



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2021

**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).**

<b>PRODUCER</b> CBI Insurance Agency PO Box 1120  Eden UT 84310	<b>CONTACT NAME:</b> Bryan Bailey <b>PHONE (A/C No. Ext):</b> <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> bryan@cbiins.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
Aspiro Education, LLC DBA Daniels Academy. Inc. 3725 S Big Hollow RD  Heber City UT 84032	<b>INSURER A:</b> Pro-Praxis Insurance 99999 <b>INSURER B:</b> Philadelphia Insurance Co 99999 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES    CERTIFICATE NUMBER:    REVISION NUMBER:**

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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" 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:	Y	N	AH100479	02/10/2021	02/10/2022	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> Professional Liability A \$ <b>3,000,000</b>
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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	Y	N	PHPK2219410	01/10/2021	01/10/2022	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$

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

Certificate holder is listed as an additional insured if required by written contract.

<b>CERTIFICATE HOLDER</b>  MDUSD 1936 Carlotta Dr.  Concord CA 94519	<b>CANCELLATION</b> <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE
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## PRO-PRAXIS INSURANCE

32 Old Slip, 4th Floor, New York, NY 10005  
www.propraxisins.com

**Date:** February 9, 2021 **Broker:** John Becker  
**Policy Number:** AH100479 CRC  
6510 South Millrock Drive Suite 435  
Salt Lake, UT 84212

**Covered Operations:** Group Homes/ Medical Homes

**Named Insured:** Daniels Academy  
**Address:** 3725 South Big Hollow Road, Daniel, UT 84032

**Policy Period:** 2/10/2021 to 2/10/2022

**Issuing Company:** Underwritten by Certain Underwriters at Lloyd's (non-admitted)  
**Coverage:** Health Care Organization Claims-Made Professional and General Liability

### Limits of Insurance:

COVERAGE	LIMIT OF LIABILITY		DEDUCTIBLE		RETRO DATE
<b>Professional Liability:</b>	\$1,000,000	Per Claim	\$10,000	Per Claim	1/10/2010
	\$3,000,000	Aggregate	Not Applicable	Aggregate	
<b>General Liability:</b>	\$1,000,000	Per Occurrence	\$10,000	Per Occurrence	Not Applicable
	\$3,000,000	Aggregate	Not Applicable	Aggregate	
<b>Employee Benefits:</b>	\$1,000,000	Per EBL Event	\$10,000	Per Claim	1/10/2010
	\$1,000,000	EBL Aggregate			
<b>Sexual Misconduct:</b>	\$100,000	Aggregate	\$20,000		1/10/2010
<b>Hired &amp; Non-Owned:</b>	Not Applicable	Aggregate	Not Applicable		Not Applicable
<b>Cyber:</b>	\$100,000	Aggregate	\$10,000	Per Claim	2/10/2021

**Policy Aggregate:** \$3,000,000

**Forms:**

- AH 1111 001 (2.2019) - Declarations Page - CW
- AH 1111 002 (7.2020) - Policy
- V2 22-10-18 - Cyber Extension
- AH 1111 013 (5.2014) - Defense Costs Within Limit
- AH 1111 030 (5.2014) - Punitive Damages Exclusion
- AH 1111 031 (5.2014) - NMA Mandatory Endorsements
- AH 1111 035 (5.2020) - Sexual Misconduct Amendment
- AH 1111 042 (5.2014) - Employed Physician Exclusion
- AH 1111 063 (3.2018) - Maintenance of Malpractice



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2021

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<b>PRODUCER</b> <b>InfiniTeam Insurance</b> <b>39 West 9000 S</b> <b>Sandy, UT 84070</b>	<b>CONTACT NAME:</b> <b>Steve Shemwell</b> <b>PHONE (A/C, No, Ext):</b> <b>(801) 619-6288</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>Steve.Shemwell@infteam.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : WCF Mutual Insurance Company</b>	
<b>INSURER B : Beazley Insurance Company Inc.</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	<b>3400324</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>B</b>	<b>Employment Practices</b>			<b>V11IIQ21PNT</b>	<b>1/1/2021</b>	<b>1/1/2022</b>	<b>Aggregate/Occurance</b> <b>100,000</b>

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

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>MDUSD</b> <b>1936 Carlotta Dr</b> <b>Concord, CA 94519</b>	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 <i>Steven D Shemwell</i>
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