



BMRHEAL-01

KHERBERGER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/24/2021

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> License # 0G66614 One Risk Group, LLC DBA: One Risk Management & Insurance Services 6701 Koll Center Parkway, Suite 350 Pleasanton, CA 94566	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (925) 226-7350      FAX (A/C, No): (925) 226-7380 E-MAIL ADDRESS: Certificates@oneriskgroup.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  BMR Health Services, Inc. 7041 Koll Center, Suite 210 Pleasanton, CA 94566	<b>INSURER A : TDC National Assurance Company</b> NAIC # 41050	
	<b>INSURER B : Wesco Insurance Company</b> 25011	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	MFP-01351-21-01	4/24/2021	4/24/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 <b>PROF. LIABILITY</b> \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MFP-01351-21-01	4/24/2021	4/24/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	WWC3484439	8/1/2020	8/1/2021	<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
A	Phy/Sex Misconduct			MFP-01351-21-01	4/24/2021	4/24/2022	Aggregate 3,000,000
A	Prof. Liability			MFP-01351-21-01	4/24/2021	4/24/2022	Each Claim 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Mt. Diablo Unified School District is additional insured to the extent provided in the attached form.

<b>CERTIFICATE HOLDER</b>  Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	<b>CANCELLATION</b>  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  



**TDC NATIONAL  
ASSURANCE COMPANY**  
The Doctors Company Group

Underwritten by: TDC National Assurance Company  
5885 Meadows Road, Suite 300  
Lake Oswego, OR 97035  
Servicing Address: 29 Mill Street  
Unionville, CT 06085

ENDORSEMENT NO. 5  
ADDITIONAL INSURED ENDORSEMENT – PRIMARY AND NONCONTRIBUTORY  
(INSURING AGREEMENT (B) ONLY)

This Endorsement, effective at 12:01 a.m. on 04/24/2021, forms part of

Policy Number: MFP-01351-21-00  
Issued to: BMR Health Services, Inc.  
Issued by: TDC National Assurance Company

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENT (B) of this Policy, the term “**insured**,” as defined in Section II DEFINITIONS of this Policy, is amended to include the entity(ies) (including its employees) or person(s) scheduled below with whom/which **you** have a written agreement to provide such entity(ies) or person(s) additional insured status under this Policy (each, an “Additional Insured”), but solely with respect to any liability imposed or sought to be imposed on such Additional Insured as a result of an act, error or omission of an original **insured** committed or allegedly committed subsequent to the execution of such agreement and during that period of time when **you** have agreed to provide the Additional Insured with such status under this Policy.
- (2) No coverage will be available under this Policy for that portion of **damages** or **defense costs** for any **claim** against an Additional Insured based solely upon the actual or alleged acts, errors or omissions of, or the actual or alleged independent or direct liability of, an Additional Insured.
- (3) With respect to any **claim** against an Additional Insured based upon both the acts, errors or omissions of the original **insured** and the acts, errors or omissions of an Additional Insured, **we** will pay:
  - (a) **defense costs** incurred by such Additional Insured in connection with such **claim**; and
  - (b) **damages** such Additional Insured is legally obligated to pay as a result of the acts, errors or omissions of the original **insured**,subject in all events to all other terms, conditions and exclusions of this Policy. No coverage will be available under this Policy for any **damages** such Additional Insured is obligated to pay as a result of its own acts, errors or omissions.
- (4) Solely with respect to **defense costs** resulting from any covered **claim** against an Additional Insured scheduled below who is insured under any other policy of insurance issued directly to such Additional Insured and that applies to such **defense costs**, it is understood and agreed that the coverage afforded under this Policy shall be primary to, and will not seek contribution from, such other insurance; provided, that:
  - (a) the written agreement between **you** and the Additional Insured under which **you** agreed to provide such Additional Insured with additional insured status under this Policy requires that this Policy be primary to, and not seek contribution from, any other insurance issued directly to such Additional Insured; and

- (b) the amount, extent and scope of coverage available under this Policy to such Additional Insured will be no greater than the amount, extent and scope of indemnification available to such Additional Insured as agreed to by **you** in such agreement.
- (5) Section IV GENERAL CONDITIONS (L) of this Policy shall be deemed amended to the extent necessary to effect the purpose and intent of this endorsement.
- (6) It is understood and agreed that the Additional Insured(s) scheduled below shall share in the applicable Limits of Liability set forth in ITEM 4.B. of the Declarations.

SCHEDULE

Additional Insured(s)

Mt. Diablo Unified School District, its subsidiaries, officials  
and employees  
Vacaville Unified School District, its officers and employees  
Paramount Unified School District  
San Mateo County SELPA and LEA, San Mateo County  
Office of Education  
Tracy Unified School District  
San Francisco Unified School District, its Board, officers  
and employees

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