

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: James Chan	
USI Insurance Services NW		PHONE (A/C, No, Ext): 206 731-1200	FAX (A/C, No):
601 Union St. Suite 1000		E-MAIL ADDRESS: james.chan@usi.com	
Seattle, WA 98101		INSURER(S) AFFORDING COVERAGE	
206 441-6300		INSURER A : TDC Specialty Insurance Company	NAIC # 34487
INSURED		INSURER B : Lloyd's of London	SURPLU
Pioneer Healthcare Services, LLC		INSURER C : Praetorian Insurance Company	37257
6215 Ferris Square Suite 120		INSURER D : Sentinel Insurance Company Ltd.	11000
San Diego, CA 92121		INSURER E :	
		INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	MFP020262201	04/12/2022	04/12/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MFP020262201	04/12/2022	04/12/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	FF200098	04/12/2022	04/12/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WHC0200127	04/12/2022	04/12/2023	<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 Liab -	X	X	MFP020262201	04/12/2022	04/12/2023	\$1M /Claim. \$3M Agg
D	Empl.Dishonesty			52SBAAE8663	02/01/2022	02/01/2023	25,000 Limit
A	Sexual Molestatio	X	X	MFP020262201	04/12/2022	04/12/2023	\$1M /Claim. \$1M Agg

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

LEA, its Board of Directors, subsidiaries, officers, employees and Mt. Diablo Unified School District are Additional Insured under General Liability and Professional Liability in Primary and Non-Contributory coverage when required by written contract agreement with the Named Insured. Excess is follow form as it relates to Additional Insured. All coverages are subject to the terms and conditions of the policies.

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 <i>Gary D. Patterson</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



ENDORSEMENT NO. 3
ADDITIONAL INSURED ENDORSEMENT – PRIMARY AND NONCONTRIBUTORY
(INSURING AGREEMENT (B) ONLY)

This Endorsement, effective at 12:01 a.m. on 04/12/2022, forms part of

Policy Number: MFP-02026-22-01
Issued to: Pioneer Healthcare Services, LLC
Issued by: TDC National Assurance Company

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENT (B) of this Policy, the term “**insured**,” as defined in Section II DEFINITIONS of this Policy, is amended to include the entity(ies) (including its employees) or person(s) scheduled below with whom/which **you** have a written agreement to provide such entity(ies) or person(s) additional insured status under this Policy (each, an “Additional Insured”), but solely with respect to any liability imposed or sought to be imposed on such Additional Insured as a result of an act, error or omission of an original **insured** committed or allegedly committed subsequent to the execution of such agreement and during that period of time when **you** have agreed to provide the Additional Insured with such status under this Policy.
- (2) No coverage will be available under this Policy for that portion of **damages** or **defense costs** for any **claim** against an Additional Insured based solely upon the actual or alleged acts, errors or omissions of, or the actual or alleged independent or direct liability of, an Additional Insured.
- (3) With respect to any **claim** against an Additional Insured based upon both the acts, errors or omissions of the original **insured** and the acts, errors or omissions of an Additional Insured, **we** will pay:
 - (a) **defense costs** incurred by such Additional Insured in connection with such **claim**; and
 - (b) **damages** such Additional Insured is legally obligated to pay as a result of the acts, errors or omissions of the original **insured**,subject in all events to all other terms, conditions and exclusions of this Policy. No coverage will be available under this Policy for any **damages** such Additional Insured is obligated to pay as a result of its own acts, errors or omissions.
- (4) Solely with respect to **defense costs** resulting from any covered **claim** against an Additional Insured scheduled below who is insured under any other policy of insurance issued directly to such Additional Insured and that applies to such **defense costs**, it is understood and agreed that the coverage afforded under this Policy shall be primary to, and will not seek contribution from, such other insurance; provided, that:
 - (a) the written agreement between **you** and the Additional Insured under which **you** agreed to provide such Additional Insured with additional insured status under this Policy requires that this Policy be primary to, and not seek contribution from, any other insurance issued directly to such Additional Insured; and

- (b) the amount, extent and scope of coverage available under this Policy to such Additional Insured will be no greater than the amount, extent and scope of indemnification available to such Additional Insured as agreed to by **you** in such agreement.
- (5) Section IV GENERAL CONDITIONS (L) of this Policy shall be deemed amended to the extent necessary to effect the purpose and intent of this endorsement.
- (6) It is understood and agreed that the Additional Insured(s) scheduled below shall share in the applicable Limits of Liability set forth in ITEM 4.B. of the Declarations.

SCHEDULE

Additional Insured(s)

Any entity with which the Company has entered into a written agreement that requires that entity to be named as an Additional Insured under the Policy. On file with the Insurer.

All other terms, conditions and limitations of this Policy shall remain unchanged.



ENDORSEMENT NO. 2
ADDITIONAL INSURED ENDORSEMENT – PRIMARY AND NONCONTRIBUTORY
(INSURING AGREEMENT (A) ONLY)

This Endorsement, effective at 12:01 a.m. on 04/12/2022, forms part of

Policy Number: MFP-02026-22-01
Issued to: Pioneer Healthcare Services, LLC
Issued by: TDC National Assurance Company

In consideration of the premium charged:

- (1) Solely for the purposes of the coverage afforded under INSURING AGREEMENT (A) of this Policy, the term “**insured**,” as defined in Section II DEFINITIONS of this Policy, is amended to include the entity(ies) (including its employees) or person(s) scheduled below with whom/which **you** have a written agreement to provide such entity(ies) or person(s) additional insured status under this Policy (each, an “Additional Insured”), but solely with respect to any liability imposed or sought to be imposed on such Additional Insured as a result of an act, error or omission of an original **insured** committed or allegedly committed subsequent to the execution of such agreement and during that period of time when **you** have agreed to provide the Additional Insured with such status under this Policy.
- (2) No coverage will be available under this Policy for that portion of **damages** or **defense costs** for any **claim** against an Additional Insured based solely upon the actual or alleged acts, errors or omissions of, or the actual or alleged independent or direct liability of, an Additional Insured.
- (3) With respect to any **claim** against an Additional Insured based upon both the acts, errors or omissions of the original **insured** and the acts, errors or omissions of an Additional Insured, **we** will pay:
 - (a) **defense costs** incurred by such Additional Insured in connection with such **claim**; and
 - (b) **damages** such Additional Insured is legally obligated to pay as a result of the acts, errors or omissions of the original **insured**,subject in all events to all other terms, conditions and exclusions of this Policy. No coverage will be available under this Policy for any **damages** such Additional Insured is obligated to pay as a result of its own acts, errors or omissions.
- (4) Solely with respect to **defense costs** resulting from any covered **claim** against an Additional Insured scheduled below who is insured under any other policy of insurance issued directly to such Additional Insured and that applies to such **defense costs**, it is understood and agreed that the coverage afforded under this Policy shall be primary to, and will not seek contribution from, such other insurance; provided, that:
 - (a) the written agreement between **you** and the Additional Insured under which **you** agreed to provide such Additional Insured with additional insured status under this Policy requires that this Policy be primary to, and not seek contribution from, any other insurance issued directly to such Additional Insured; and

- (b) the amount, extent and scope of coverage available under this Policy to such Additional Insured will be no greater than the amount, extent and scope of indemnification available to such Additional Insured as agreed to by **you** in such agreement.
- (5) Section IV GENERAL CONDITIONS (L) of this Policy shall be deemed amended to the extent necessary to effect the purpose and intent of this endorsement.
- (6) It is understood and agreed that the Additional Insured(s) scheduled below shall share in the applicable Limits of Liability set forth in ITEM 4.A. of the Declarations.

SCHEDULE

Additional Insured(s)

Any entity with which the Company has entered into a written agreement that requires that entity to be named as an Additional Insured under the Policy. On file with the Insurer.

All other terms, conditions and limitations of this Policy shall remain unchanged.