



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2020

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 Altus Partners, Inc 201 King of Prussia Road Suite 100 Radnor PA 19087		CONTACT NAME: Krista Dean PHONE (A/C, No, Ext): (610) 526-9130 FAX (A/C, No): (610) 526-2021 E-MAIL ADDRESS: certs@altuspartners.com	
INSURED Maxim Healthcare Staffing Services, Inc. 7227 Lee DeForest Drive Columbia MD 21046		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London NAIC # 2623/623 INSURER B: ACE American Insurance Company 22667 INSURER C: Indemnity Ins. Co. of North America 43575 INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20-21 MHSS + XS

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			HC2000032	11/30/2020	11/30/2021	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> \$3,000,000 SIR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY			H25314438 (Owned Auto)	11/30/2020	11/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS		H25314475			BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			HC2000032	11/30/2020	11/30/2021	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			C67807601 (AOS)	11/30/2020	11/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	C67807649 (CA, MA)			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			C6780756A (OH, WA)			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				C67807522 (WI)			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			HC2000032 (\$4M SIR)	11/30/2020	11/30/2021	\$4,000,000 per claim \$4,000,000 per aggregate

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

Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Mt. Diablo Unified School District is an additional insured on the general liability and auto liability insurance policies per the written agreement. The General Liability policy includes coverage for sexual abuse & molestation according to policy terms and conditions. The Excess policy provides excess coverage above the \$1,000,000 limit for the Auto and Employers Liability policies.

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. AUTHORIZED REPRESENTATIVE Krista Dean/KMD 
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DECLARATIONS

- ITEM 1. (a) **NAMED INSURED:-** Maxim Healthcare Services, Inc. plus affiliated, subsidiary and Joint Venture companies as per the Additional Insured Schedule
- (b) **Address of NAMED INSURED:-** 7227 Lee Deforest Drive
Suite 100, Columbia, Maryland 21046
United States of America
- (c) **Existing related entities:-** All affiliated, subsidiary and joint venture companies as detailed in Endorsement Number Two attaching to this Policy
- ITEM 2. Limits of Liability in all in respect of each
LOSS or PROFESSIONAL INCIDENT
and as more fully set forth in Endorsement
Number Forty - Four:- USD 10,000,000
- ITEM 3. Limits of Liability in the aggregate for
the **POLICY PERIOD** and as more fully set
forth in Endorsement Number Forty - Four:- USD 10,000,000
- ITEM 4. **Period of this Policy:-**
Inception Date: 30th November, 2020
Expiration Date: 30th November, 2021
both days at 12:01 a.m. Local Standard Time at the address of the Named Insured.



DECLARATIONS
(CONTINUED)

- | | | |
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| ITEM 5. | Notice to:- | Altus Partners, Inc.
201 King of Prussia Road
Suite 100
Radnor
Pennsylvania 19087
United States of America |
| ITEM 6. | (a) Retroactive Date:- | As detailed in Endorsement Number Three attaching to this Policy |
| | (b) Continuity Date:- | 30 th November, 2004 |
| ITEM 7. | Currency (Condition P):- | United States Dollars |
| ITEM 8. | Payment of Premium (Other Conditions P) to:- | Altus Partners, Inc.
201 King of Prussia Road
Suite 100
Radnor
Pennsylvania 19087
United States of America |
| ITEM 9. | Service of Process (Other Conditions O) upon:- | Lloyd's America Inc.,
Attention: Legal Department
280 Park Avenue
East Tower
25th Floor
New York,
New York 10017
United States of America |
| ITEM 10. | Underwriters' Representative:- | Peter Clancy
Clark Hill,
150 N. Michigan Avenue,
Suite 2700,
Chicago, Illinois 60601
United States of America |
| ITEM 11. | Premium for this Policy (Other Conditions A):- | As more fully set forth in
Endorsement Number Fifty
- Three |



- ITEM 12. Additional premium in respect of Extended Reporting Period
- Other Conditions D) :- 125% of the full annual premium for this Policy.
- Other Conditions E).:- 125% of the full annual premium for this Policy for 12 months;
150% of the full annual premium for this Policy for 24 months;
175% of the full annual premium for this Policy for 36 months;
200% of the full annual premium for this Policy for 48 months;
225% of the full annual premium for this Policy for 60 months.
- ITEM 13. (a) **UNDERWRITERS'** Severability Co-Insurance with respect to
V. OTHER CONDITIONS M. SEVERABILITY 1., 3. and 4: 100%
- But
UNDERWRITERS' Severability Co-Insurance with respect to
V. OTHER CONDITIONS M. SEVERABILITY 2.: 90%
- (b) **INSUREDS'** Severability Co-Insurance with respect to
V. OTHER CONDITIONS M. SEVERABILITY 1., 3. and 4: 0%
- But
INSUREDS' Severability Co-Insurance with respect to
V. OTHER CONDITIONS M. SEVERABILITY 2.: 10%
- ITEM 14. (a) **UNDERWRITERS PUNITIVE DAMAGES'** Co-Insurance: 0%
- (b) **INSUREDS PUNITIVE DAMAGES'** Co-Insurance: 100%
- ITEM 15. Allocation for **PUNITIVE DAMAGES** (Insuring Agreement I.E.6.): 15%

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured Maxim Healthcare Services, Inc.			Endorsement Number 4
Policy Symbol ISA	Policy Number H25314475	Policy Period 11/30/2020 TO 11/30/2021	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your "employees" or agents.
 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative



ENDORSEMENT NUMBER: TWO

ADDITIONAL INSURED SCHEDULE

- Maxim Healthcare Services, Inc.
- Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
- Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
- Maxim Healthcare Systems, LLC
- Maxim Health Systems, LLC
- Maxim Health Systems, LLC d/b/a Maxim Physician Resources
- Maxim of New York, LLC
- Maxim Government Services, LLC
- CareFocus, Inc. formerly known as Carolina Habilitation Services, Inc.
- Maxim Pediatric Services
- Maxim Coding Solutions
- CareMax Medical Resources, LLC
- PHA, LLC doing business as Professional Healthcare Associates
- Carolina Habilitation Services, Inc.
- Maxim Respite Services
- SNI Healthcare Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as Preston House
- Max's House
- Maxim Home Health Resources, LLC
- Maxim Home Healthcare, Inc.
- NSI Home Health Services, Inc.
- Centrus Premier Home Care, Inc.
- Terra-Maxim joint Venture No.1, LLC
- Maxim Habilitation Services, LLC
- Logix Healthcare Search Partners, LLC
- Reflectxion Resources, Inc.
- Reflectxion Resources, Inc. doing business as Reflectx Staffing Services
- Reflectxion Resources, Inc. doing business as Reflectx Oncology Resources
- Maxim Healthcare Services doing business as Maxim Health Information Services
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- CareFocus Companion Services, LLC
- Care Focus, Inc. doing business as CareFocus Companion Services
- Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
- Maxim Healthcare Services, Inc. doing business as TravelMax
- HealthAlign, LLC
- StaffAssist Workforce Management, LLC
- Maxim Healthcare Staffing Services, Inc.
- TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC dba Maxim Locum Tenens and Advanced Practitioners
- Maxim Corporate Services, LLC.



- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.