



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2016

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 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).

PRODUCER Marsh USA, Inc. 1801 West End Avenue, Suite 1500 Nashville, TN 37203 102-578-487---16-17 Cindy	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No):		
	E-MAIL ADDRESS:		
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike, Suite 702 Nashville, TN 37217	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B : Hartford Accident & Indemnity Co.		22357
	INSURER C : Tokio Marine Specialty Insurance Company		
	INSURER D : National Union Fire Ins Co. of Pittsburgh PA		19445
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** ATL-003971193-06 **REVISION NUMBER:** 6

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK1502607	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 1,000,000
C	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PPK1503327 (LA Only)	06/01/2016	06/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> (Limited Coverage)						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			PHPK1502607	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			PHUB542851	06/01/2016	06/01/2017	EACH OCCURRENCE	\$ 20,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 20,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			10WNS52500	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	D&O/EPL (SHARED LIMIT)			14218711	06/01/2016	06/01/2017		10,000,000
	INCL EDUCATORS LEGAL LIABILITY							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract to receive students It is agreed that Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as Additional Insureds as respects General & Umbrella liability as required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District Risk Management Department 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 of Marsh USA Inc. Stephen R. Earp <i>Stephen R. Earp</i>

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POLICY NUMBER: PHUB542851



**PHILADELPHIA
INSURANCE COMPANIES**

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	20966 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 (212) 345-5000
NAMED INSURED: ChanceLight, Inc.	
MAILING ADDRESS: 1321 Murfreesboro Pike Ste 702 Nashville, TN 37217-2679	
POLICY PERIOD: FROM <u>06/01/2016</u> TO <u>06/01/2017</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

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 INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>20,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>20,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>20,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>20,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

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PREMIUM	
PREMIUM SUBTOTAL	\$ 67,154.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$Not Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 67,154.00
AUDIT PERIOD: <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>NON PROFIT ORGANIZATION</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

POLICY NUMBER: PHUB542851

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:	<u>SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
Policy Number:	_____	
Policy Period:	_____	
Minimum Applicable Limits		
Bodily injury by accident	\$ _____	Each Accident
Bodily injury by disease	\$ _____	Each Employee
Bodily injury by disease	\$ _____	Policy Limit
Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made		
Company:	<u>SEE COMML GEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u>	
Policy Number:	_____	
Policy Period:	_____	
Retroactive Date:	_____	
Minimum Applicable Limits:		
General Aggregate	\$ _____	
Products-Completed Operations Aggregate	\$ _____	
Personal And Advertising Injury	\$ _____	
Each Occurrence	\$ _____	
Commercial Auto Liability		
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1502607</u>	
Policy Period:	<u>06/01/2016 06/01/2017</u>	
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>	
Each Accident	\$ <u>1,000,000</u>	
Professional Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made		
Company:	_____	
Policy Number:	_____	
Policy Period:	_____	
Retroactive Date:	_____	
Minimum Applicable Limits		
_____	\$ _____	
_____	\$ _____	

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<p>Employee Benefits Liability</p> <p>Company: <u>SEE EMPL BEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Abuse or Molestation</p> <p>Company: <u>SEE ABUSE/MOLEST SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Directors & Officers Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Liquor Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>

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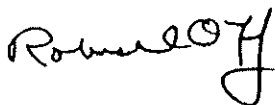
Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



President



Secretary