l	ACORD. CERTIFICA	TE OF LIABIL	ITY INSU	RANCE			(MM/DD/YY) EB 15 19	
PRODUCER BRYAN BAILEY CBI INSURANCE AGENCY, INC. PO BOX 1120 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						RTIFICATE		
E	DEN UT 84310 Agency L	ic#: 102586		COMPANIES AFFORDING COVERAGE				
IN	SURED		COMPANY'A: N	ARKEL INSURAN	ICE COMPANY			
	NTA ACADEMY RTC, LLC O BOX 387		COMPANY B: A	MERICAN LIBER	TY INSURANCE COMPAN	ŀΥ		
	ELLSVILLE UT 84339		COMPANY C;	•,				
ı			COMPANY D:					
-	OVERAGES		COMPANY, E:	·		-/		
T-NO	IIS IS TO CERTIFY THAT THE POLICIES OF II TYMTHISTANDING ANY REQUIREMENT, TERM OF AY PERTAIN, THE INSURANCE AFFORDED OF MITS SHOWN MAY HAVE BEEN REDUCED BY	NSURANCE LISTED BELOW HAVE OR CONDITION OF ANY CONTRAC THE POLICIES DESCRIBED HERE PAID CLAIMS;	BEEN ISSUED TO THE OR OTHER DOCUM	HE INSURED NAMED ENT WITH RESPECT LL THE TERMS, EXCL	ABOYE FOR THE POLICY PERIC TO WHICH THIS CERTIFICATE) LUSIONS AND CONDITIONS OF	DD INDIC WAY BE SUCH PO	ATED; ISSUED OR DLICIES.	
INSF	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	i.		
1	GENERAL LIABILITY	HUP3588-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire)	\$	100,000	
	X CLAIMS MADE OCCUR				MED. EXP (Any One Person)	\$	5,000	
A	X ABUSE AND MOLESTATION 1M/2M X PROCESSIONAL LIA: \$1,000,000	4			PERSONAL & ADV INJURY GENERAL AGGREGATE	\$.	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG.	\$	3,000,000	
	POLICY PROJECT LOC	a a			The state of the s	'	0,000,000	
	AUTOMOBILE LIABILITY X ANY AUTO	HUA3589-02	FEB 21 19	FEB 21 20	COMBINED SINGLE LIMIT (Ee accident)	\$	1,000,000	
А	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				(Per accident)	\$.		
					PROPERTY DANAGE	\$		
	ANY AUTO				AUTO ONLY - EA ACCIDENT	\$		
	NAT NOTS				OTHER THAN EA ACC	\$		
	EXCESS LIABILITY	HUU3590-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	is	1,000,000	
	X OCCUR CLAIMS MADE		1 20 21 15	1222120	AGGREGATE	\$	1,000,000	
A		.20				£		
	DEDUCTIBLE					\$		
_	RETENTION \$ WORKERS COMPENSATION AND		···		l luca mariani	\$		
	EMPLOYERS' LIABILITY	TBA -	Feb 20 19	Feb 20 20	WC STATU- TORY LIMITS OTHER E.L. EACH ACCIDENT	2	1,000,000	
В		·			E.L. DISEASE-EA EMPLOYEE	\$	1,000,000	
			Λ.		E.L. DISEASE POLICY LIMIT	\$	1,000,000	
Α	OTHER: PROFESSIONAL	HUP3588-02	FEB 21 19	FEB 21 20	\$ 1,000,000 / \$3,000,000			
					*			
DE	SCRIPTION OF OPERATIONS/LOCA	TIONS/VEHICLES/SPECIAL	ITEMS I	EMPLOYEE BENI	EFITS LIMIT 1000000			
							1	
					£			
	· ·							
CE	RTIFICATE HOLDER ADDITI	ONAL INSURED; INSURER LETTER:	CANCELL	ATION				
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10. DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO, THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO DELIGATION OR LIABILITY OF ANY KIND UPON THE							
			AUTHORIZED (866) 977-455		OCHTOLIAÉO.			
Att	ention:		(866)211-741	a ,1 · GA ·	Lugar Bailes			

	ACORD. CERTIFICA	TE OF LIABIL	ITY INSU	RANCE		DATE (MM/			
PRODUCER BRYAN BAILEY CBI INSURANCE AGENCY, INC. PO BOX 1120 EDEN UT 84310		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							
Agency Lic#: 102586			ž.	COMPANIES AFFORDING COVERAGE					
	SURED			IARKEL INSURAN					
	NTA ACADEMY RTC, LLC D BOX 387		COMPANY B: A	COMPANY B: AMERICAN LIBERTY INSURANCE CO					
	ELLSVILLE UT 84339		COMPANY C:	1670201					
			COMPANY D:	11					
C	OVERAGES		COMPANY E:						
TH NO MA	COVERAGES 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.								
NSR		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
	GENERAL LIABILITY	HUP3588-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$	1,000,000		
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire)	\$	100,000		
4	X CLAIMS MADE OCCUR				MED. EXP (Any One Person)	\$	5,000		
Α	ABUSE AND MOLESTATION 1M/2M				PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE PRODUCTS-COMP/OP AGG.	\$	3,000,000		
	POLICY PROJECT LOC				PRODUCTO-CONITION TOO.	4	3,000,000		
	AUTOMOBILE LIABILITY ANY AUTO		1	=	COMBINED SINGLE LIMIT (Ea accident)	\$			
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
					PROPERTY DAMAGE	\$			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
	ANY AUTO				OTHER THAN EA ACC	\$			
-	EXCESS LIABILITY	HUU3590-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$	1,000,000		
	X OCCUR CLAIMS MADE	11003030-02	1 2 2 1 10	1202120	AGGREGATE	\$	1,000,000		
Α						\$			
	DEDUCTIBLE					\$			
	RETENTION \$					\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCN-43002743-319	FEB 20 19	FEB 20 19	WC STATU- OTHER TORY LIMITS				
В					E.L. EACH ACCIDENT	\$	1,000,000		
					E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$	1,000,000		
_	OTHER:				E.L. DISEASE-FOLICT LIMIT	φ	1,000,000		
	OTTLEN.				,				
	ESCRIPTION OF OPERATIONS/LOCA				ED SCHOOL DISTRICT, I	₩DSUD,			
T	OGETHER WITH ITS SUCCESSORS	AND/OR ASSIGNS IS LISTI	ED AS AN ADDITIO	ONAL INSURED.					
CF	CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER: CANCELLATION								
C	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE								
	1936 CARLOTTA DR, WING D CONCORD, CA 94519	INSURER, I AUTHORIZE (866) 977-4:	IT,'S AGENTS OR REPRE ED REPRESENTATIVE 555 Ph.	ESENTATIVES.					
At	Attention:			(866)211-7419 Fax Cole Schlack					

	ACORD. CERTIFICATI	E OF LIABILI	TY INSU	RANCE		DATE (MM/DD/YY) AUG 6 19		
PRODUCER BRYAN BAILEY CBI INSURANCE AGENCY, INC. PO BOX 1120 EDEN UT 84310		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
=1	Agency Lic#:	102586		COMPAN	IES AFFORDING COVER	AGE		
IN	SURED	102300	COMPANY A:	MARKEL INSURAN	CE COMPANY			
U	INTA ACADEMY RTC, LLC		COMPANY B:					
	O BOX 387 ELLSVILLE UT 84339		COMPANY C:					
••	21001121 01 04000		COMPANY D:					
			COMPANY E:					
TH NC MA	OVERAGES IIS IS TO CERTIFY THAT THE POLICIES OF INSUF DIVIMTHSTANDING ANY REQUIREMENT, TERM OR (AY PERTAIN, THE INSURANCE AFFORDED BY THE MITS SHOWN MAY HAVE BEEN REDUCED BY PAI	CONDITION OF ANY CONTRACT E POLICIES DESCRIBED HEREII	OR OTHER DOCUM	MENT WITH RESPECT T	O WHICH THIS CERTIFICATE M	AY BE ISSUED OR		
NSF	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
	GENERAL LIABILITY	HUP3588-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$ 1,000,000		
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any One Fire)	\$ 100,000		
	X CLAIMS MADE OCCUR				MED. EXP (Any One Person)	\$ 5,000		
Α	X ABUSE AND MOLESTATION 1M/2M				PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 3,000,000		
					PRODUCTS-COMP/OP AGG.	\$ 3,000,000		
_	AUTOMOBILE LIABILITY ANY AUTO	·			COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC	\$		
	EXCESS LIABILITY		EED 04.40		AGG	\$ \$ 1,000,000		
	X OCCUR CLAIMS MADE	HUU3590-02	FEB 21 19	FEB 21 20	AGGREGATE	\$ 1,000,000		
Α	X 5555.X				7.00KE07KE	\$		
•	DEDUCTIBLE					\$		
	RETENTION \$	e e			ı	\$		
	WORKERS COMPENSATION AND				WC STATU- TORY LIMITS OTHER			
	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$		
					E.L. DISEASE-EA EMPLOYEE	\$		
					E.L. DISEASE-POLICY LIMIT	\$		
	OTHER:							
	ESCRIPTION OF OPERATIONS/LOCATION				ED SCHOOL DISTRICT, N	IDSUD,		
T	OGETHER WITH ITS SUCCESSORS AND	D/OR ASSIGNS IS LISTED	O AS AN ADDITI	ONAL INSURED.				
CF	ERTIFICATE HOLDER ADDITION	IAL INSURED; INSURER LETTER	CANCEL	LATION				
MDSUD MT DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DR, WING D CONCORD, CA 94519			SHOULD A EXPIRATION DAYS WE FAILURE T INSURER,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT,'S AGENTS OR REPRESENTATIVES.				
At	tention:	AUTHORIZED REPRESENTATIVE (866) 977-4555 Ph (866)211-7419 Fax						

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Additional
Insured :
INSURED UNITIES SCHOOL
District
1936 Carlotta Drive, Wing D
Concora, CA
94519

Mt. Diablo Unified SchoolDistrict, MDUSD, together with its successors and/or assigns is listed as an additional insured with primary and non contributory coverage in regards

to the general liability policy.

ACORD 25-S (7/97) Certificate #11916

Markel Insurance Company

EXCESS/UMBRELLA DECLARATIONS

POLICY NUMBER: HUU3590-02	RENEWAL OF POLICY: HUU3590	-01
Named Insured and Mailing Address:		
Uinta Academy RTC LLC		
PO Box 387		
Wellsville, UT 84339		
Policy Period From: 2/21/19	To: 2/21/20	
At 12:01 a.m. standard time at your mailing address		
This policy provides		lity coverage only.
Only the policy provisions applicable to the type of co- to the appropriate sections of the policy for what is an		
IN RETURN FOR THE PAYMENT OF THE PREMIUM A AGREE TO PROVIDE THE INSUR	D SUBJECT TO ALL THE TERMS ON NCE AS STATED IN THIS POLICY.	
Policy Premium: \$ 4,261.00		
☐ Direct Billed ☑ Agency Billed		
Limits of Insurance:	1	
General Aggregate	\$ 1,000,000	
Products-Completed Operations Agg Each Occurrence	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
Each Person - Personal And Advert		
Self-Insured Retention – Each Occurrence	\$ 10,000	
THIS POLICY PROVIDES CLAIMS-MADE COVERAGE F		SHOWN AS CLAIMS
MADE IN THE SCHEDULE OF UNDERLYING INSURANCE		
This insurance does not apply to Coverage A – Bodily Injur	And Property Damage Liability and C	Coverage B - Personal
And Advertising Injury written under Section II – Umbrella L	ability Coverage which occurs before	the Retroactive Date
shown below. N/A in New York		
Retroactive Date: (Enter a date only when one or more under	ving insurance coverages are claims.	made)
Producer Number, Name and Mailing Address		nauc.)
		1
50386 CBI Insurance Agency Inc PO Box 1120		
Eden, UT 84310		
Forms and Endorsements attached to this policy at time of	equanco:	
Forms and Endorsements attached to this policy at time of	suarice.	
See Schedule of Forms and Endorsements		
These declarations, together with the Coverage Fo	m(s) and any Endorsement(s), con d policy.	plete the above
Issue Date: April 8, 2019 At: Kennesaw, GA	By: Doothy	
, , , , , , , , , , , , , , , , , , , ,	(Authorized Rep	presentative

Named Insured: Uinta Academy RTC LLC Policy Number: HUU3590-02						
EXCESS/UMBRELLA POLICY SCHEDULE OF UNDERLYING INSURANCE						
(An "X" in the Type of Coverage boxes below () indicates these coverages are provided by the underlying policies.)						
Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance				
Carrier: Markel Insurance Company	▼ Occurrence ☐ Claims-Made					
Policy Number: HUP3588-02 Policy Period: 2/21/19 - 2/21/20	Commercial General Liability Liquor liability	\$ 3,000,000 General Aggregate \$ 3,000,000 Products-Completed Operations Aggregate \$ 1,000,000 Each Occurrence \$ 1,000,000 Personal and Advertising Injury - Each Person or Organization				
Carrier: Markel Insurance Company	▼ Occurrence ☐ Claims-Made					
Policy Number: HUP3588-02	▼ Professional Liability	\$ 1,000,000 Each Wrongful Act \$ 3,000,000 Aggregate				
Policy Period: 2/21/19 - 2/21/20						
Carrier:	☐ Occurrence ☐ Claims-Made					
Policy Number:	☐ Employee Benefits Liability	\$ Each Employee \$ Aggregate				
Policy Period:		Aggregate				
Carrier:	☐ Occurrence ☐ Claims-Made					
Policy Number:	☐ Liquor Liability	\$ Each Common Cause \$ Aggregate				
Policy Period:		Aggregate				
Carrier:	☐ Stop Gap - Employers Liability	\$ Bodily Injury By Accident \$ Bodily Injury By Disease – Each Person				
Policy Number:		\$ Bodily Injury By Disease – Each Ferson \$ Bodily Injury By Disease – Policy Limit				
Policy Period:						
Carrier: Markel Insurance Company	Business Automobile Liability	\$ 1,000,000 Each Accident				
Policy Number: HUA3589-02	✗ Owned Automobiles✗ Non-Owned Automobiles✗ Hired Automobiles					
Policy Period: 2/21/19 - 2/21/20	22					
Carrier:	Auto Dealer Liability	\$ Covered Autos Liability - Each Accident \$ General Liability Bodily Injury And Property				
Policy Number:	☐ Owned Automobiles ☐ Non-Owned Automobiles ☐ Hired Automobiles	Damage Liability – Each Accident \$ Personal And Advertising Injury Liability –				
Policy Period:	_ Filled / Mornibbles	Any One Person Or Organization General Liability Aggregate Products And Work You Performed Aggregate				

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage			Un	derlying Limits of Insurance
Carrier: Markel Insurance Company	☑ Occurrence ☐ Claims-Made				, ,
Policy Number: HUP3588-02 Policy Period: 2/21/19 - 2/21/20	✓ Sexual Abuse 8	& Molestation	\$ \$	2,000,000 1,000,000	Aggregate Per Person, Per Occurrence
Carrier:	Occurrence	☐ Claims-Made			
Policy Number:			\$		
Policy Period:			\$		
Carrier:	Occurrence	☐ Claims-Made			
Policy Number:			\$		
Policy Period:			\$		
Carrier:	☐ Occurrence	☐ Claims-Made			
Policy Number:			\$		
Policy Period:			\$		
Carrier:	Occurrence	☐ Claims-Made			
Policy Number:			\$		
Policy Period:			\$		
Carrier:	Occurrence	☐ Claims-Made			
Policy Number:			\$		
Policy Period:			\$ \$		