

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/14/2023

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 License # 0G66614	CONTACT NAME:					
One Risk Group, LLC DBA: One Risk Management & Insurance Services 8701 Koll Center Parkway, Suite 350	PHONE (A/C, No, Ext): (925) 226-7350 FAX (A/C, No): (925) 2	226-7380				
Pleasanton, CA 94566	E-MAIL ADDRESS: Certificates@oneriskgroup.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: MedChoice Risk Retention Group	15738				
INSURED	INSURER B: Lexington Insurance Company	19437				
EdTheory, LLC	INSURER C : Security National Insurance Company	19879				
6701 Koll Center Parkway, Suite 250	INSURER D:					
Pleasanton, CA 94566	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR		ADDL SI	UBR VVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			1	·····	EACH OCCURRENCE	\$ 3,000,000
	CLAIMS-MADE X OCCUR	Х	FPL01019-01	7/16/2023	7/16/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		FPL01019-01	7/16/2023	7/16/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE		6799012	7/16/2023	7/16/2024	AGGREGATE	\$ 2,000,000
	DED RETENTION \$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	SWC1443132	5/15/2023	5/15/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Prof Liability		FPL01019-01	7/16/2023	7/16/2024	\$3M / Aggregate	1,000,000
Α	Sexual Misconduct		FPL01019-01	7/16/2023	7/16/2024	\$1M / Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mt. Diablo Unified School District is included as Additional Insured to the extent provided in the attached form.

Umbrella policy coverage limit is excess of the primary policy coverage limits including Sexual Misconduct and Professional Liability.

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.
0011001d, 0A 34313	AUTHORIZED REPRESENTATIVE
	monica Ino





Miscellaneous Healthcare Facility Professional Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT

Subject to the Declarations and to all other terms and conditions of the Policy to which this Endorsement is attached, the Company and the **named insured** agree to amend the Policy as follows:

As of the endorsement effective date until the endorsement expiration date, insurance is afforded under this Policy to any organization(s) that are required by a contract or agreement with the **named insured** executed prior to a **claim**. Such organization is an **additional insured** under this policy on a shared limits basis under Coverages A Professional Liability and/or B Commercial General Liability as required by written contract or agreement.

With respect to the insurance afforded to the additional insured, this Policy is amended as follows:

To the extent coverage is afforded to the **additional insured** under Coverage B Commercial General Liability, Section IV. EXCLUSIONS, subparagraphs D.11.a., D.11.b. and D.11.f. are deleted and replaced as follows:

IV. EXCLUSIONS

D. <u>Exclusions Applicable to Coverage B (Commercial General Liability)</u>

- 11. liability for **property damage** to:
 - a. property owned or occupied by or rented or loaned to the named insured.
 However, this exclusion does not apply to property damage to equipment leased to the named insured by the additional insured;

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Named Insured's Name & Address:	Policy Number FPL01019-01		
EdTheory, LLC 6701 Koll Center Parkway	Effective Date & Expiration Date		
Suite 250 Pleasanton, CA 94566	Endorsement Effective Date 7/16/2023		
	Authorized Signature:		

This endorsement is subject to the declarations, conditions, exclusions and all other terms of the policy indicated above which are not inconsistent with this endorsement and forms a part of that policy when signed by an authorized representative of the company.



Miscellaneous Healthcare Facility Professional Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT

b. premises sold, given away or abandoned by the named insured or premises rented to the named insured by the additional insured and vacated by the named insured prior to the expiration of the lease term if the property damage arises out of any part of those premises, or to liability arising from such premises or any part thereof;

- f. Exclusion IV.D.11. does not apply to liability of the **named insured** for **property damage** to premises rented to and occupied by the **named insured** caused by:
 - (1) fire or explosion;
 - the discharge, leakage or overflow of water or steam from plumbing, heating, refrigerating or air conditioning systems; or
 - rain admitted directly to the building interior through open or defective doors, windows, skylights, transoms or ventilators.

Payments made for liability within the scope of this subparagraph D.11.f. shall not exceed \$1,000,000 in the aggregate for all **claims** reported within the **policy period** and are included in and attributable to the aggregate Limit of Insurance described in Section VIII of this Policy.

The following subparagraph D is added to Section VII. LIMITS OF INSURANCE:

VII. LIMITS OF INSURANCE

D. <u>Limits of Insurance Applicable to Additional Insured-Designated Organization Endorsement</u>

The most the Company will pay on behalf of the **additional insured** is the amount of insurance:

- 1. required by the contract or agreement with the **additional insured**; or
- 2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.





Miscellaneous Healthcare Facility Professional Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT

The following is added to Section VIII. CONDITIONS, D. Subrogation:

VIII. CONDITIONS

The Company agrees to waive any right of recovery it may have against the **additional insured** because of payments the Company makes under Coverage A, Professional Liability, or Coverage B, Commercial General Liability, of this Policy, to the extent such waiver is required under a written contract with the **named insured** that was executed prior to a **claim**.

Primary Non-Contributory: If, under a written contract, the **additional insured** has agreed that this Policy provides primary non-contributory coverage, the following is added to Section VIII.D. Subrogation:

If other insurance is available to the **additional insured** described above for a loss covered by this Policy, this insurance will apply to such loss on a primary basis and the Company will not seek contribution from the other insurance available to the **additional insured**.