



CERTIFICATE OF LIABILITY INSURANCE

5/21/2024

DATE (MM/DD/YYYY)

5/18/2023

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: _____	PHONE (A/C No, Ext): _____	FAX (A/C, No): _____
	E-MAIL ADDRESS: _____		INSURER(S) AFFORDING COVERAGE
INSURED 1487747 The Stepping Stones Group, LLC 184 High Street, Floor 7 Boston, MA 02110	INSURER A : Coverys Specialty Insurance Company		NAIC # 15686
	INSURER B : Pennsylvania Manufacturers' Assoc Ins Co		12262
	INSURER C : _____		
	INSURER D : _____		
	INSURER E : _____		

COVERAGES MAIN CERTIFICATE NUMBER: 17308146 REVISION NUMBER: XXXXXXXX

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 <input checked="" type="checkbox"/> Deductible: \$0 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	N	005MA000044275	5/21/2023	5/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> 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	N	N	152300 1459288A 152300 1459288B	5/21/2023 5/21/2023	5/21/2024 5/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	005MA000044275	5/21/2023	5/21/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	<input checked="" type="checkbox"/> 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	N/A	202300 1459288	5/21/2023	5/21/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab.	N	N	005MA000044275	5/21/2023	5/21/2024	\$1M Ea. wrongful act/\$3M Agg Deductible: \$0
A	Sexual & Molestation Covg.			005MA0000 44275	5/21/2023	5/21/2024	\$1M Per Claim/\$3M Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Attached Named Insured List. Mount Diablo Unified School District is listed as an additional insured with respects to the General Liability policy as per written contract.

CERTIFICATE HOLDER 17308146 Mount Diablo Unified School District 1936 Carlotta Dr. Concord CA 94519	CANCELLATION See Attachments 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 
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SSG Additional Named Insured List

Autism Intervention Professionals, LLC
Behavioral Learning Center – CO, Inc.
Behavioral Learning Center, Inc.
EBS Children’s Institute, LLC
EBS Children’s Therapy- GA, LLC
EBS Group LLC
EBS Healthcare, LLC
EBS Earning, LLC
Educational Based Services, LLC
Green Celtics Borrower Merger Sub, LLC
Green Celtics Intermediate Inc.
MBS MidCo, LLC
New England ABA LLC
San Diego County SPS, LLC
SSG HoldCo, LLC
SSG Intermediate HoldCo, LLC
SSG Investment HoldCo Inc.
SSG New York, LLC
Stepping Stones Healthcare Services, LLC
The Futures HealthCore, LLC
The Perfect Playground OT, PT, & SLP PLLC
The Stepping Stones Group LLC
Therapy Time L.L.C.
ERA Psychological Services, Inc.
Green Celtics Holdings LP
Green Celtics Parent Inc.
Positive Behavioral Solutions, LLC
EBS Healthcare Staffing Services, Inc
HM Systems, Inc.
City Sounds of NY – Speech Language Development Center Inc
City Sounds of NY
City Sound of NY Speech Language
Center for Behavioral Educational & Social Therapies, LLC
Ed Sped Solutions, LLC
Building Blocks Behavior Consultants, Inc.
Catalyst Speech, LLC



Coverys Specialty Insurance Company

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

Attached to and forming part of Policy Number:	First Named Insured:	Policy Period:
005MA000044275	Stepping Stones Health Care Services LLC	05/21/2023 to 05/21/2024 At 12:01 AM Standard Time at the address of the First Named Insured as stated herein.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the insurance provided under the following:

- Entity Medical Professional Liability Coverage Part
- Commercial General Liability Coverage Part

Subject to all other terms and conditions of the POLICY, it is agreed and understood that:

A. Section II. Definition of Insured is amended to include as an additional INSURED any person(s) or organization(s) when YOU and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional INSURED on your POLICY. Such person(s) or organization(s) is an INSURED only with respect to liability arising out the activities as described within the contract by a NAMED INSURED and such person(s) or organization(s). However, the insurance afforded to such additional INSURED:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which a NAMED INSURED is required by the contract or agreement to provide for such additional INSURED.

A person's or organization's status as an additional INSURED under this endorsement ends when their contract or agreement with YOU ends.

B. With respect to the insurance afforded to the additional INSUREDS, the following is added to Section III. Our Limit of Liability:

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 Liability shown in the DECLARATIONS; whichever is less.

This endorsement shall not increase the applicable Limit of Liability shown in the DECLARATIONS.

Nothing in this Endorsement shall vary, alter, waive or extend any of the terms and conditions of the POLICY, other than as expressly stated above.

Sam Mezzich
President

Erin B. Bagley
Secretary