              | 11/19/2024              | COMBINED SINGLE LIMIT (Ea accident)                                                | \$ 1,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | BODILY INJURY (Per person)                                                         | \$              |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | BODILY INJURY (Per accident)                                                       | \$              |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                                     | \$              |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         |                                                                                    | \$              |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> RETENTION \$ 10,000                                                                                                                                                 |           |          | PHUB889399    | 11/19/2023              | 11/19/2024              | EACH OCCURRENCE                                                                    | \$ 4,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         | AGGREGATE                                                                          | \$ 4,000,000    |
|          |                                                                                                                                                                                                                                                                                                             |           |          |               |                         |                         |                                                                                    | \$              |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                               |           |          | 83WEBA1NH2    | 11/19/2023              | 11/19/2024              | <input checked="" type="checkbox"/> PER STATUTE<br><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    |
| A        | Professional Liability                                                                                                                                                                                                                                                                                      |           |          | PHPK2624475   | 11/19/2023              | 11/19/2024              | Each Limit: 1,000,000                                                              | Agg: 3,000,000  |
| A        | Abuse and Molestation                                                                                                                                                                                                                                                                                       |           |          | PHPK2624475   | 11/19/2023              | 11/19/2024              | Each Limit: 1,000,000                                                              | Agg : 1,000,000 |

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

Excess Sexual Misconduct and Molestation / Professional Liability  
 Carrier: Philadelphia Insurance Company  
 Effective: 11/19/2023 - 11/19/2024  
 Sub-Limit: \$2,000,000  
 Retention \$10,000  
 Policy #PHUB889399

Excess Sexual Misconduct and Molestation Liability  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Mt. Diablo Unified School District  
 1936 Carlotta Drive  
 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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## ADDITIONAL REMARKS SCHEDULE

|                            |           |                                                                                                             |  |
|----------------------------|-----------|-------------------------------------------------------------------------------------------------------------|--|
| AGENCY<br>The Horton Group |           | NAMED INSURED<br>Education Parent LP<br>Right at School LLC<br>909 Davis St, Suite 500<br>Evanston IL 60201 |  |
| POLICY NUMBER              |           | EFFECTIVE DATE:                                                                                             |  |
| CARRIER                    | NAIC CODE | (Empty)                                                                                                     |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Carrier: Underwriters at Lloyd's  
 Effective: 11/19/2023 - 11/19/2024  
 Limit: \$3,000,000  
 Retention \$100,000  
 Policy #B0621PRIGH001423

Cyber Liability  
 Carrier: Houston Casualty  
 Effective 11/19/2023-11/19/2024  
 Limit: \$2,000,000  
 Retention \$15,000  
 Policy # TBD

Additional insured with respect to the general liability & auto liability only when required by written contract. Waivers of subrogation apply to the general liability, auto liability & workers compensation in favor of the stated additional insureds only when required by written contract. Umbrella follows form.

Primary and non-contributory with a Waiver of subrogation on the sexual abuse policy

30 days notice of cancellation