



BRIGH-2

OP ID: LA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2020

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 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 Remer Lane Insurance, Inc. www.remerlane.com P.O. Box 14514 Savannah, GA 31416 Jonathan B. Lane	912-352-4444	CONTACT NAME: Jonathan B. Lane	
		PHONE (A/C, No, Ext): 912-352-4444	FAX (A/C, No): 912-352-2500
E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: UNITED STATES LIABILITY	25898
		INSURER B: NATIONAL LIABILITY & FIRE	20052
		INSURER C: AmGUARD INSURANCE COMPANY	42390
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES, LLC
C/O CAITLIN HARVEY
31 PINE VIEW DR
BLUFFTON, SC 29910

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR 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 <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	AH1557143B	06/27/2020	06/27/2021	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 \$ INCLUDED
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BRAU140986	07/02/2020	07/02/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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	A9WC164035	01/07/2020	01/07/2021	<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

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

COMPLETE CERT HOLDER NAME: Mt. Diablo Unified School District, its officers, officials, employees, and volunteers.
ADDITIONAL INSURED PER ATTACHED CG2026 0704.

CERTIFICATE HOLDER**CANCELLATION**

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 CONCORD DR
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
Jonathan B. Lane

ENDORSEMENT #6

This endorsement, issued by **United States Liability Insurance Company** to **BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES, LLC** forms a part of Policy Number **AH 1557143B** effective on **11/20/2020** (MO. DAY YR.) at 12:01 A.M.

Add/Remove/Amend Coverage

In consideration of **an additional premium of \$30** it is hereby agreed and understood that the policy is amended with the following changes:

LOCATIONS:

Loc. #	Address	Territory
1	3229 Argent Boulevard, Suite A, Ridgeland, SC, 29936	001
	Covered Causes of Loss: Special	Fire Code: 0702
	Construction: Unknown	Prot. Class: 1
	Description: Business Personal Property	Square Footage: 0
	Special Deductible: None	Special Deductible Type:
2	1115 North Columbia Avenue, Rincon, GA, 31326	003
	Covered Causes of Loss: Special	Fire Code: 0702
	Construction: Unknown	Prot. Class: 1
	Description: Business Personal Property	Square Footage: 0
	Special Deductible: None	Special Deductible Type:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

COVERAGES:

<u>Loc#</u>	<u>Classification</u>	<u>Code No.</u>	<u>Premium Basis</u>	<u>Rate</u>		<u>Premium Change</u>		<u>Charged</u>
				<u>Pr/Co*</u>	<u>All Other</u>	<u>Pr/Co*</u>	<u>All Other</u>	
1 Amend	Additional Insured - Managers or Lessors of Premises	49950	2 Per Additional Insured	Included	50.000	Included	\$100	\$15
1 Amend	Mental Health Counselor	73729	6 Per Counselor	Included	36.150	Included	\$217	\$15
2 Amend	Mental Health Counselor	73729	If Any	Included	36.150	Included	Included	\$0

LIMITS:

The following Limits have been amended as shown:

Each Occurrence Limit	\$2,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$2,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$4,000,000
Allied Health Abuse Molestation Each Claim Limit	\$50,000
Allied Health Abuse Molestation Aggregate	\$100,000

It is hereby agreed that the following form(s)
is(are) removed from the Policy:

* Products/Completed Operations

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):

Effective Date: 09/23/2020 12:01 AM

MT. DIABLO UNIFIED SCHOOL DISTRICT, ITS OFFICERS, OFFICIALS, EMPLOYEES, & VOLUNTEERS
1936 CARLOTTA DRIVE
CONCORD, CA 94519

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

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 their 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 or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with the premises owned by or rented to you.

Worker's Compensation and Employer's Liability Policy
National Liability & Fire Insurance Company - A Stock Co.
Policy Number A9WC297816
Renewal of A9WC164035
NCCI No. [19054]

Policy Information Page

[1] Named Insured and Mailing Address		Agency
BRIGHT LIGHT BEHAVIORAL & DEVELOPMENTAL SERVICES LLC 31 Pine View Dr Bluffton, SC 29910		APPALACHIAN INSURANCE SERVICES 800 Oak Ridge Turnpike Suite A-1000 Oak Ridge, TN 37830 Agency Code: TNAPPA20
Federal Employer's ID	XX-XXX4231	Insured is Limited Liability Co. (LLC)
Locations on Policy		
(L2)	3229 Argent Blvd Ste A , Ridgeland, SC 29936-3114 (01/07/2021 - 01/07/2022)	

[2] Policy Period	From January 7, 2021 to January 7, 2022, 12:01 AM, standard time at the insured's mailing address.
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[3] Coverage	<p>A. Workers' Compensation Insurance - Part One of this policy applies to the Workers' Compensation Law of the following states: South Carolina</p> <p>B. Employer's Liability Insurance - Part Two of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:</p> <table> <tr> <td>Bodily Injury by Accident - each accident</td> <td>\$1,000,000</td> </tr> <tr> <td>Bodily Injury by Disease - each employee</td> <td>\$1,000,000</td> </tr> <tr> <td>Bodily Injury by Disease - policy limit</td> <td>\$1,000,000</td> </tr> </table> <p>C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.</p> <p>D. This policy includes these endorsements and schedules: See Extension of Information Page - Schedule of Forms</p>	Bodily Injury by Accident - each accident	\$1,000,000	Bodily Injury by Disease - each employee	\$1,000,000	Bodily Injury by Disease - policy limit	\$1,000,000
Bodily Injury by Accident - each accident	\$1,000,000						
Bodily Injury by Disease - each employee	\$1,000,000						
Bodily Injury by Disease - policy limit	\$1,000,000						

[4] Premium	The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)
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Total Estimated Policy Premium	\$	5,523
Total Surcharges/Assessments	\$	0.00
Total Estimated Cost	\$	\$5,523.00

INTERNAL USE 12804
MGA : A9WC297816
Date : 01/06/2021