

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Seneca Family of Agencies 2275 Arlington Drive San Leandro, CA 94578	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Theft of money and securities : 500,000 Deductible:5000
Robbery or burglary of Property: 500,000 Deductible:5000
Money and securities : 500,000 Deductible:5000
Computer fraud:1,000,000 Deductible:5000
Fund transfer fraud:1,000,000 Deductible:5000
Money order and counterfeit paper currency: 500,000 Deductible:5000
Sexual Abuse is covered under the Umbrella to provide limits of \$3,000,000/\$3,000,000. Workers Compensation is also covered under the Umbrella to provide limits of \$2,000,000

Mt. Diablo Unified School District is named additional insured with respect to liability arising out of work or operations performed by the Consultant/Named Insured. Endorsement attached.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. 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.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

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 Insurance shown in the Declarations; whichever is less.

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

SORT ORDER: Person/Entity ID

SELECT PROGRAM/COST CTR: 1653 ; SITE: 705 ; OBJECT CODE: 1000-3999 ; LEVEL 3 OBJECT: 02NONPC ; OBJECT TYPE: XP

Lg ACCOUNT CODE	Primary Ref	Transaction Description	SS Ref	Date	Job No	Debit	Credit	NET
GL 705-1653-11-2150	01042DP	LANDIS, ADRIENNE	4	04/10/18	02319914	648.30	0.00	648.30
GL 705-1653-11-3362	01042DP	LANDIS, ADRIENNE	2	04/10/18	02319914	9.40	0.00	657.70
GL 705-1653-11-3652	01042DP	LANDIS, ADRIENNE	2	04/10/18	02319914	19.51	0.00	677.21
** Total 16256		By Person/Entity ID				677.21	0.00	677.21
GL 705-1653-11-2150	01042DP	TRIGUEROS, MARIA ELENA	4	04/10/18	02319914	129.66	0.00	129.66
GL 705-1653-11-3362	01042DP	TRIGUEROS, MARIA ELENA	2	04/10/18	02319914	1.88	0.00	131.54
GL 705-1653-11-3652	01042DP	TRIGUEROS, MARIA ELENA	2	04/10/18	02319914	3.90	0.00	135.44
** Total 16257		By Person/Entity ID				135.44	0.00	135.44
GL 705-1653-11-2150	01042DP	CHEN, SUE Y	4	04/10/18	02319914	1,730.40	0.00	1,730.40
GL 705-1653-11-3362	01042DP	CHEN, SUE Y	2	04/10/18	02319914	25.09	0.00	1,755.49
GL 705-1653-11-3652	01042DP	CHEN, SUE Y	2	04/10/18	02319914	52.09	0.00	1,807.58
** Total 20287		By Person/Entity ID				1,807.58	0.00	1,807.58
GL 705-1653-11-2150	01042DP	RAYNOR, MOLLY	4	04/10/18	02319914	968.40	0.00	968.40
GL 705-1653-11-3362	01042DP	RAYNOR, MOLLY	2	04/10/18	02319914	14.04	0.00	982.44
GL 705-1653-11-3372	01042DP	RAYNOR, MOLLY	2	04/10/18	02319914	36.32	0.00	1,018.76
GL 705-1653-11-3552	01042DP	RAYNOR, MOLLY	2	04/10/18	02319914	0.48	0.00	1,019.24
GL 705-1653-11-3652	01042DP	RAYNOR, MOLLY	2	04/10/18	02319914	29.15	0.00	1,048.39
** Total 23489		By Person/Entity ID				1,048.39	0.00	1,048.39
GL 705-1653-11-2150	01042DP	MEANEY, MAITE TERI	4	04/10/18	02319914	217.89	0.00	217.89
GL 705-1653-11-3362	01042DP	MEANEY, MAITE TERI	2	04/10/18	02319914	3.16	0.00	221.05
GL 705-1653-11-3652	01042DP	MEANEY, MAITE TERI	2	04/10/18	02319914	6.56	0.00	227.61
** Total 24298		By Person/Entity ID				227.61	0.00	227.61
GL 705-1653-11-2150	01042DP	WEIGELT, REGULA	4	04/10/18	02319914	1,743.12	0.00	1,743.12
GL 705-1653-11-3362	01042DP	WEIGELT, REGULA	2	04/10/18	02319914	25.28	0.00	1,768.40
GL 705-1653-11-3372	01042DP	WEIGELT, REGULA	2	04/10/18	02319914	65.37	0.00	1,833.77
GL 705-1653-11-3552	01042DP	WEIGELT, REGULA	2	04/10/18	02319914	0.87	0.00	1,834.64
GL 705-1653-11-3652	01042DP	WEIGELT, REGULA	2	04/10/18	02319914	52.47	0.00	1,887.11
** Total 29150		By Person/Entity ID				1,887.11	0.00	1,887.11
GL 705-1653-11-2150	01042DP	RUIZ, MARIA FERNANDA	4	04/10/18	02319914	387.36	0.00	387.36
GL 705-1653-11-3362	01042DP	RUIZ, MARIA FERNANDA	2	04/10/18	02319914	5.61	0.00	392.97
GL 705-1653-11-3372	01042DP	RUIZ, MARIA FERNANDA	2	04/10/18	02319914	14.52	0.00	407.49
GL 705-1653-11-3552	01042DP	RUIZ, MARIA FERNANDA	2	04/10/18	02319914	0.20	0.00	407.69
GL 705-1653-11-3652	01042DP	RUIZ, MARIA FERNANDA	2	04/10/18	02319914	11.66	0.00	419.35
** Total 34262		By Person/Entity ID				419.35	0.00	419.35
GL 705-1653-11-2150	01042DP	MANALILI, ALEJANDRA MARI	4	04/10/18	02319914	484.20	0.00	484.20
GL 705-1653-11-3362	01042DP	MANALILI, ALEJANDRA MARI	2	04/10/18	02319914	7.02	0.00	491.22
GL 705-1653-11-3372	01042DP	MANALILI, ALEJANDRA MARI	2	04/10/18	02319914	18.16	0.00	509.38
GL 705-1653-11-3552	01042DP	MANALILI, ALEJANDRA MARI	2	04/10/18	02319914	0.24	0.00	509.62
GL 705-1653-11-3652	01042DP	MANALILI, ALEJANDRA MARI	2	04/10/18	02319914	14.58	0.00	524.20
** Total 39038		By Person/Entity ID				524.20	0.00	524.20
GL 705-1653-11-2150	01042DP	HEKMAT, FATEMEH	4	04/10/18	02319914	1,783.47	0.00	1,783.47
GL 705-1653-11-3362	01042DP	HEKMAT, FATEMEH	2	04/10/18	02319914	25.86	0.00	1,809.33
GL 705-1653-11-3372	01042DP	HEKMAT, FATEMEH	2	04/10/18	02319914	66.88	0.00	1,876.21
GL 705-1653-11-3552	01042DP	HEKMAT, FATEMEH	2	04/10/18	02319914	0.89	0.00	1,877.10
GL 705-1653-11-3652	01042DP	HEKMAT, FATEMEH	2	04/10/18	02319914	53.68	0.00	1,930.78
** Total 39632		By Person/Entity ID				53.68	0.00	1,930.78
GL 705-1653-11-2150	01042DP	AMAYA, SAMUEL	4	04/10/18	02319914	1,791.54	0.00	1,791.54
GL 705-1653-11-3362	01042DP	AMAYA, SAMUEL	2	04/10/18	02319914	25.98	0.00	1,817.52
GL 705-1653-11-3372	01042DP	AMAYA, SAMUEL	2	04/10/18	02319914	67.18	0.00	1,884.70
GL 705-1653-11-3552	01042DP	AMAYA, SAMUEL	2	04/10/18	02319914	0.90	0.00	1,885.60
GL 705-1653-11-3652	01042DP	AMAYA, SAMUEL	2	04/10/18	02319914	53.93	0.00	1,939.53

SORT ORDER: Person/Entity ID

SELECT PROGRAM/COST CTR: 1653 ; SITE: 705 ; OBJECT CODE: 1000-3999 ; LEVEL 3 OBJECT: 02NONPC ; OBJECT TYPE: XP

Lg ACCOUNT CODE	Primary Ref	Transaction Description	SS Ref	Date	Job No	Debit	Credit	NET
** Total 40291						1,939.53	0.00	1,939.53
GL 705-1653-11-2150	01042DP	EL GHAWI, ALICIA	4	04/10/18	DR-CR	88.77	0.00	88.77
GL 705-1653-11-3362	01042DP	EL GHAWI, ALICIA	2	04/10/18	02319914	1.29	0.00	90.06
GL 705-1653-11-3372	01042DP	EL GHAWI, ALICIA	2	04/10/18	02319914	3.33	0.00	93.39
GL 705-1653-11-3552	01042DP	EL GHAWI, ALICIA	2	04/10/18	02319914	0.04	0.00	93.43
GL 705-1653-11-3652	01042DP	EL GHAWI, ALICIA	2	04/10/18	02319914	2.68	0.00	96.11
** Total 40984		By Person/Entity ID		(1)	DR-CR	96.11	0.00	96.11
** GRAND TOTAL **						10,693.31	0.00	10,693.31

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGES

**Terrorism Risk
Insurance Act of 2002,
as amended 2015
(TRIPRA)**

This quotation offers coverage for Insurer's share of liability for loss caused by certified acts of terrorism as defined in the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA).

Coverage provided for losses resulting from certified acts of terrorism may be partially reimbursed by the United States government under a formula established by federal law. However, your policy may contain other exclusions which might affect coverage, such as an exclusion for nuclear events.

Under the formula, the United States government generally reimburses a specified percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The percentage of covered terrorism losses exceeding the deductible paid by the insurance company providing the coverage for which such insurance company will be reimbursed by the United States government is:

- 85% for losses occurring in 2015;
- 84% for losses occurring in 2016;
- 83% for losses occurring in 2017;
- 82% for losses occurring in 2018;
- 81% for losses occurring in 2019;
- 80% for losses occurring in 2020

The premium charged for the coverage quoted herein does not include any charge for that portion of any terrorism loss to be paid by the United States government.

TRIPRA contains a USD100 billion cap limiting United States government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds USD 100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed USD100 billion, the coverage quoted herein may be reduced.

That part of the total premium amount quoted herein by Insurer that is attributed to coverage pursuant to TRIPRA is provided above in Premium section of quotation.

In the event that the Insured declines to purchase TRIPRA coverage, the policy will contain an Exclusion of Certified Acts of Terrorism.

**UMBRELLA
RENEWAL
QUOTATION**

Q1-2017-00557-UMB

Insured: (00557) Seneca Family of Agencies* 2275 Arlington Drive San Leandro, CA 94578
Proposed Effective Date: 07/01/2017

Producer: (00063) Chapman 505 North Brand Blvd. Suite 600 Glendale, CA 91203
S.I.R. \$10,000

<u>Umbrella Premium per Line of Business</u>	<u>Limits</u>	<u>Premium</u>
General Liability	\$4,000,000	\$46,676
Social Service Professional Liability	\$4,000,000	Incl.
Improper Sexual Conduct	\$2,000,000	\$13,751
Terrorism coverage (Certified Acts)		\$1,461
	Annual Premium (with Terrorism coverage):	\$61,888
	Annual Premium (without Terrorism coverage):	\$60,427

Exclusions

Employers' Liability
 Damages to Premises Rented to You
 Uninsured / Underinsured Motorist

Exclusions (cont.)

Directors & Officers

Follow Form

Liquor Liability
 Auto Liability
 Employee Benefits Liability

GENERAL CONDITIONS

- See the attached Index of Forms.
- For coverages not quoted, contact your Underwriter.
- A written request to bind coverage must be submitted to our office prior to the proposed effective date. Please use the bind order checklist located on the secure broker website to bind coverage.
- Follow Form Uninsured/Underinsured Motorist is not available.
- The attached Terrorism Disclosure MUST be delivered to the nonprofit agency.
- **Broker Commission is 15.0%.**

SPECIAL CONDITIONS

Umb Q1 is over GL/BA Q1. No AL deductible on u/l auto

THE COVERAGE OFFERED IN THIS QUOTATION MAY DIFFER FROM THAT REQUESTED IN THE APPLICATION. FAILURE TO PROVIDE THE REQUESTED COVERAGE SHALL IMPOSE NO LIABILITY ON NIAC.

Underwriter: Eileen Robillard

E-Mail: erobillard@niac.org
 Direct Phone: (831) 621-6008, Direct Fax: (831) 621-6008
 (800) 359-6422, Ext. 6008

Underwriting Assistant: Emmanuel Brion

E-Mail: ebrion@niac.org
 Direct Phone: (831) 621-6134, Direct Fax: (831) 621-6134
 (800) 359-6422, Ext. 6134

**SCHEDULE OF PROPOSED
UMBRELLA LIMITS**

Q1-2017-00557-UMB

Control Number: 00557
Insured: Seneca Family of Agencies*

<u>Line of Business</u>	<u>Limits</u>	<u>Additional Premium Per Layer</u>
Liability	\$ 1,000,000	\$25,014
	\$ 2,000,000	\$12,508
	\$ 3,000,000	\$5,828
	\$ 4,000,000	\$3,326
	Subtotal:	\$46,676
Social Service Professional	\$ 1,000,000	Incl.
	\$ 2,000,000	Incl.
	\$ 3,000,000	Incl.
	\$ 4,000,000	Incl.
Improper Sexual Conduct	\$ 1,000,000	\$9,167
	\$ 2,000,000	\$4,584
	Subtotal:	\$13,751

**INDEX OF FORMS THAT WILL BE ATTACHED TO
THE POLICY IF COVERAGE IS BOUND**

Q1-2017-00557-UMB

INSURED: Seneca Family of Agencies*

FORM NUMBER/EDITION DATE

DECLARATION PAGES AND SCHEDULES

Schedule A - Schedule of Underlying Insurance

SCHEDULE A 01 80

LIABILITY FORMS AND ENDORSEMENTS

Cap on Losses for Certified Acts - Terrorism Coverage

CU 21 30 01 15

Exclusion of Certified Acts of Terrorism - Automobile Liability Underlying Insurance Only

CU 21 33 a 01 15

Exclusion of Certified Acts of Terrorism - Social Services Professional Underlying Coverage Only

CU 21 33 s 01 15

Disclosure Of Premium For Certified Acts of Terrorism

IL 09 99 01 15

Nuclear, Chemical and Biological Hazard Exclusion

NIAC-E42 01 17

Prior Acts Exclusion

UMB 227 04 13

Privacy Liability and Cyber Coverage Exclusion

UMB 231 06 16

Medical Payments Exclusion

UMB 232 06 16

Commercial Umbrella Policy

UMB1000 03 99

Employers' Liability Exclusion

UMB61 05 13



A Head for Insurance. A Heart for Nonprofits.

Quick Premium Billing/Payment and Commission Reference Sheet

Two Billing Options are Available:

Direct Bill Payment Plan:

The payment plan consists of nine installments billed over nine consecutive months. Installments are as follows:

- 20% of the annual premium due from policy issuance date billed on the first Member Statement.
- 8 monthly installments each equal to 10% of the annual premium.
- A simple interest charge equivalent to 3.00% APR will be applied each month to any unpaid balance (excluding Property and Accident premiums).
 - **EXAMPLE:** \$5,000 in total premium would have a down payment of \$1,000 with 8 installments of \$500. Total annual interest of \$45 would be charged if minimum premium payments were made each month.

Commissions paid to agency in full after the 20% down payment is received.

*Please note: any changes in premium will adjust the monthly installment amount. Alternately, the full balance can be paid at any time.

Agency Bill Payment Plan:

- Net balance due within 30 days of policy issuance.
- Billing Invoices are emailed to broker contact assigned to the account.

Paying Premium Online

Brokers and nonprofit clients can make payments online on our secure broker or member website. For Agency billed accounts multiple invoices can be paid at once online. For Direct billed accounts your clients can easily make a payment by going to the "Make a Payment" page of the member secure website.

Commission EFT Transfer

We prefer to process commission payments through Electronic Funds Transfer. To set this up simply log-in to the NIAC broker secure area on our website then go to the Summary tab of the Broker Overview page and supply your banking information for this quick and easy way to receive future commission payments.

*Please note: only broker contacts with a designated role of "Administrator" will be able to access this function.

Also, please designate an Accounts Receivable contact to receive email confirmation of EFT payments. Details for current and past commission payments are also available for your review at any time on the NIAC broker secure website by going to the Direct Bill tab of the Broker Overview page.