



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/22/2021

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).

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|--|---|--|
| <b>PRODUCER</b> License # 0G66614<br><b>One Risk Group, LLC DBA: One Risk Management &amp; Insurance Services</b><br>6701 Koll Center Parkway, Suite 350<br>Pleasanton, CA 94566 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (925) 226-7350      FAX (A/C, No): (925) 226-7380<br>E-MAIL ADDRESS: Certificates@oneriskgroup.com  |  |
|  | INSURER(S) AFFORDING COVERAGE      NAIC #<br>INSURER A : <b>Lexington Insurance Company</b> <b>19437</b><br>INSURER B : <b>Wesco Insurance Company</b> <b>25011</b><br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |  |

**INSURED**  
**EdTheory, LLC**  
 6701 Koll Center Parkway, Suite 250  
 Pleasanton, CA 94566

**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        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | 6798344       | 7/16/2021               | 7/16/2022               | EACH OCCURRENCE   | \$ 2,000,000 |
|          |  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 500,000   |
|          |  |           |          |               |                         |                         | MED EXP (Any one person)  | \$ 10,000    |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | GENERAL AGGREGATE   | \$ 3,000,000 |
|          |  |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000 |
|          |  |           |          |               |                         |                         |   | \$           |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | 6798344       | 7/16/2021               | 7/16/2022               | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000 |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |               |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE   | \$           |
|          |  |           |          |               |                         |                         | AGGREGATE   | \$           |
|          |  |           |          |               |                         |                         |   | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                         | Y/N       | N/A      | WWC3533784    | 5/15/2021               | 5/15/2022               | <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        | Prof Liability   |           |          | 6798344       | 7/16/2021               | 7/16/2022               | \$3M / Aggregate  | 1,000,000    |
| A        | Sexual Misconduct  |           |          | 6798344       | 7/16/2021               | 7/16/2022               | \$3M / Aggregate  | 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 included as Additional Insured to the extent provided in the attached form.

**CERTIFICATE HOLDER      CANCELLATION**

|   |  |
|---|--|
| <b>Mt. Diablo Unified School District</b><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. |
|   | AUTHORIZED REPRESENTATIVE<br><i>Monica Ingo</i>  |

**ENDORSEMENT NO. 13**

**This endorsement, effective 12:01 AM:** July 16, 2021

**Forms a part of policy no:** 6798344

**Issued to:** EDTHEORY, LLC

**By:** LEXINGTON INSURANCE COMPANY

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided by the Policy:

The following is only added to Section II. **WHO IS AN INSURED** of the Coverage Parts as indicated by an "X" below:

HEALTHCARE PROFESSIONAL LIABILITY COVERAGE PART

HEALTHCARE GENERAL LIABILITY COVERAGE PART

The person or organization shown in the Schedule below is included as an additional **Insured** if **you** are obligated by virtue of a written contract, executed prior to the **medical incident, occurrence** or offense, to provide insurance to such person or organization of the type afforded by this Policy, but only with respect to liability arising out of operations conducted by **you** or on **your** behalf.

In the event that the Limits of Insurance provided by this Policy exceed the Limits of Insurance required by the written contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance (inclusive of any applicable self insured retention) required by the written contract. The Limits of Insurance (inclusive of any applicable self insured retention) provided by this Policy shall not be increased for any reason, including any failure, refusal or inability of any self insurance/**Insured** to pay any amounts due thereunder. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.

Any coverage provided by this endorsement to an additional **Insured** shown in the Schedule below shall be excess over any other valid and collectible insurance or self insured retention available to the additional **Insured** whether primary, excess, contingent or on any other basis, unless the written contract with the additional **Insured** specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional **Insured**. In such case, this insurance shall be primary and non-contributory with any other insurance carried by the additional **Insured**.

In the event of payment under the Policy, **we** waive our right of subrogation against any person or organization shown in the Schedule below where the **Named Insured** has waived liability of such person or organization as part of the written contract between the **Named Insured** and such person or organization.

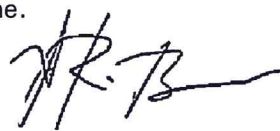
In accordance with the terms and conditions of the Policy, as soon as practicable, each additional **Insured** must give **us** prompt notice of any **medical incident, occurrence** or offense which may result in a **claim**, forward all legal papers to **us**, cooperate in the defense of any actions, and otherwise comply with all of the Policy's terms and conditions. Failure to comply with this provision may, at **our** option, result in the **claim** or **suit** being denied.

**SCHEDULE**

**Name of Additional Insured:**

Blanket Additional Insureds per Written Contract

All other terms and conditions of the policy remain the same.

A handwritten signature in black ink, appearing to be "J.R. B.", written over a horizontal line.

**Authorized Representative**