



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2021

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> Calender-Robinson Company, Inc. 0267063 233 Sansome St. Ste 508 San Francisco CA 94104		<b>CONTACT NAME:</b> Katherine Berkman <b>PHONE (A/C, No, Ext):</b> (415) 978-3800 <b>E-MAIL ADDRESS:</b> kberkman@calrob.com		<b>FAX (A/C, No):</b> (415) 978-3825	
<b>INSURED</b> Contra Costa Alternative School, Inc., DBA: Holden High School 10 Irwin Way Orinda CA 94563		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A:</b> Nonprofits' Insurance Alliance of CA (NIAC)			
		<b>INSURER B:</b> Property & Casualty Insurance Co. of Hartford			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** CL21102030912      **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 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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2021-00061-NPO	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			2021-00061-NPO	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2021-00061-UMB	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<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		N/A	57WECAM6F3H	08/10/2022	08/10/2023	<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
A	Sexual Misconduct Liability Social Services Professional Liability			2021-00061-NPO	11/01/2021	11/01/2022	Each claim \$ 1,000,000 Aggregate \$ 2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate holder is included as additional insured as per the attached endorsement

<b>CERTIFICATE HOLDER</b> Mt. Diablo Unified School District 19386 Carlotta Drive Concord CA 94519	<b>CANCELLATION</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 
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Named Insured: Contra Costa Alternative School, Inc. DBA: Holden High School

Policy: 2021-00061-NPO

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 Person or Organization:

**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, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a non-profit organization, in consideration for funding or financial contributions you receive from them. 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.**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) 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:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

**THE INSURANCE** provided under this endorsement is primary & non-contributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

**POLICY CHANGE**  
**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

COMPANY: Nonprofits Insurance Alliance of California  
 POLICY NUMBER: 2021-00061-UMB  
 NAMED INSURED: Contra Costa Alternative School, Inc. dba: Holden High\*  
 POLICY CHANGE EFFECTIVE: 05/27/2022  
 COVERAGE PART AFFECTED: COMMERCIAL UMBRELLA  
 POLICY CHANGE #: 1

In consideration of an additional premium, this policy is hereby amended as follows:  
 it is hereby agreed that form NIAC-UMB-NPO/2-99, item 3, is amended to read: \$722

Item 4, LIMITS OF INSURANCE

- a. Each Occurrence (other than Directors' & Officers' Liability, Improper Sexual Conduct and Physical Abuse Liability, and Social Service Professional Liability) ..... \$1,000,000
- Each Wrongful Act - Directors' & Officers' Liability ..... Excluded
- Each Occurrence - Improper Sexual Conduct Liability ..... \$1,000,000
- Each Occurrence - Social Service Professional Liability..... \$1,000,000
- b. Products Completed Operations Aggregate [(where applicable)] ..... \$1,000,000
- c. General Aggregate ..... \$1,000,000
- d. Aggregate Directors' & Officers' Liability ..... Excluded
- e. Aggregate Improper Sexual Conduct Liability ..... \$1,000,000
- f. Social Services Professional Liability Aggregate ..... \$1,000,000

Schedule A - Schedule of Underlying Insurance

TYPE OF POLICY	APPLICABLE LIMITS		INSURER POLICY #	APPLICABLE PERIOD
(C) Social Service Professional Liability	Each Occurrence Limit .....	\$1,000,000	NIAC 2021-00061	11/1/2021 TO 11/1/2022
	Aggregate Limit .....	\$2,000,000		
(E) Improper Sexual Conduct	Each Occurrence Limit .....	\$1,000,000	NIAC 2021-00061-NPO	5/27/2022 TO 11/1/2022
	General Aggregate Limit .....	\$1,000,000		

**POLICY CHANGE  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

COMPANY: Nonprofits Insurance Alliance of California (00061)  
 POLICY NUMBER: 2021-00061-NPO  
 NAMED INSURED: Contra Costa Alternative School, Inc. dba: Holden High\*  
 POLICY CHANGE EFFECTIVE: 05/27/2022  
 COVERAGE PART AFFECTED: IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE  
 POLICY CHANGE#: 3

In consideration of an additional premium:  
 Improper Sexual Conduct and Physical Abuse Coverage part is hereby amended as follows:

LIMITS OF COVERAGE:	
GENERAL AGGREGATE LIMIT.....	\$1,000,000
EACH CLAIM LIMIT.....	\$1,000,000

All other terms, limits and conditions remain the same.

Pre-paid Premium Applied

ADDITIONAL PREMIUM:	\$216
RETURN PREMIUM:	\$0
TOTAL PREMIUM:	<b>\$216</b>



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 AUTHORIZED SIGNATURE

05/30/2022