



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/07/2023

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<br><b>Pacific Insurance, Inc.</b><br>P.O. Box 127<br>Draper, UT 84020<br>Greg A. Goins                            | CONTACT NAME:<br>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: <b>UTAHY-1</b>   |                               |        |   |  |   |  |   |  |             |  |             |  |             |  |
|--|--|-------------------------------|--------|---|--|---|--|---|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b> <b>Utah Youth Village dba<br/>Alpine Academy<br/>5800 South Highland Drive<br/>Salt Lake City, UT 84121</b> | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Scottsdale Insurance Co.</b></td> <td></td> </tr> <tr> <td>INSURER B : <b>Philadelphia Indemnity</b></td> <td></td> </tr> <tr> <td>INSURER C : <b>General Star Indemnity Co.</b></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : <b>Scottsdale Insurance Co.</b> |  | INSURER B : <b>Philadelphia Indemnity</b> |  | INSURER C : <b>General Star Indemnity Co.</b> |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |   |  |   |  |   |  |             |  |             |  |             |  |
| INSURER A : <b>Scottsdale Insurance Co.</b>  |  |                               |        |   |  |   |  |   |  |             |  |             |  |             |  |
| INSURER B : <b>Philadelphia Indemnity</b>  |  |                               |        |   |  |   |  |   |  |             |  |             |  |             |  |
| INSURER C : <b>General Star Indemnity Co.</b>  |  |                               |        |   |  |   |  |   |  |             |  |             |  |             |  |
| 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 INSR   | SUBR WVD                     | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|------------------------------|------------------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY  |   |                              | OPS1586194             | 11/04/2023              | 11/04/2024              | EACH OCCURRENCE \$ <b>3,000,000</b>   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR |   |                              |                        |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b>                 |
| A        | <b>Professional Liab</b>   |   |                              |                        |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>                                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |                              |                        |                         |                         | PERSONAL & ADV INJURY \$ <b>3,000,000</b>                                   |
|          | <input type="checkbox"/> POLICY  | <input type="checkbox"/> PRO-JECT                       | <input type="checkbox"/> LOC |                        |                         |                         | GENERAL AGGREGATE \$ <b>6,000,000</b>                                       |
|          |  |   |                              |                        |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>6,000,000</b>                                  |
|          |  |   |                              |                        |                         |                         | \$  |
| B        | <b>AUTOMOBILE LIABILITY</b>  |   |                              | PHPK2595530            | 08/24/2023              | 08/24/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>                     |
|          | <input checked="" type="checkbox"/> ANY AUTO   |   |                              |                        |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |   |                              |                        |                         |                         | BODILY INJURY (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> HIRED AUTOS  |   |                              |                        |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$   |
| B        | <input checked="" type="checkbox"/> NON-OWNED AUTOS  |   |                              |                        |                         |                         | \$  |
|          |  |   |                              |                        |                         |                         | \$  |
| C        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |   |                              | IXG419490              | 08/24/2023              | 08/24/2024              | EACH OCCURRENCE \$ <b>4,000,000</b>   |
|          | <input checked="" type="checkbox"/> EXCESS LIAB  |   |                              |                        |                         |                         | AGGREGATE \$ <b>4,000,000</b>   |
|          | <input type="checkbox"/> DEDUCTIBLE  |   |                              |                        |                         |                         | \$  |
|          | <input type="checkbox"/> RETENTION \$  |   |                              |                        |                         |                         | \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |                              |                        |                         |                         | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | <input type="checkbox"/> Y / <input type="checkbox"/> N | N/A                          |                        |                         |                         | E.L. EACH ACCIDENT \$   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |                              |                        |                         |                         | E.L. DISEASE - EA EMPLOYEE \$   |
| A        | <b>Excess over WC</b>  |   |                              | XLS0112565             | 11/04/2023              | 11/04/2024              | Limit <b>1,000,000</b>  |
| A        | <b>Sexual Misconduct</b>   |   |                              | \$3MM/\$6MM OPS1586194 | 11/04/2023              | 11/04/2024              |   |

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

Mt. Diablo USD is named additional insured as respects liability arising out of work or operations performed by the Consultant.  
Endorsements have been requested and will follow once they are received.  
Certificate is not valid without page 2 attached.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| <b>MTDIABL</b><br><br>Mt. Diablo USD<br>1936 Carlotta Drive<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

Note,

\*\*\*Scottsdale Insurance Company has an AM Best Rating of A+ XV, Allied a rating of A VII and General Star Indemnity Co. a rating of A++ XV

\*\*\*Excess Liability is excess over Auto Liability Insurance.

\*\*\*Coverage Limits on Certificate only reflect current policy period. For past policy limits and retroactive dates please refer to policy.

\*\*\*\$100,000 Deductible applies on all Liability Claims with a annual aggregate of \$500,000.

\*\*\*Crime Coverage \$250,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2023

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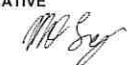
|  |                                       |                       |
|--|---------------------------------------|-----------------------|
| <b>PRODUCER</b><br>USI INSURANCE SERVICES LLC<br>1100 EAST 6600 SOUTH STE 280<br>SALT LAKE CITY UT 84121 | <b>CONTACT NAME:</b> JEANNETTE THOMAS |                       |
|  | <b>PHONE (A/C, No, Ext):</b>          | <b>FAX (A/C, No):</b> |
| <b>E-MAIL ADDRESS:</b> JEANNETTE.THOMAS@USI.COM  |                                       |                       |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |                                       | <b>NAIC #</b>         |
| <b>INSURER A:</b> WCF MUTUAL INSURANCE COMPANY   | 10033                                 |                       |
| <b>INSURER B:</b>  |                                       |                       |
| <b>INSURER C:</b>  |                                       |                       |
| <b>INSURER D:</b>  |                                       |                       |
| <b>INSURER E:</b>  |                                       |                       |
| <b>INSURER F:</b>  |                                       |                       |

**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   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | <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  | Y/N<br>N  | N/A      | 1583966       | 10/01/2023              | 10/01/2024              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)  
Coverage limited to locations in Utah and operations subject to the jurisdiction of Utah law. File Copy

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>UTAH YOUTH VILLAGE<br>5800 S HIGHLAND DR<br>HOLLADAY UT 84121-1359 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|