

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2021

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 Business Professional Insurance Associates 1519 South B Street San Mateo, CA 94402	CONTACT NAME: Cindi Watson PHONE (A/C, No, Ext): (650)341-4484 FAX (A/C, No): (650)341-4465 E-MAIL ADDRESS: cwatson@bpia.net
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Lloyd's of London-Hiscox
INSURED Foundation for Hearing Research, Inc. 3518 Jefferson Avenue Redwood City, CA 94062	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :


COVERAGES **CERTIFICATE NUMBER: 00004865-508052** **REVISION NUMBER: 2**

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Malpractice E&O (Claims-Made)			MEO4170691.21 (\$1,000 DEDUCTIBLE)	07/01/2021	07/01/2022	Aggregate Per Claim 3,000,000 1,000,000

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

Evidence of Coverage only.
 See ACORD 101 for list of providers and NPI numbers.

CERTIFICATE HOLDER EVIDENCE OF COVERAGE XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX,	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  (CLW)
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ADDITIONAL REMARKS SCHEDULE

AGENCY Business Professional Insurance Associates		NAMED INSURED Foundation for Hearing Research, Inc.	
POLICY NUMBER MEO4170691.21		EFFECTIVE DATE: 07/01/2021	
CARRIER Lloyd's of London-Hiscox	NAIC CODE		

ADDITIONAL REMARKS

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

FOUNDATION FOR HEARING RESEARCH, INC. DBA: WEINGARTEN CHILDREN'S CENTER
 Malpractice E&O 2021-22 * List of Provider Names and NPI Numbers

- 1336707595 Lisa Marcacci - Audiologist
- 1922373448 Oralia Gloria - SLP *subcontractor
- 1881252732 Urszula Semerda - Occupational Therapist
- 1164991378 Sara Cline- SLP
- 1891238101 Julie Cooper- SLP
- 1558803114 Jennifer Aguilar- SLP
- 1861946451 Heather Bricker -SLP
- 1841742293 Eryn Mchan -SLP *subcontractor
- 1629520804 Alexis Terndrup - SLP
- 1548813561 Sara Manning- SLP
- 1700185352 Stephanie Benyi - SLP*subcontractor
- 1992342141 Kelly Pool - SLP
- 1376918698 Christine Ghazimoradi -SLP *subcontractor
- 1932430139 Molly Walker - SLP
- 1386111235 Shannon Sharma - SLP



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period
EIG 2730368 02	From 11/04/2020 To 11/04/2021
<small>12:01A.M. Standard Time at the address of the Insured as stated herein</small>	

Transaction				
RENEWAL DECLARATIONS				
NCCI Carrier #	31283	WCIRB CARRIER#	00920	PRIOR POLICY NUMBER EIG273036801
1. Named Insured and Address			Agent	
FOUNDATION FOR HEARING RESEARC WEINGARTEN CHILDREN'S CENTER 3518 JEFFERSON AVE REDWOOD CITY CA 94062-3136			BUSINESS PROF INS ASSOC 1519 SOUTH B ST SAN MATEO, CA 94402 Telephone: 6503414484	
Customer #	Carrier #	FEIN #	Risk ID #	Entity of Insured
	31283	941706320	1551406	ALL OTHER

Additional Locations:

- The Policy Period is from 11/04/2020 to 11/04/2021 12:01 a.m. Standard Time at the Insured's mailing address.
- A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$ 750	Expense Constant	\$ 160
		Premium Discount	\$ -259
Assessments and Taxes	\$	Total Estimated Annual Premium	\$ 8,356

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this Day of _____,

Issued Date: 09/25/2020


Authorized Representative

Issuing Office EMPLOYERS PREFERRED INS. CO.
2550 PASEO VERDE PARKWAY, SUITE 100
HENDERSON, NV 89074-7117

Issued Date 09/25/2020
WC990630 (5/98 Ed.)

INSURED COPY