



CERTIFICATE OF LIABILITY INSURANCE

HOPEA-1

OP ID:

DATE (MM/DD/YYYY)

09/17/2021

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
Pennbrook Insurance Services
License #0622553
142 Sansome Street, 4th Floor
San Francisco, CA 94104
Maribeth Salguero-Chang

CONTACT
NAME:
PHONE
(A/C, No, Ext): 415-820-2200 FAX
(A/C, No): 415-394-8332
E-MAIL
ADDRESS:

INSURED
Hope Academy for Dyslexics
5353 Concord Blvd.
Concord, CA 94521

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nonprofits' Ins Alliance	10023
INSURER B : North American Elite	29700
INSURER C : Property & Casualty Ins-Hld	34690
INSURER D :	
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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	2021-66304	09/29/2021	09/29/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> \$1M		EDUCATORS E&O	09/29/2021	09/29/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB	CLAIMS-MADE X	2021-66304-UMB	09/29/2021	09/29/2022	AGGREGATE \$ 1,000,000
	DED RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N/A	57WECAJ0D1N	10/31/2021	10/31/2022	X PER STATUTE OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Property - BPP		2021-66304-PROP	09/29/2021	09/29/2022	Limit 20,000
	Special Form					Ded 500

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

Mt. Diablo Unified School is named as additional insured as required by written contract.

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

anchang

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY
ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:	Mt. Diablo Unified School District
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A. Section II – WHO IS AN INSURED is amended to include:

4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your negligent acts or omissions; or
- b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

B. Section III – LIMITS OF INSURANCE is amended to include.

8. The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

4. Other Insurance

a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or

- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

b. Excess Insurance

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.



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**NONPROFITS INSURANCE ALLIANCE
OF CALIFORNIA (NIAC)**

www.insurancefornonprofits.org

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2021-66304

RENEWAL OF NUMBER: 2020-66304

NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics
5353 Concord Blvd.
Concord, CA 94521

POLICY PERIOD:

FROM 09/29/2021 TO 09/29/2022
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Provides instruction for dyslexic learners

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$500,000 any one premises
MEDICAL EXPENSE LIMIT	\$20,000 any one person

ADDITIONAL COVERAGES:

CLASSIFICATION(S) SEE ATTACHED SUPPLEMENTAL DECLARATIONS SCHEDULE G

PREMIUM

\$2,046

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

COUNTERSIGNED: 08/25/2021

BY

Panel C. D.

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S)
AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NIAC-GL



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OF CALIFORNIA (NIAC)

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**IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE LIABILITY
COVERAGE PART DECLARATIONS**

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2021-66304

RENEWAL OF NUMBER: 2020-66304

NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics

5353 Concord Blvd.
Concord, CA 94521

POLICY PERIOD: FROM 9/29/2021 TO 9/29/2022
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Provides instruction for dyslexic learners

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:

		PREMIUM
GENERAL AGGREGATE	\$1,000,000	\$1,304
EACH CLAIM LIMIT	\$1,000,000	

NOTE: The limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for Defense Costs.

TOTAL PREMIUM:

\$1,304

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:

NIAC-E069 ISC 02 19, NIAC-E131 ISC 05 20, NIAC-E180 ISC 01 21, NIAC-E258 ISC 08 21, NIAC-E57 02 12, NIAC-ISCET 05 20

COUNTERSIGNED:

BY

Samuel C. D.

(AUTHORIZED REPRESENTATIVE)

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

NIAC-ISC

SOCIAL SERVICE PROFESSIONAL COVERAGE FORM DECLARATIONS

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2021-66304

RENEWAL OF NUMBER: 2020-66304

NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics

5353 Concord Blvd.
Concord, CA 94521

POLICY PERIOD: FROM 9/29/2021 TO 9/29/2022
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Provides instruction for dyslexic learners

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:

		PREMIUM
SOCIAL SERVICE PROFESSIONAL AGGREGATE LIMIT	\$1,000,000	\$1,190
SOCIAL SERVICE PROFESSIONAL EACH EVENT LIMIT	\$1,000,000	

TOTAL PREMIUM:

\$1,190

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:

NIAC-E02 01 17, NIAC-E069 SSP 02 19, NIAC-E11 SSP 09 19, NIAC-E125 11 19, NIAC-E180 SSP 01 21, NIAC-E32 01 17, NIAC-E33 SSP 09 19,
NIAC-E42 SSP 09 19

COUNTERSIGNED:

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE
FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section
5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to
regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool
becomes insolvent.

NIAC-SSP



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COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2021-66304-UMB

RENEWAL OF NUMBER: 2020-66304-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics
5353 Concord Blvd.
Concord, CA 94521

Item 2 POLICY PERIOD:

FROM 9/29/2021 TO 9/29/2022

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION:

Provides instruction for dyslexic learners

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY**

Item 3 THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION:

\$600

Item 4 LIMITS OF INSURANCE:

- | | | |
|------|--|-----------|
| a. | Occurrence / Accident / Injury / Claim Limits (where applicable): | 1,000,000 |
| i) | Each Occurrence - Commercial General Liability and Products-
Completed Operations Liability | |
| ii) | Each Accident - Business Auto Liability | |
| iii) | Each Injury - Liquor Liability | |
| iv) | Each Claim - Employee Benefits Liability | |
| b. | Each Claim - Directors and Officers Liability | Excluded |
| c. | Each Claim - Improper Sexual Conduct and Physical Abuse Liability | Excluded |
| d. | Each Claim - Social Service Professional Liability | Excluded |

Aggregate limits:

- | | | |
|----|--|-----------|
| e. | Commercial General Liability, Business Auto Liability, Products- Completed Operations
Liability, Liquor Liability, and Employee Benefits Liability Aggregate
(where applicable): | 1,000,000 |
| f. | Directors and Officers Liability Aggregate | Excluded |
| g. | Improper Sexual Conduct and Physical Abuse Liability Aggregate | Excluded |
| h. | Social Service Professional Liability Aggregate | Excluded |

Item 5 RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):

CU 21 33 01 15, NIAC-E003 UMB 08 20, NIAC-E190 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19, SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB166 12 88, UMB62 05 13

COUNTERSIGNED: 8/25/2021

BY

Samuel C. R.

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

NIAC - UMB / 2-99