



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/14/2021

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

PRODUCER MARSH USA Inc. 1717 Arch Street Philadelphia, PA 19103 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212 948-1307 PROVO AWGH	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire Ins Co. of Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER B : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D : AIU Insurance Co</td> <td>19399</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co. of Pittsburgh PA	19445	INSURER B : New Hampshire Insurance Company	23841	INSURER C : N/A	N/A	INSURER D : AIU Insurance Co	19399	INSURER E :		INSURER F :
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COVERAGES	CERTIFICATE NUMBER: CLE-006645861-01	REVISION NUMBER: 1
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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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
A A A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6890150 (AOS) 6890152 (VA) 6890151 (MA)	01/01/2021 01/01/2021 01/01/2021	01/01/2022 01/01/2022 01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
D D D B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	058240193 (AOS) 058240195 (FL) 058240194 (CA) 058240196 (MA & WI)	01/01/2021 01/01/2021 01/01/2021 01/01/2021	01/01/2022 01/01/2022 01/01/2022 01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
* CIRF-823126-6961:AU,GL,HP,WC*
GENERAL LIABILITY: PROVO CANYON SCHOOL IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.
HOSPITAL PROFESSIONAL LIABILITY: PROVO CANYON SCHOOL IS SELF INSURED FOR \$3,000,000 EACH AND EVERY OCCURRENCE FOR 01/01/21 - 01/01/22.
SEXUAL ABUSE/MISCONDUCT COVERAGE IS INCLUDED IN SELF-INSURANCE LIMITS EVIDENCED WITHOUT SUBLIMITS.

CERTIFICATE HOLDER
MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR.
CONCORD, CA 94519
CANCELLATION
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.
Manashi Mukherjee *Manashi Mukherjee*

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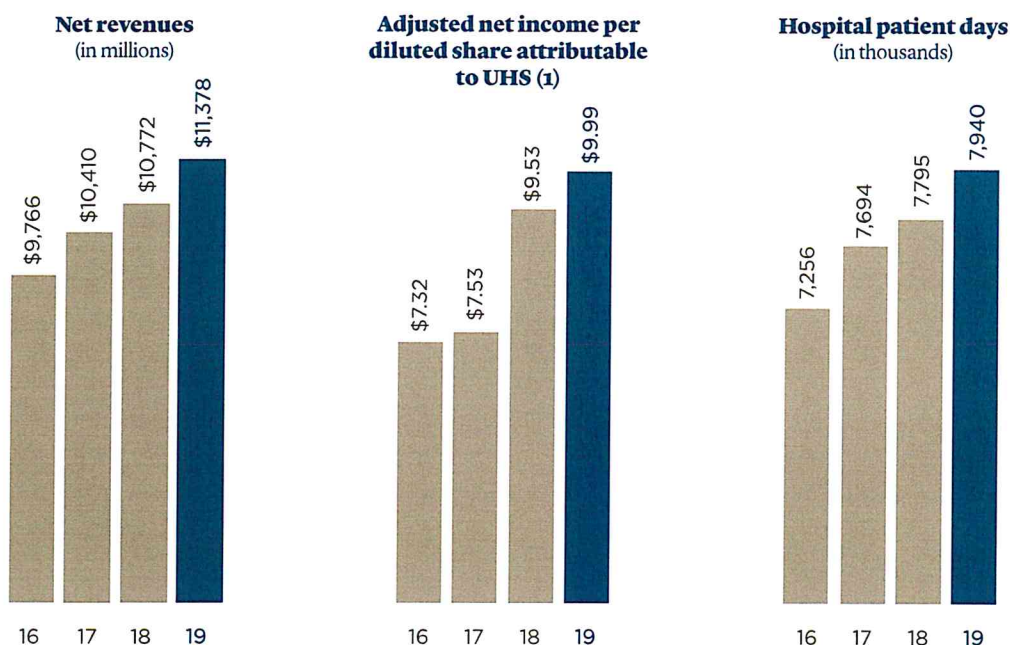
FINANCIAL HIGHLIGHTS

Year Ended December 31	2019	2018	Percentage Increase	2017
Net revenues	\$11,378,259,000	\$10,772,278,000	6%	\$10,409,865,000
Adjusted net income attributable to UHS (1)	\$891,820,000	\$894,350,000	—	\$725,459,000
Adjusted diluted earnings per share attributable to UHS (1)	\$9.99	\$9.53	5%	\$7.53

Year Ended December 31	2019	2018	Percentage Increase	2017
Patient days	7,939,554	7,795,322	2%	7,694,021
Admissions	806,350	786,643	3%	765,212
Average number of licensed beds	30,191	29,741	2%	29,278

	2019		2018		2017		2016	
	Amount	Per Diluted Share	Amount	Per Diluted Share	Amount	Per Diluted Share	Amount	Per Diluted Share
(1) Calculation of Adjusted Net Income Attributable to UHS (in thousands except per share amounts)								
Net income attributable to UHS	\$814,854	\$9.13	\$779,705	\$8.31	\$752,303	\$7.81	\$702,409	\$7.14
Other combined adjustments	76,966	0.86	114,645	1.22	(26,844)	(0.28)	17,830	0.18
Adjusted net income attributable to UHS	\$891,820	\$9.99	\$894,350	\$9.53	\$725,459	\$7.53	\$720,239	\$7.32

The "Other combined adjustments" neutralize the effect of items in each year that are nonrecurring or non-operational in nature including items such as: reserves for various matters, settlements, legal judgments and lawsuits, our adoption of ASU 2016-09, gains/losses on sales of assets and businesses, impairments of long-lived and intangible assets and other amounts that may be reflected in a given year that relate to prior periods. Since "adjusted net income attributable to UHS" is not computed in accordance with generally accepted accounting principles ("GAAP"), investors are encouraged to use GAAP measures when evaluating our financial performance. To obtain a complete understanding of our financial performance the information provided above should be examined in connection with our consolidated financial statements and notes thereto, as contained in this report.





Gretchen Ceurter <ceurterg@mdusd.org>

COI

Workman, Layla <Layla.Workman@uhsinc.com>
To: Gretchen Ceurter <ceurterg@mdusd.org>

Fri, Jan 15, 2021 at 1:53 PM

Universal Health Services, Inc. confirms that Provo Canyon School is a wholly-owned self-insured hospital subsidiary. General and Professional liability exposures are self-insured for the entire period of our ownership. As we are self-insured, there are no endorsements or self-insurance trust document.

Our hospitals self-insure on the strength of their financials and we offer indemnification to all employees (except MD's) who act within the course and scope of their employment. You can access our public filings at www.uhsinc.com to review actuarial and accounting evaluations of the adequacy of our self-insurance accruals. The certificate of insurance you received evidencing Provo Canyon School self-insurance is the only document that can be produced to satisfy your request.

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