

PIHPATRA2



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2023

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 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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PRODUCER	CONTACT Jennifer Townsend			
ProCo Insurance Services 910 E Hamilton Ave	PHONE (A/C, No, Ext): (408) 510-5480	FAX (A/C, No):		
#410	E-MAIL ADDRESS: jennifer.townsend@proco.global			
Campbell, CA 95008	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Nonprofits Insurance Alliance of	f California		
INSURED	INSURER B: Redwood Fire & Casualty Insuran	ce Company	11673	
Fred Finch Youth Center	Avenue INSURER D :			
3800 Coolidge Avenue				
Oakland, CA 94602	INSURER E :			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	VE FOR THE POI	ICY PERIOD	

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		202300293	4/1/2023	4/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,00
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
		OTHER:						ISC OCCURRENCE	\$	1,000,00
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00
	Х	ANY AUTO			202300293	4/1/2023	4/1/2024	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7,0,00,00,00							\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,00
		EXCESS LIAB CLAIMS-MADE			202300293UMB	4/1/2023	4/1/2024	AGGREGATE	\$	
		DED RETENTION \$						Aggregate	\$	10,000,000
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		FRWC420087	3/1/2023	3/1/2024	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Cyk	er Liability			ATB-6605006-04	4/1/2023	4/1/2024	Limit		2,000,000
Α	Pro	fessional			202300293	4/1/2023	4/1/2024	Occ/Agg \$1MM/\$3MM		

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

Mt. Diablo Unified School District, its officers, officials, employees, and volunteers are named as an additional insured on General Liability policy per the attached endorsement.

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

P. Colyan

LOC #: 0



# ADDITIONAL REMARKS SCHEDULE

Page 1	of 1
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AGENCY		NAMED INSURED
ProCo Insurance Services		Fred Finch Youth Center 3800 Coolidge Avenue
POLICY NUMBER		Oakland, CA 94602
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGE 1

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## **Additional Coverages:**

Social Services / Professional Liability

**Carrier: Non Profits Insurance Alliance of California** 

Effective: 04/01/2023 to 04/01/2024

Policy #202300293

Per Occurrence: \$1,000,000 Aggregate: \$3,000,000

Improper Sexual Misconduct & Physical Abuse Liability Carrier: Non Profits Insurance Alliance of California

Effective: 04/01/2023 to 04/01/2024

Policy #202300293

General Aggregate: \$1,000,000 Each Claim Limit: \$1,000,000 POLICY NUMBER: 202300293

Named Insured: Fred Finch Youth Center\*

CG 20 26 12 19

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):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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

#### However:

- 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.



## NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

\*SEE SCHEDULE NI FOR FULL NAMED INSURED

RENEWAL OF NUMBER: 2022-00293-UMB-NPO

www.insurancefornonprofits.org

## **COMMERCIAL UMBRELLA POLICY DECLARATIONS**

PRODUCER: POLICY NUMBER: 2023-00293-UMB

Acrisure of California, LLC 910 E. Hamilton Avenue, Suite 410

Campbell, CA 95008

NAME OF INSURED AND MAILING ADDRESS: Item 1

> Fred Finch Youth Center\* 3800 Coolidge Ave.

POLICY PERIOD:

Item 2

Oakland, CA 94602 FROM

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Youth residential treatment and support services

4/1/2023

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

TO 4/1/2024

Item 3	THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION:	\$39,505					
Item 4	LIMITS OF INSURANCE:						
	<ul> <li>a. Occurrence / Accident / Injury / Claim Limits (where applicable):</li> <li>i) Each Occurrence - Commercial General Liability and Products-Completed Operations Liability</li> <li>ii) Each Accident - Business Auto Liability</li> <li>iii) Each Injury - Liquor Liability</li> <li>iv) Each Claim - Employee Benefits Liability</li> <li>b. Each Claim - Directors and Officers Liability</li> <li>c. Each Claim - Improper Sexual Conduct and Physical Abuse Liability</li> </ul>	10,000,000 Excluded 4,000,000					
	d. Each Claim - Social Service Professional Liability	10,000,000					
	e. Commercial General Liability, Business Auto Liability, Products- Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate (where applicable):  f. Directors and Officers Liability Aggregate  g. Improper Sexual Conduct and Physical Abuse Liability Aggregate  h. Social Service Professional Liability Aggregate	10,000,000 Excluded 4,000,000 10,000,000					
Item 5	RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE  FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE): CU 21 33 01 15, NIAC-E003 UMB 08 20, NIAC-E133 UMB 05 20, NIAC-E140 UMB 08 20, NIAC-E180 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 1						

SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB166 12 88, UMB62 05 13, SCHEDULE NI

COUNTERSIGNED: 4/11/2023 BY

### (AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.