

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIM/DD/YYYY) 03/05/2019

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 SELOW. 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(les) must have ADDITIONAL INSURED provisions or be endorsed.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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										
	ils certificate does not confer rights to							require an encoraement	. A 8t	atement on
-			- 0010	mode norder in now or or	CONTA NAME:		<i>r</i>			
PRODUCER MARSH RISK & INSURANCE SERVICES					PHONE:			I FAY		
345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153				PHONE (AK. No. Ext): [AK. No);						
	AN FRANCISCO, CA 94104				ADDRE	38:				
					INSURER(S) AFFORDING COVERAGE			NAIC #		
	02355078GAUES-19-20				INSURER A : Philadelphia Indemnity Insurance Company				18058	
INSU	RED lar View Behavioral Health, Inc.				INSURER 6:					
đ	ba: Star View Adolescent Center				INSURE	RC:				
4025 W. 226th Street Tomance, CA 90505						INSURER D:				
"	31300, Or 30000				INSURE	RE:				
14.					INSURE	RF:			_	
CO	VERAGES CER	TIFIC	CATE	NUMBER:	SEA	-003594774-07		REVISION NUMBER: 4		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES DICATED NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH I	QUIF	REME	NT. TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	T TO	WHICH THIS
INSR			SUBR			POLICY EFF (MM/DDYYYY)	POLICY EXP	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	X	MYD	PHPK1949383		03/01/2019	03/01/2020		3	1,000,000
	CLAIMS-MADE X OCCUR	••						DAMAGE TO RENTED	\$	1,000,000
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1	X POLICY PRO-					0 17			8	
	CONTRACTOR OF THE PROPERTY OF								3	3,000,000 25,000
0.0	OTHER AUTOMOBILE LIABILITY			PHPK1949383		03/01/2019	03/01/2020	RECOURSE BUILDING WILLIAM	\$	
)	X ANY AUTO						000112020		3	1,000,000
	OWNED SCHEDULED									
	AUTOS ONLY AUTOS							AB ADDED TO LAKE DE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A			_	DIMPROCEIA				COMPICOLL	3	500 / 1,000
	X UMBRELLA LIAB X OCCUR			PKU8666640		03/01/2019	03/01/2020	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS MADE					2		AGGREGATE	\$	5,000,000
L.,	DED X RETENTION \$ 10,000								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						1	PER OTH-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	3	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liability			PHPK1949383		03/01/2019	03/01/2020	Each Incident		\$1,000,000
	(Claims Made)			Retro Date: 3/1/2001				Aggregate		\$3,000,000
054	Service of the state of the sta	FO 11	0000	dae Additional Process and an						
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL lablo Unified School District is included as additional H						e apace is requir	ed)		
					ar y	- roses manually:				
CERTIFICATE HOLDER CANCELLATION										
Mt. Diablo Unified School District										
5.50	GB Cerloita Drive				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
C	Concord, CA 94519			ACCORDANCE WITH THE POLICY PROVISIONS.						
-										
)			AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services							
			Amy G Wellere Ome & 1, 4 Ame							

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AGENCY CUSTOMER ID: CN102355078

LOC #: San Francisco

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ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

			CONTRACTOR DE LA CONTRA
JENCY MARSH RISK & INSURANCE SERVICES POLICY NUMBER		NAMED INSURED Star View Behavioral Health, Inc. dba: Star View Adolescent Center 4025 W 226th Street Torrance, CA 90505	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

Sexual Misconduct (Claims Made) Policy #: PHPK1949383

Insurer: Philadelphia Indemnity Insurance Company

Effective Date: 03/01/2019 Expiration Date: 03/01/2020

Limits:

Each Incident: \$1,000,000 Aggregata: \$1,000,000 Ratroactive Date: 03/01/2001

Excess Liability
Policy #: 003992400

Insurer: Ironshore Specialty Insurance Company

Effective Date: 03/01/2019 Expiration Date: 03/01/2020

Limits: \$5M per claim / \$5M eggregate Excess \$5M / \$5M excess \$1M / \$3M

Retroactive Dates: HPL 03/01/2019,

Sexual Abuse 03/01/2001 first \$3M, 03/01/2019 next \$2M.

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):
Mt. Diablo Unified School District
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.

POLICY NUMBER: PHUB666640



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	2885 Marsh, Inc. 345 California St. Suite 1300 San Francisco, CA 94104 (415)574-8000				
NAMED INSURED: Stars Behavioral Health G	roup Holding Co				
(and per Named Insured Sc MAILING ADDRESS: 1501 Hughes Way Long Beach, CA 90810-1876	,				
POLICY PERIOD: FROM 03/01/2019 TO TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	03/01/2020 AT 12:01 A.M. STANDARD				
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.					
LIMITS OF I	NSURANCE				
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE) \$	5,000,000				
PERSONAL & ADVERTISING INJURY LIMIT \$	5,000,000 Any one person or organization				
PRODUCTS COMPLETED OPERATIONS AGGREGATE	\$				
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations) \$ 5,000,000					
RETAINED LIMIT					
RETAINED LIMIT: \$ 10,0					

SEXUAL OR PHYSICAL ABUSE OR MOLESTATION VICARIOUS LIABILITY COVERAGE FORM SUBLIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY

SCHEDULE

SEXUAL OR PHYSICAL ABUSE OR MOLESTATION VICARIOUS LIABILITY COVERAGE SUBLIMITS:

Each "Abusive Conduct" Limit:

\$_5,000,000

Aggregate Limit:

5,000,000

This policy is intended to include the Sexual or Physical Abuse or Molestation Vicarious Liability Coverage form, but only with the limits set forth above. These limits are included within, and not excess of, nor in addition to the Limits of Insurance stated in the Declarations.

The coverage provided will follow the same provisions, exclusions and limitations that are contained in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance unless otherwise directed by this policy, or an endorsement to this policy.

To the extent such provisions differ or conflict, the provisions of this policy will apply. However, the coverage provided under this policy will not be broader than that provided by the applicable "underlying insurance."

Any per location or per project aggregate limit of insurance that is extended in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance will not apply to the coverage provided by this endorsement.

All other terms and conditions of this policy remain unchanged.

MEDICAL PROFESSIONAL LIABILITY COVERAGE SUB-LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY

SCHEDULE

MEDICAL PROFESSIONAL LIABILITY COVERAGE SUB-LIMITS			
Each "Professional Incident" Limit:	\$_5,000,000		
Aggregate Limit:	\$_5,000,000		

Notwithstanding any provision to the contrary, this policy will provide coverage for "medical professionals" subject to the MEDICAL PROFESSIONAL LIABILITY COVERAGE SUBLIMITS set forth in the endorsement Schedule. These sub-limits are part of, and not in addition to, the Limits of Insurance stated in the Declarations.

The Medical Professional Liability Coverage provided will follow the same provisions, exclusions and limitations that are contained in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance unless otherwise directed by this policy, or an endorsement to this policy.

To the extent such provisions differ or conflict, the provisions of this policy will apply. However, the coverage provided under this policy will not be broader than that provided by the applicable "underlying insurance."

Any per location or per project aggregate limit of insurance that is extended in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance will not apply to the coverage provided by this endorsement.

For the purpose of this endorsement, the following definitions are added:

- 1. "Medical professional" means licensed contracted, employed or volunteer physician, dentist, optometrist, nurse anesthetist or nurse midwife.
- 2. "Professional incident" means any actual or alleged negligent:
 - a. Act;
 - b. Error; or
 - c. Omission

in the rendering of professional services to others, including any counseling services, in your capacity as either a human services organization or a religious organization. Professional services include the

Philadelphia Indemnity Insurance Company

PI-CXL-048 (05/16)

furnishing of food, beverages, medications or appliances in connection therewith.

Any or all "professional incidents" arising from interrelated or series of acts, errors or omissions shall be deemed to be one "professional incident" taking place at the time of the earliest "professional incident."

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):					
Mt. Diablo Unified School District					
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
 - 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
- 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:

- 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.