

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.



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

Lamb Financial Group
145 W 45th Street
New York, NY 10036

POLICY NUMBER: 2022-57077-UMB

RENEWAL OF NUMBER: 2021-57077-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:

Big Minds, Inc.
1937 San Pablo Ave.
Pinole, CA 94564

Item 2 POLICY PERIOD:

FROM 10/16/2022 TO 10/16/2023
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: School designed for 2e students

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

Item 3 THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION: \$939

(premium includes Terrorism Coverage - Certified Acts: \$50 but only for policies that indicate coverage on Schedule A - Schedule of Underlying Insurance)

Item 4 LIMITS OF INSURANCE:

- a. Occurrence / Accident / Injury / Claim Limits (where applicable): 1,000,000
i) Each Occurrence - Commercial General Liability and Products-Completed Operations Liability
ii) Each Accident - Business Auto Liability
iii) Each Injury - Liquor Liability
iv) Each Claim - Employee Benefits Liability
b. Each Claim - Directors and Officers Liability Excluded
c. Each Claim - Improper Sexual Conduct and Physical Abuse Liability 1,000,000
d. Each Claim - Social Service Professional Liability 1,000,000

Aggregate limits:

- e. Commercial General Liability, Business Auto Liability, Products-Completed Operations Liability, Liquor Liability, and Employee Benefits Liability Aggregate (where applicable): 1,000,000
f. Directors and Officers Liability Aggregate Excluded
g. Improper Sexual Conduct and Physical Abuse Liability Aggregate 1,000,000
h. Social Service Professional Liability Aggregate 1,000,000

Item 5 RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):

CU 21 30 01 15, CU 21 33 a 01 15, CU 21 33 e 01 15, CU 21 33 s 01 15, IL 09 99 12 20, NIAC-E003 UMB 08 20, NIAC-E133 UMB 05 20, NIAC-E180 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19, SCHEDULE A 01 80, UMB 231 06 16, UMB 232 06 16, UMB-100 05 21, UMB166 12 88, UMB62 05 13