



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/23/2022

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).

PRODUCER Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED FEV Topco, L.P. 500 Cummings Park Woburn MA 01801 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Ins Co		16535
	INSURER B: Zurich American Ins Co of Illinois		27855
	INSURER C: American Guarantee & Liability Ins Co		26247
	INSURER D: Underwriters At Lloyds London		15792
	INSURER E: Underwriters At Lloyds London		112200
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570094990605 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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:			CP0141611400	07/15/2022	07/15/2023	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 1416116 - 00	07/15/2022	07/15/2023	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			AUC079625700	07/15/2022	07/15/2023	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC141611500	07/15/2022	07/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-Primary			PSL0039493392	07/15/2022	07/15/2023	Prof Liab/E&O/Cyber	\$5,000,000
E	Abuse & Molestation			B0621PF0CU002022	07/15/2022	07/15/2023	Any one victim	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The District, its officers, officials, employees, and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability policy 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. General Liability evidenced herein is Primary & Non-contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions.

CERTIFICATE HOLDER Mount Diablo School District 1936 Carlotta Dr Concord, CA 94519 USA	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 <i>Aon Risk Insurance Services West, Inc.</i>

Holder Identifier :

570094990605

Certificate No :



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):

Mount Diablo 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.



Commercial Umbrella Liability Policy

Declarations

Insurance is provided by the company below.

American Guarantee and Liability Insurance Company

Policy Number: AUC 0796257-00

Renewal of Number: - - - - -

1. Named Insured: FEV TOPCO, L.P.

Producer: AON RISK SERVICES CENTRAL INC

2. Mailing Address: 500 W Cummings Park Ste 2700
Woburn, MA 01801

4220 DUNCAN AVE STE 401
SAINT LOUIS, MO 63110-1108

Email Address:

AGENCY.LICENSING.MAILBOX@AON.COM

3. Policy Period: From: **07/15/2022** To: **07/15/2023**
at 12:01 A.M. Standard Time at the address of the Named Insured.

4. Limits of Insurance:

A.	\$10,000,000	Occurrence
B.	\$10,000,000	Other Aggregate
C.	\$10,000,000	Products/Completed Operations Aggregate
D.	\$250,000	Casualty Business Crisis Aggregate Limit

5. Retained Limit: \$0 Occurrence

6. Policy Premium:

Advance Premium \$8,250

Policy Minimum Earned Premium \$2,063

7. Schedule of Underlying Insurance: See attached Schedule of Underlying Insurance

8. Endorsements Attached: See attached Schedule of Forms and Endorsements



Schedule of Forms and Endorsements

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
AUC 0796257-00	07/15/2022	07/15/2023	07/15/2022	33559000	-----	-----

Named Insured and Mailing Address:

FEV TOPCO, L.P.
 500 W Cummings Park Ste 2700
 Woburn, MA 01801

Producer:

AON RISK SERVICES CENTRAL INC
 4220 DUNCAN AVE STE 401
 SAINT LOUIS, MO 63110-1108

Form Name	Form Number	Edition Date
Important Notice - In Witness Clause	U-GU-319-F CW	(01/09)
Disclosure of Important Information Relating to Terrorism Risk Insurance Act	U-GU-630-E CW	(01/20)
Commercial Umbrella Liability Policy Declarations	U-UMB-D-101-C CW	(03/10)
Schedule of Underlying Insurance	U-UMB-105-A CW	(07/99)
Commercial Umbrella Liability Policy	U-UMB-103-C CW	(03/10)
Certified Acts of Terrorism Exclusion - Coverages A & B	U-UMB-400-C CW	(01/15)
Abuse Or Molestation Exclusion	U-UMB-109-A CW	(07/99)
Aircraft Exclusion	U-UMB-110-B CW	(07/03)
Care, Custody Or Control Exclusion	U-UMB-129-B CW	(07/03)
Cross Suits Exclusion	U-UMB-141-A CW	(07/99)
Marina Liability Exclusion	U-UMB-201-A CW	(07/99)
Professional Liability Exclusion	U-UMB-228-D CW	(01/14)
Watercraft Liability Exclusion	U-UMB-259-B CW	(07/03)
Other Aggregate Limit Amended	U-UMB-425-B CW	(03/10)
Silica or Silica Mixed Dust Exclusion	U-UMB-488-A CW	(06/04)
Total Pollution Exclusion with A Hostile Fire Exception	U-UMB-664-A CW	(03/10)
Access Or Disclosure Of Confidential Or Personal Information - Following Form	U-UMB-922-A CW	(01/15)
Amended Definition of Personal and Advertising Injury - Coverage B	U-UMB-942-A CW	(03/19)

Sanctions Exclusion Endorsement	U-GU-1191-A CW	(03/15)
Exclusion-Recording And Distribution Of Material Or Information In Violation Of Law	U-UMB-525-F CW	(01/14)
Umbrella Amendatory Endorsement	U-UMB-906-A CW	(01/14)



Schedule of Underlying Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
AUC 0796257-00	07/15/2022	07/15/2023	07/15/2022	33559000	-----	-----

Named Insured and Mailing Address:

FEV TOPCO, L.P.
 500 W Cummings Park Ste 2700
 Woburn, MA 01801

Producer:

AON RISK SERVICES CENTRAL INC
 4220 DUNCAN AVE STE 401
 SAINT LOUIS, MO 63110-1108

Company, Policy No. and Term	Coverage	Applicable Limits
A. Company: Zurich American Insurance Company of Illinois	Commercial General Liability	\$1,000,000 Premises - Each Occurrence
Policy No: CPO 1416114 - 00	General Liability	\$1,000,000 Products / Completed Ops - Each Occurrence
Term: 07/15/2022 to 07/15/2023		\$2,000,000 Products / Completed Operations Aggregate
		\$2,000,000 General Aggregate
		\$1,000,000 Personal Injury/ Advertising Injury
	Including Employee Benefits	\$1,000,000 Employee Benefits - Each Claim
		\$2,000,000 Employee Benefits - General Aggregate

Company, Policy No. and Term	Coverage	Applicable Limits
B. Company: Zurich American Insurance Company	Commercial Auto Liability	\$1,000,000 Combined Single Limit
Policy No: BAP - 1416116-00	Automobile Liability	
Term: 07/15/2022 to 07/15/2023		

Company, Policy No. and Term	Coverage	Applicable Limits
C. Company: Zurich American Insurance Company	Employers Liability	\$1,000,000 Bodily Injury By Accident - Each Accident
Policy No: WC - 1416115-00	Workers' Compensation	\$1,000,000 Bodily Injury By Disease - Each Employee

Term: 07/15/2022 to 07/15/2023

\$1,000,000 Bodily Injury By
Disease - Policy
Limit