



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2024

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> AssuredPartners of California Ins Services, LLC 196 S. Fir Street PO Box 1388 Ventura CA 93002-1388	<b>CONTACT NAME:</b> Vince Sepulveda <b>PHONE (A/C, No, Ext):</b> (805) 585-6751 <b>E-MAIL ADDRESS:</b> vince.sepulveda@assuredpartners.com	<b>FAX (A/C, No):</b> (805) 585-6751
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  Lindamood-Bell Learning Processes 416 Higuera Street San Luis Obispo CA 93401-3865	<b>INSURER A:</b> Hanover American Ins Co	NAIC # 36064
	<b>INSURER B:</b> Allmerica Financial Benefit	41840
	<b>INSURER C:</b> Hanover Ins Co	22292
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 23/24 GL/AU/UMB/WC

REVISION NUMBER:

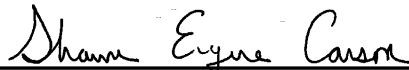
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ZZ3-A802342-08	12/15/2023	12/15/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AW3-A802333-08	12/15/2023	12/15/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UH3-A802343-08	12/15/2023	12/15/2024	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<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	N/A	WH3-A791502-08	12/15/2023	12/15/2024	<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)**

GL: Mt Diablo Unified School District, its officers, officials, employees, and volunteers are Additional Insureds as respects to operations of the Named Insured with respect to liability arising out of work or operations performed by or on behalf of the contractor including materials, parts or equipment furnished in connection with such work or operations per form CG20260413. Endorsement applies only as required by current written contract on file.

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

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):** Mt. Diablo Unified School District  
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



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DATE (MM/DD/YYYY)

12/15/2023

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<b>PRODUCER</b> AssuredPartners of California Ins Services, LLC 196 S. Fir Street P.O. Box 1388 Ventura CA 93002-1388	<b>CONTACT NAME:</b> Vince Sepulveda <b>PHONE (A/C, No, Ext):</b> (805) 585-6751 <b>FAX (A/C, No):</b> (805) 585-6751 <b>E-MAIL ADDRESS:</b>																					
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Hanover Ins Co</td> <td></td> <td>22292</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Hanover Ins Co		22292	<b>INSURER B:</b>			<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>	
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**COVERAGES** **CERTIFICATE NUMBER:** 23/24 E&O **REVISION NUMBER:**

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input checked="" type="checkbox"/> BREACH OF PRIVACY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LH3H13178104			EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)**

Verification of Coverage

**CERTIFICATE HOLDER**

Mt Diablo Unified School District 1936 Carlotta Drive  Concord CA 94519
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**CANCELLATION**

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	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hanover American Ins Co	<b>NAIC #</b> 36064
<b>INSURED</b>  Lindamood-Bell Learning Processes 416 Higuera Street San Luis Obispo CA 93401-3865	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 23/24 ABUSE

REVISION NUMBER:


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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ZZ3-A802342-08	12/15/2023	12/15/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> ABUSE/MOLESTATION						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	DED	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	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	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

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**CERTIFICATE HOLDER****CANCELLATION**

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RENEWAL OF POLICY UH3 A802343 06

### COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE BELOW NUMBERED POLICY.

POLICY NUMBER: UH3 A802343 07  
COMPANY: Hanover Insurance Company

#### DECLARATIONS

**Item 1. Named Insured and Address**  
(No., Street, Town, County, State)

**Agent**

LINDAMOOD BELL LEARNING PROCESSES 416 HIGUERA STREET SAN LUIS OBISPO CA 93401	1001241 ASSUREDPARTNERS OF CA INS SERVICES, LLC. 196 S. FIR STREET VENTURA CA 93001
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**Item 2. Policy Period:** (Month, Day, Year)

From 12/15/2022 To 12/15/2023  
12:01 A. M., standard time at the address of the Named Insured as stated herein.

**Form of Business:**

- Individual     
 Partnership     
 Corporation     
 Limited Liability Company  
 Organization (Other than Partnership, Joint Venture or Limited Liability Company)

**Business Description: Educational Institution**

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. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

**Item 3. Limit of Insurance**

<b>Each Occurrence or Each Claim Limit:</b>	\$10,000,000
<b>Products – Completed Operations Aggregate Limit:</b>	\$10,000,000
<b>General Aggregate Limit</b>	\$10,000,000

**Retained Limit:** \$0

**Item 4. Premium Computation:**

<b>Estimated Annual Premium</b>	\$30,042.00
<b>Premium Surcharges</b>	\$
<b>(Premium Surcharges NOT APPLICABLE in New York)</b>	
<b>Annual Minimum Premium</b>	\$30,042.00
<b>Advance Premium</b>	\$30,042.00

**Endorsements:**

See next page



- PREPAID - the total annual premium is due at inception.
- HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attached.
- ACCOUNT BILL     DIRECT BILL     Annual     Semi-Annual     Other

Audit period: Non Auditable Unless indicated by     Annual     Semi-Annual     Other

If you cancel this policy, we shall receive and retain not less than NIL as a policy minimum premium.



**SCHEDULE OF UNDERLYING POLICIES**

**Insured:** LINDAMOOD BELL LEARNING  
**Effective on and after** 12/15/2022 12:01 A.M. Standard Time  
**This Schedule is part of Policy Number:** UH3 A802343 07

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE	
(a) Carrier: HANOVER AMERICAN INSURANCE COMPANY Policy Number: ZZ3 A802342 07 Policy Period: 12/15/2022 TO 12/15/2023	Commercial General Liability	\$1,000,000	Occurrence/ Each Claim
	<input type="checkbox"/> Owned Autos	\$1,000,000	Personal Injury
	<input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000	Advertising Injury
		\$3,000,000 Incl in Gen Agg	General Aggregate Product/Completed Operations Aggregate
(a) Carrier: Ace American Insurance Company - Foreign Policy Number: PHFD38538482 006 Policy Period: 12/15/2022 TO 12/15/2023	Commercial General Liability	\$1,000,000	Occurrence/ Each Claim
	<input type="checkbox"/> Owned Autos	\$1,000,000	Personal Injury
	<input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000	Advertising Injury
		\$2,000,000 \$2,000,000	General Aggregate Product/Completed Operations Aggregate
(b) Carrier: ALLMERICA FINANCIAL BENEFITS  Policy Number: AW3 A802333 07 Policy Period: 12/15/2022 TO 12/15/2023	Comprehensive Automobile Liability including	Bodily Injury and Property Damage Liability Combined:	
	<input checked="" type="checkbox"/> Owned Autos	\$1,000,000	Each Accident
	<input checked="" type="checkbox"/> Non-Owned & Hired Autos	Bodily Injury	
		\$ \$ Property Damage: \$	Each Person Each Accident Each Accident
(b) Carrier: Ace American Insurance Company - Foreign Policy Number: PHFD38538482 006 Policy Period: 12/15/2022 TO 12/15/2023	Comprehensive Automobile Liability including	Bodily Injury and Property Damage Liability Combined:	
	<input checked="" type="checkbox"/> Owned Autos	\$1,000,000	Each Accident
	<input checked="" type="checkbox"/> Non-Owned & Hired Autos	Bodily Injury	
		\$ \$ Property Damage: \$	Each Person Each Accident Each Accident

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance

<p>(c) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Garage Liability</p> <p><input type="checkbox"/> Dealers</p> <p><input type="checkbox"/> Service</p>	<p>Bodily Injury and Property Damage Liability Combined:</p> <p>Each Accident</p> <p>Garage Operations</p> <p>\$ Auto Only</p> <p>\$ Other than Auto Only</p> <p>\$ Aggregate</p> <p>Garage Operations</p> <p>\$ Other than Auto Only</p>
<p>(d) Carrier: HANOVER INSURANCE COMPANY</p> <p>Policy Number: WH3 A791502 07</p> <p>Policy Period: 12/15/2022 TO 12/15/2023</p>	<p>Standard Workers' Compensation &amp; Employers' Liability</p> <p><b>NEW YORK ONLY:</b> The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.</p>	<p><b>Coverage B – Employers Liability</b></p> <p>Bodily Injury by Accident \$1,000,000 Each Accident</p> <p>Bodily Injury by Disease \$1,000,000 Each Employee \$1,000,000 Aggregate</p>
<p>(d) Carrier: Ace American Insurance Company - Foreign</p> <p>Policy Number: PHFD38538482 006</p> <p>Policy Period: 12/15/2022 TO 12/15/2023</p>	<p>Standard Workers' Compensation &amp; Employers' Liability</p> <p><b>NEW YORK ONLY:</b> The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.</p>	<p><b>Coverage B – Employers Liability</b></p> <p>Bodily Injury by Accident \$1,000,000 Each Accident</p> <p>Bodily Injury by Disease \$1,000,000 Each Employee \$1,000,000 Aggregate</p>
<p>(e) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Liquor Liability</p>	<p>\$ Each Common Cause</p> <p>\$ Other</p> <p>\$ Aggregate</p> <p>\$ Other</p>
<p>(f) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Professional Liability</p>	<p>\$ Each Occurrence</p> <p>\$ Each Claim</p> <p>\$ Other</p> <p>\$ Aggregate</p> <p>\$ Other</p>
<p>(g) Carrier:</p> <p>Policy Number:</p> <p>Policy Period:</p>	<p>Directors &amp; Officers Liability</p>	<p>\$ Each Occurrence</p> <p>\$ Each Claim</p> <p>\$ Other</p> <p>\$ Aggregate</p> <p>\$ Other</p>



<b>(h)</b> Carrier: Policy Number: Policy Period:	Stop Gap Liability	Bodily Injury by Accident \$ Each Accident Bodily Injury by Disease \$ Each Employee \$ Aggregate
<b>(i)</b> Carrier: HANOVER AMERICAN INSURANCE COMPANY Policy Number: ZZ3 A802342 07 Policy Period: 12/15/2022 TO 12/15/2023	Abuse and Molestation  Schools	\$1,000,000 Each Occurrence  \$ Each Claim \$ Other \$3,000,000 Aggregate
<b>(i)</b> Carrier: HANOVER AMERICAN INSURANCE COMPANY Policy Number: ZZ3 A802342 07 Policy Period: 12/15/2022 TO 12/15/2023	Abuse and Molestation  Schools	\$1,000,000 Each Occurrence  \$ Each Claim \$ Other \$1,000,000 Aggregate
<b>(j)</b> Carrier: Policy Number: Policy Period:	Foreign	\$ Each Occurrence \$ Each Claim \$ Other \$ Aggregate
<b>(k)</b> Carrier: HANOVER AMERICAN INSURANCE COMPANY Policy Number: ZZ3 A802342 07 Policy Period: 12/15/2022 TO 12/15/2023	Employee Benefits Liability	\$ Each Occurrence  \$1,000,000 Each Claim \$ Other \$3,000,000 Aggregate
<b>(k)</b> Carrier: Ace American Insurance Company - Foreign Policy Number: PHFD38538482 006 Policy Period: 12/15/2022 TO 12/15/2023	Employee Benefits Liability	\$ Each Occurrence  \$1,000,000 Each Claim \$ Other \$1,000,000 Aggregate
<b>(l)</b> Carrier: Policy Number: Policy Period:	Other	\$ Each Occurrence \$ Each Claim \$ Other \$ Aggregate

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance

Countersigned By: \_\_\_\_\_  
**Authorized Representative of the Company**

Date: \_\_\_\_\_