

FEB 15 19

Agency Lic#: 102586

COMPANIES AFFORDING COVERAGE

COMPANY, E:

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS	EMPLOYEE BENEFITS LIMIT 1000000
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CANCELLATION

Attention:

Liepen Bailey

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

AUG 6 19

PRODUCER
BRYAN BAILEY
CBI INSURANCE AGENCY, INC.
PO BOX 1120
EDEN UT 84310

Agency Lic#: 102586

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.

COMPANIES AFFORDING COVERAGE

INSURED
UINTA ACADEMY RTC, LLC
PO BOX 387
WELLSVILLE UT 84339

COMPANY A: **MARKEL INSURANCE COMPANY**COMPANY B: **AMERICAN LIBERTY INSURANCE CO**

COMPANY C:

COMPANY D:

COMPANY E:

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ABUSE AND MOLESTATION 1W/2M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	HUP3588-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ 100,000 MED. EXP (Any One Person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS-COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	HUU3590-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCN-43002743-319	FEB 20 19	FEB 20 19	WC STATU- TORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000
	OTHER:				
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS MT DIABLO UNIFIED SCHOOL DISTRICT, MDSUD, TOGETHER WITH ITS SUCCESSORS AND/OR ASSIGNS IS LISTED AS AN ADDITIONAL INSURED.				

CERTIFICATE HOLDERADDITIONAL INSURED; INSURER LETTER: **CANCELLATION**

MDSUD
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR, WING D
CONCORD, CA 94519

Attention:

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.

AUTHORIZED REPRESENTATIVE
(866) 977-4555 Ph
(866)211-7419 Fax

Cole Schlack

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

AUG 6 19

PRODUCER
BRYAN BAILEY
CBI INSURANCE AGENCY, INC.
PO BOX 1120
EDEN UT 84310

Agency Lic#: 102586

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COMPANIES AFFORDING COVERAGE

INSURED
UINTA ACADEMY RTC, LLC
PO BOX 387
WELLSVILLE UT 84339

COMPANY A: MARKEL INSURANCE COMPANY

COMPANY B:

COMPANY C:

COMPANY D:

COMPANY E:

COVERAGES

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LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ABUSE AND MOLESTATION 1M/2M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	HUP3588-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$ 1,000,000
	FIRE DAMAGE (Any One Fire)				\$ 100,000	
	MED. EXP (Any One Person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 1,000,000	
	GENERAL AGGREGATE				\$ 3,000,000	
	PRODUCTS-COMP/OP AGG.				\$ 3,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)				\$	
	BODILY INJURY (Per accident)				\$	
	PROPERTY DAMAGE				\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT	\$
	OTHER THAN EA ACC				\$	
	AUTO ONLY: AGG				\$	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	HUU3590-02	FEB 21 19	FEB 21 20	EACH OCCURRENCE	\$ 1,000,000
	AGGREGATE				\$ 1,000,000	
					\$	
					\$	
					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS	OTHER
	E.L. EACH ACCIDENT				\$	
	E.L. DISEASE-EA EMPLOYEE				\$	
	E.L. DISEASE-POLICY LIMIT				\$	
	OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS MT DIABLO UNIFIED SCHOOL DISTRICT, MDSUD,
TOGETHER WITH ITS SUCCESSORS AND/OR ASSIGNS IS LISTED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDERADDITIONAL INSURED; INSURER LETTER: CANCELLATION

MDSUD
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR, WING D
CONCORD, CA 94519

Attention:

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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.

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 :
MT. Diablo Unified School
District
1936 Carlotta Drive, Wing D
Concord, CA
94519

Mt. Diablo Unified School District, 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.

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 shown above
This policy provides <input type="checkbox"/> Excess Liability coverage only or <input checked="" type="checkbox"/> Umbrella Liability coverage only. <i>Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to coverage type.</i>		
IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.		
Policy Premium: \$ 4,261.00		
<input type="checkbox"/> Direct Billed <input checked="" type="checkbox"/> Agency Billed		
Limits of Insurance: General Aggregate \$ 1,000,000 Products-Completed Operations Aggregate \$ 1,000,000 Each Occurrence \$ 1,000,000 Each Person - Personal And Advertising Injury \$ 1,000,000 Self-Insured Retention – Each Occurrence \$ 10,000		
THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY. This insurance does not apply to Coverage A – Bodily Injury And Property Damage Liability and Coverage B – Personal And Advertising Injury written under Section II – Umbrella Liability Coverage which occurs before the Retroactive Date shown below. N/A in New York Retroactive Date: (Enter a date only when one or more underlying insurance coverages are claims-made.)		
Producer Number, Name and Mailing Address 50386 CBI Insurance Agency Inc PO Box 1120 Eden, UT 84310		
Forms and Endorsements attached to this policy at time of issuance: See Schedule of Forms and Endorsements		
These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.		
Issue Date: April 8, 2019	At: Kennesaw, GA	By:  (Authorized Representative)

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 Policy Number: HUP3588-02 Policy Period: 2/21/19 - 2/21/20	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Liquor liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ 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 Policy Number: HUP3588-02 Policy Period: 2/21/19 - 2/21/20	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Professional Liability	\$ 1,000,000 Each Wrongful Act \$ 3,000,000 Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Employee Benefits Liability	\$ \$ Each Employee Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/> Liquor Liability	\$ \$ Each Common Cause Aggregate
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Stop Gap - Employers Liability	\$ Bodily Injury By Accident \$ Bodily Injury By Disease – Each Person \$ Bodily Injury By Disease – Policy Limit
Carrier: Markel Insurance Company Policy Number: HUA3589-02 Policy Period: 2/21/19 - 2/21/20	<input checked="" type="checkbox"/> Business Automobile Liability <input checked="" type="checkbox"/> Owned Automobiles <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Hired Automobiles	\$ 1,000,000 Each Accident
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Auto Dealer Liability <input type="checkbox"/> Owned Automobiles <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	\$ Covered Autos Liability - Each Accident \$ General Liability Bodily Injury And Property \$ Damage Liability – Each Accident \$ Personal And Advertising Injury Liability – \$ Any One Person Or Organization \$ General Liability Aggregate \$ Products And Work You Performed Aggregate

Carrier, Policy Number, Policy Period (If Applicable)	Type of Coverage	Underlying Limits of Insurance
Carrier: Markel Insurance Company Policy Number: HUP3588-02 Policy Period: 2/21/19 - 2/21/20	<input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input checked="" type="checkbox"/> Sexual Abuse & Molestation	\$ 2,000,000 Aggregate \$ 1,000,000 Per Person, Per Occurrence \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$
Carrier: Policy Number: Policy Period:	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made <input type="checkbox"/>	\$ \$ \$