

#### CERTIFICATE OF LIABILITY INSURANCE

3/18/2024

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)

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PRODUCER		CONTACT NAME: Jamel Freeman	
Freeman Insurance Services, Inc		PHONE (A/C, No, Ext): (510) 528-2700 FAX (A/C, No):	
1035 San Pablo Ave. #1		E-MAIL ADDRESS: jamel@freemaninscompany.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Albany	CA 94706	INSURER A: Philadelphia Indemnity Insurance Company	18058
INSURED		INSURER B: Sentinel Insurance Company, LTD.	11000
Bay Area Educational Institute dba BayHill High School		INSURER C:	
1940 VIRGINIA ST		INSURER D:	
		INSURER E:	
BERKELEY	CA 94709	INSURER F:	
COVERAGES CERTIFICATE	NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN	ICE LISTED BELOW HAVE	BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE	RIOD
I INDICATED NOTWITHSTANDING ANY REQUIREMENT	TERM OR CONDITION C	DE ANY CONTRACT OR OTHER DOCLIMENT WITH RESPECT TO WHICH	THIS

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	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S				
	CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000				
							MED EXP (Any one person)	\$ 5,000				
A		Y		PHPK2665022	04/01/2024	04/01/2025	PERSONAL & ADV INJURY	\$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000				
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000				
	OTHER:							\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	ANY AUTO						BODILY INJURY (Per person)	\$				
Α	OWNED SCHEDULED AUTOS ONLY	Y		PHPK2665022	04/01/2024	04/01/2025	BODILY INJURY (Per accident)	\$				
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
								\$				
	WINDERLA LIAB COCCUR						EACH OCCURRENCE	\$ 4,000,000				
A	EXCESS LIAB CLAIMS-MADE	Y		PHUB903884	04/01/2024	04/01/2025	AGGREGATE	\$ 4,000,000				
	DED RETENTION \$							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						✗   PER STATUTE   OTH-ER					
l _	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?	N/A		57WECZH5765	04/01/2024	04/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000				
~	(Mandatory in NH)		37 WECZI13703	37 WECZI13703	37 WECZI13703	. 37 WECZII3703	37 W LCZI13703	3/WECZII3/03	04/01/2024	04/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
							Professional Limit	1,000,000				
A	Professional Liability	Y		PHPK2665022	04/01/2024	04/01/2025						
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

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

CERTIFICATE HOLDER	CANCELLATION
Mt. Diablo Unified School District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1936 Carlotta Drive	AUTHORIZED REPRESENTATIVE
Concord, CA 94519-1397	Jamel Freeman

#### 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):					
Mt. Diablo Unified School District					
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:
  - In the performance of your ongoing operations; or
  - **2.** In connection with your premises owned by or rented to you.

#### However:

- 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.



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

# COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	30253 Freeman Insurance Services Inc. 1035 San Pablo Ave Ste 1 Albany, CA 94706
	(510) 528-2700
NAMED INSURED: Bay Area Educational Inst dba: Bayhill High School	itute
MAILING ADDRESS: 1940 Virginia St Berkeley, CA 94709-2136	
POLICY PERIOD: FROM 04/01/2024 TO TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	04/01/2025 AT 12:01 A.M. STANDARD

### 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)	\$	4,000,000				
PERSONAL & ADVERTISING INJURY LIMIT	\$	4,000,000	Ar	ny one person or organization		
PRODUCTS COMPLETED OPERATIONS AGG	\$_	4,000,000				
GENERAL AGGREGATE LIMIT (LIABILITY CO' respect to Auto Liability and Products Completed	\$_	4,000,000				

RETAINED LIMIT				
\$	10,000			
	R \$			

PREMIUM		
PREMIUM SUBTOTAL	\$	3,760.00
STATE TAXES, FEES, SURCHARGES (if applicable)	Not	Applicable
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$	3,760.00
AUDIT PERIOD:   🗵 NOT APPLICABLE   🗆 ANNUALLY 🗀 SEMI-ANNUALLY 🗖 QUARTER	_Y [	
DESCRIPTION OF BUSINESS		
FORM OF BUSINESS: CORPORATION		
BUSINESS DESCRIPTION: Specialty School Umbrella		
bosiness beschief non.		<del></del>
ENDORSEMENTS ATTACHED TO THIS POLICY		
SEE ATTACHED SCHEDULE		

SCHEDULE OF UNDERLYING INSURANCE						
<b>Employers' Liability</b>	•					
Company:	Property & Ca	sualty Ins	sura	nce Company of Har	tford	_
Policy Number:	TBD					_
Policy Period:	04/01/2024	04/01/2	025			_
Minimum Applicable	Limits					
Bodily injury by a	ccident		\$	1,000,000	_Each Accident	
Bodily injury by d	lisease		\$	1,000,000	_Each Employee	
Bodily injury by d	lisease		\$	1,000,000	_Policy Limit	
Commercial Genera	al Liability			☑ Occurrence	☐ Claims-Made	
Company:	Philadelphia	Indemnity	Ins	urance Company		
Policy Number:	PHPK2665022					_
Policy Period:	04/01/2024	04/01/2	025			_
Retroactive Date: N	ot Applicable	<u></u>				
Minimum Applicable	Limits:					
General Aggrega	ate		\$_	2,000,000	_	
Products-Comple	ted Operations Age	gregate	\$_	2,000,000	_	
Personal And Ad	lvertising Injury		\$_	1,000,000	_	
Each Occurrence	Э		\$_	1,000,000	_	
Commercial Auto L	-					
Company:	Philadelphia	Indemnity	Ins	urance Company		_
Policy Number:	PHPK2665022					_
Policy Period: _	04/01/2024	04/01/2	025			_
Minimum Applicable	Limits					
	te Limit For Other	Than Autos	Φ.			
(if applicable)			\$_	Not Applicable	_	
Each Accident			\$_	1,000,000	_	
Professional Liabili	ty			☐ Occurrence	☑ Claims-Made	
Company:	Philadelphia	Indemnity	Ins	urance Company		_
Policy Number:	PHPK2665022					_
Policy Period: _	04/01/2024	04/01/2	025			_
Retroactive Date: 0	6/01/2011					
Minimum Applicable	Limits					
Each Profes	Each Professional Incident \$ 1,000,000					
<u>Aggregate</u>			_\$ _	1,000,000	_	

Employee Benefits Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	_
	\$	_
Abusive Conduct Liability	☑ Occurrence	☐ Claims-Made
Company: Philadelphia Indemnity Ins	surance Company	
Policy Number: PHPK2665022		
Policy Period: 04/01/2024 04/01/2025		
Retroactive Date: Not Applicable		
Minimum Applicable Limits		
Each Abusive Conduct	\$1,000,000	_
Aggregate	\$ 1,000,000	_
Directors & Officers Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	<u>_</u>
	\$	_
Liquor Liability	☐ Occurrence	☐ Claims-Made
Company:		
Policy Number:		
Policy Period:		
Retroactive Date:		
Minimum Applicable Limits		
	\$	<u>_</u>
	\$	<u>_</u>