



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2022

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 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 The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	CONTACT NAME: Stephanie Johnson PHONE (A/C, No, Ext): (408) 510-5806 FAX (A/C, No): E-MAIL ADDRESS: sjohnson@libertycompany.com														
INSURED Building Connections Behavioral Health, Inc. 710 S Broadway Suite 250 Walnut Creek CA 94596	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Houston Specialty Insurance Company</td><td>12936</td></tr><tr><td>INSURER B: Employers Compensation Insurance Co</td><td>11512</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></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: Houston Specialty Insurance Company	12936	INSURER B: Employers Compensation Insurance Co	11512	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: Eff. 7/1/2022

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" 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		AHHSPL000017100	7/1/2022	7/1/2023	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 3,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ Included</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ Included</td></tr><tr><td>EMPLOYEE BENEFITS AGG</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 3,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ Included	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ Included	EMPLOYEE BENEFITS AGG	\$ 1,000,000
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A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AHHSPL000017100	7/1/2022	7/1/2023	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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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"/> Y	N/A	EIG495639300	7/1/2022	7/1/2023	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 2,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 2,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 2,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 2,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000	E.L. DISEASE - POLICY LIMIT	\$ 2,000,000						
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A	Professional Liability			AHHSPL000017100	7/1/2022	7/1/2023	\$3,000,000/ EACH CLAIM \$5,000,000/AGG														
A	Abuse or Molestation Liability			AHHSPL000017100	7/1/2022	7/1/2023	\$1,000,000/EACH OCCURRENCE \$3,000,000/AGG														

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

Whereby required by written contract or agreement, Mt. Diablo Unified School District is hereby named as an Additional Insured under the Commercial General Liability on a Primary & Non-Contributory basis per form SKWDAHP01020321.

CERTIFICATE HOLDER

Mt. Diablo Unified School District
1936 Carlotta Drive, Wing D
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

S Johnson/SJOHN

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT – PRIMARY AND NONCONTRIBUTORY (GENERAL LIABILITY ONLY)

This endorsement modifies insurance provided under the following:

MEDICAL FACILITIES AND PROVIDERS PROFESSIONAL LIABILITY AND OTHER LIABILITY POLICY

In consideration of the premium charged it is hereby understood and agreed that:

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 APPLICABLE TO ALL COVERAGE PARTS 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 **Loss** or **Defense Expenses** 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 the joint acts, errors or omissions of the original insured and of an Additional Insured, we will pay:
 - a. **Defense Expenses** incurred by such Additional Insured in connection with such **Claim**; and
 - b. **Loss** that 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 Expenses 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 Expenses**, 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 the Insured and the Additional Insured under which the Insured 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 Policy.

SCHEDULE

Additional Insured(s)
Blanket when required in a written contract or agreement