



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2021

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	INSURER A: Philadelphia Indemnity Insurance Company	NAIC # 18058
	INSURER B: Hartford Accident and Indemnity Company	22357
	INSURER C: Ascot Specialty Insurance Company	45055
	INSURER D: Crum & Forster Specialty Insurance Company	44520
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: W21311943

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 SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	PHPK2281408	06/01/2021	06/01/2022	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 \$
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		PHPK2281408	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000	Y	PHUB770291	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	20 WN S52503	06/01/2021	06/01/2022	<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
C	Excess Liability 2nd Layer \$5,000,000 Excess \$10,000,000		ESXS2110000280-01	06/01/2021	06/01/2022	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

SEE ATTACHED

CERTIFICATE HOLDER

Mt. Diablo Unified School District
Risk Management Department
1936 Carlotta Drive
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



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED Spectrum Center, Inc. 1321 Murfreesboro Pike Suite 702 Nashville, TN 37217	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

It is agreed that Mt. Diablo Unified School District, its subsidiaries, officials and employees are included as Additional Insureds as respects General & Umbrella liability as required by written contract. Umbrella is follow form.

INSURER AFFORDING COVERAGE: Crum & Forster Specialty Insurance Company NAIC#: 44520
 POLICY NUMBER: SEO-113663 EFF DATE: 06/01/2021 EXP DATE: 06/01/2022

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Umbrella 3rd Layer	Each Occurrence	\$5,000,000
\$5,000,000 Excess \$15,000,000	Aggregate	\$5,000,000

PERSONNEL SERVICES

JUN 28 2021

MDU&D

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):
as required by written contract or
agreement

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.

POLICY NUMBER: PHUB770291



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	25482 Willis Towers Watson Southeast, Inc. 5 Concourse Pkwy 18th Floor Atlanta, GA 30328 (404) 224-5000
NAMED INSURED: Ray Beyond LLC	
MAILING ADDRESS: 1321 Murfreesboro Pike Ste 702 Nashville, TN 37217	
POLICY PERIOD: FROM <u>06/01/2021</u> TO <u>06/01/2022</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>10,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>10,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>10,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>10,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB770291

PREMIUM	
PREMIUM SUBTOTAL	\$ ██████████
STATE TAXES, FEES, SURCHARGES (if applicable)	\$ <u>Not Applicable</u>
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ ██████████
AUDIT PERIOD: <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>LLC</u>
BUSINESS DESCRIPTION:	<u>Specialty School Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

POLICY NUMBER: PHUB770291

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:		
Policy Number:		
Policy Period:		
Minimum Applicable Limits		
Bodily injury by accident	\$ _____	Each Accident
Bodily injury by disease	\$ _____	Each Employee
Bodily injury by disease	\$ _____	Policy Limit
Commercial General Liability		
	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company:	SEE COMML GEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS	
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits:		
General Aggregate	\$ _____	
Products-Completed Operations Aggregate	\$ _____	
Personal And Advertising Injury	\$ _____	
Each Occurrence	\$ _____	
Commercial Auto Liability		
Company:	SEE COMML AUTO LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS	
Policy Number:		
Policy Period:		
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ _____	
Each Accident	\$ _____	
Professional Liability		
	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company:	SEE PROFESSIONAL LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS	
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
_____	\$ _____	
_____	\$ _____	

POLICY NUMBER: PHUB770291

<p>Employee Benefits Liability</p> <p>Company: <u>SEE EMPL BEN LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Abusive Conduct Liability</p> <p>Company: <u>SEE ABUSE/MOLEST SUPPLEMENTAL SCHEDULE OF UNDERLYING INS</u></p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Directors & Officers Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>
<p>Liquor Liability</p> <p>Company: _____</p> <p>Policy Number: _____</p> <p>Policy Period: _____</p> <p>Retroactive Date: _____</p> <p>Minimum Applicable Limits</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made</p>

POLICY NUMBER: PHUB770291

Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



John W. Glomb, Jr.
President & CEO



Secretary

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability Occurrence Claims-Made

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK2281408

Policy Period: 06/01/2021 06/01/2022

Retroactive Date: Not Applicable

Minimum Applicable Limits:

General Aggregate	\$	3,000,000
Products-Completed Operations Aggregate	\$	3,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000

Commercial General Liability Occurrence Claims-Made

Company: Tokio Marine Specialty Insurance Company

Policy Number: PPK2283381

Policy Period: 06/01/2021 06/01/2022

Retroactive Date: Not Applicable

Minimum Applicable Limits:

General Aggregate	\$	3,000,000
Products-Completed Operations Aggregate	\$	3,000,000
Personal And Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000

Commercial General Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits:

General Aggregate	\$	
Products-Completed Operations Aggregate	\$	
Personal And Advertising Injury	\$	
Each Occurrence	\$	

Commercial General Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date:

Minimum Applicable Limits:

General Aggregate	\$	
Products-Completed Operations Aggregate	\$	
Personal And Advertising Injury	\$	
Each Occurrence	\$	

**COMMERCIAL AUTO LIABILITY
SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE**

Commercial Auto Liability

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK2281408

Policy Period: 06/01/2021 06/01/2022

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$	Not Applicable
Each Accident	\$	1,000,000

Commercial Auto Liability

Company: Tokio Marine Specialty Insurance Company

Policy Number: PPK2283381

Policy Period: 06/01/2021 06/01/2022

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$	Not Applicable
Each Accident	\$	1,000,000

Commercial Auto Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$	
Each Accident	\$	

Commercial Auto Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Garage Aggregate Limit For Other Than Autos (if applicable)	\$	
Each Accident	\$	

**PROFESSIONAL LIABILITY
SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE**

Professional Liability Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PHPK2281408
 Policy Period: 06/01/2021 06/01/2022
 Retroactive Date: 06/01/2016
 Minimum Applicable Limits
Each Professional Incident \$ 1,000,000
Aggregate \$ 3,000,000

Professional Liability Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK2283381
 Policy Period: 06/01/2021 06/01/2022
 Retroactive Date: 06/01/2016
 Minimum Applicable Limits
Each Professional Incident \$ 1,000,000
Aggregate \$ 3,000,000

Professional Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Professional Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

EMPLOYEE BENEFITS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employee Benefits Liability Occurrence Claims-Made
 Company: Philadelphia Indemnity Insurance Company
 Policy Number: PPHPK2281408
 Policy Period: 06/01/2021 06/01/2022
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
Each Claim \$ 1,000,000
Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company: Tokio Marine Specialty Insurance Company
 Policy Number: PPK2283381
 Policy Period: 06/01/2021 06/01/2022
 Retroactive Date: 06/01/2004
 Minimum Applicable Limits
Each Claim \$ 1,000,000
Aggregate \$ 1,000,000

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

Employee Benefits Liability Occurrence Claims-Made
 Company:
 Policy Number:
 Policy Period:
 Retroactive Date:
 Minimum Applicable Limits
 \$
 \$

ABUSIVE CONDUCT LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Abusive Conduct Liability Occurrence Claims-Made

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK2281408

Policy Period: 06/01/2021 06/01/2022

Retroactive Date: Not Applicable

Minimum Applicable Limits

Each Abusive Conduct	\$	1,000,000
Aggregate	\$	3,000,000

Abusive Conduct Liability Occurrence Claims-Made

Company: Tokio Marine Specialty Insurance Company

Policy Number: PPK2283381

Policy Period: 06/01/2021 06/01/2022

Retroactive Date: Not Applicable

Minimum Applicable Limits

Each Abusive Conduct	\$	1,000,000
Aggregate	\$	3,000,000

Abusive Conduct Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date: _____

Minimum Applicable Limits

	\$	
	\$	

Abusive Conduct Liability Occurrence Claims-Made

Company:

Policy Number:

Policy Period:

Retroactive Date: _____

Minimum Applicable Limits

	\$	
	\$	



DATE: August 25, 2020

TO: Philadelphia Insurance Company

RE: Claim #1377161

To Whom it May Concern,

Kevin Mitchell is the Secretary of all of the Ray Beyond subsidiaries listed below.

ChanceLight, Inc.
Florida Educational Services, Inc.
Spectrum Center, Inc
Spectrum Concord, LLC
Spectrum Oakland, LLC
Spectrum San Pablo, LLC
Spectrum Pittsburg, LLC
Spectrum-Center-Rossier Park High School
Spectrum Center-Rossier Park Elementary School
Ombudsman Educational Services of Texas, Inc.
Ombudsman Educational Services LTD
ACE Learning Centers, Inc.
Early Autism Project, Inc.
Education Alternatives for ABA LLC
Growing Minds Learning Center, LLC
Community Living in Kentucky, LLC
Mockingbird Capital, LLC DBA Sage Care Therapy

He is authorized to sign any and all necessary documents on behalf of any of these companies.

Thank you

A handwritten signature in black ink, appearing to read "Kevin Mitchell".

Kevin Mitchell
Secretary