



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/4/2024

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 Altus Partners, Inc. 201 King of Prussia Road STE100 Radnor PA 19087	CONTACT NAME: PHONE (A/C No, Ext): 610-526-9130 FAX (A/C, No): 610-526-2021	
	E-MAIL ADDRESS: col@altuspartners.com	
INSURED Amergis Healthcare Staffing, Inc. 7223 Lee DeForest Drive Columbia MD 21046	INSURER(S) AFFORDING COVERAGE NAIC #	
	License#: 57081 INSURER A: ACE American Insurance Company 22667	
	INSURER B: Indemnity Ins Co of N Am 43575	
	INSURER C: Lloyd's Synd/beazley Furlong Ltd 2623	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 944116454 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$250,000 SIR <input checked="" type="checkbox"/> Sexual Abuse/Mol GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	B0600HC2300107	11/30/2023	11/30/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$5M SIR - Products \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	H10700012	11/30/2023	11/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		B0600HC2300107	11/30/2023	11/30/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B A A A	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	N/A	C70318404 (AOS) 11/30/2023 C70318362 (CA AZ & MA) 11/30/2023 C70318325 (OH & WA) 11/30/2023 C70318441 (WI) 11/30/2023	11/30/2024 11/30/2024 11/30/2024 11/30/2024	<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
C	Professional Liability		B0600HC2200107	11/30/2023	11/30/2024	Per Claim/Agg \$5,000,000 SIR \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions. Mt. Diablo Unified School District is an additional insured on the general liability and auto liability insurance policies per the written agreement. The General Liability policy includes coverage for sexual abuse & molestation according to policy terms and conditions. The Excess policy provides excess coverage above the \$1,000,000 limit for the Auto and Employers Liability policies.

CERTIFICATE HOLDER Mt Diablo Unified School District 1936 Carlotta Drive Concord CA 94519	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 
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ENDORSEMENT NUMBER: TWO

ADDITIONAL INSURED SCHEDULE

- Maxim Healthcare Services, Inc.
 - Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
 - Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
 - Maxim Healthcare Systems, LLC
 - Maxim Health Systems, LLC
 - Maxim Health Systems, LLC d/b/a Maxim Physician Resources
 - Maxim of New York, LLC
 - Maxim Government Services, LLC
 - CareFocus, Inc. formerly known as Carolina Habilitation Services, Inc.
 - Maxim Pediatric Services
 - Maxim Coding Solutions
 - CareMax Medical Resources, LLC
 - PHA, LLC doing business as Professional Healthcare Associates
 - Carolina Habilitation Services, Inc.
 - Maxim Respite Services
 - SNI Healthcare Technologies, LLC
 - Maxim Healthcare Services, Inc. doing business as Preston House
 - Max's House
 - Maxim Home Health Resources, LLC
 - Maxim Home Healthcare, Inc.
 - Maxim at Home (wef 07/23/2021)
 - NSI Home Health Services, Inc.
 - Centrus Premier Home Care, Inc.
 - Terra-Maxim joint Venture No.1, LLC
 - Maxim Habilitation Services, LLC
 - Logix Healthcare Search Partners, LLC
 - Reflectxion Resources, Inc.
 - Reflectxion Resources, Inc. doing business as Reflectx Staffing Services
 - Reflectxion Resources, Inc. doing business as Reflectx Oncology Resources
 - Maxim Healthcare Services doing business as Maxim Health Information Services
 - Orbis Clinical, LLC, and / or Orbis Data Solutions
 - SNI Healthcare Technologies doing business as SNI High Technologies, LLC
 - CareFocus Companion Services, LLC
 - Care Focus, Inc. doing business as CareFocus Companion Services
 - Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
 - Maxim Healthcare Services, Inc. doing business as TravelMax
 - HealthAlign, LLC
 - StaffAssist Workforce Management, LLC
 - Maxim Healthcare Staffing Services, Inc.
 - Sunburst Workforce Advisors, LLC (wef 01/24/2022)
 - TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four
 - Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four
 - Maxim Physician Resources, LLC dba Maxim Locum Tenens and Advanced Practitioners
 - Maxim Corporate Services, LLC.
 - Chicago Department of Family and Support Services (City of Chicago)
 - Contra Costa SELPA
- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES**



arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.

**ADDITIONAL INSURED –
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured Maxim Healthcare Services Holdings, Inc.			Endorsement Number 4
Policy Symbol ISA	Policy Number H10700012	Policy Period 11/30/2023 TO 11/30/2024	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM**
- AUTO DEALERS COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**
- EXCESS BUSINESS AUTO COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
 - 1. You.
 - 2. Any of your "employees" or agents.
 - 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative

**ENDORSEMENT NUMBER: TEN****PHYSICAL AND SEXUAL ABUSE COVERAGE CLAUSE**

As respects both **INSURING AGREEMENT I.A. GENERAL LIABILITY AND INSURING AGREEMENT I.B. HEALTHCARE STAFFING AGENCY PROFESSIONAL LIABILITY**, it is hereby understood that **UNDERWRITERS** and the **Insured** agree that III. EXCLUSIONS C. 17 is to include the following and is to read as follows:

UNDERWRITERS and the **Insured** agree that the coverage as would be afforded by this Policy will apply to any **INSURED** who did not personally commit or participate in an act of actual or alleged physical contact, touching, sexual act or mental, emotional or physical abuse. For coverage to apply, the **INSURED** must notify **UNDERWRITERS** of the **CLAIM** involving sexual, mental, emotional or physical abuse as soon as the **INSURED** first becomes aware of such **CLAIM** or concealment.

Provided, however, this policy shall not apply to any claim involving any actual or alleged action or behavior, or any actual physical contact or touching, which is intended to lead to, or which culminates in, any sexual act, mental, emotional or physical abuse, by or against any client, **PATIENT**, or any other person whose care, custody, treatment or supervision has been entrusted to an **INSURED** pursuant to a written agreement, whether committed by, caused by or contributed to by any **INSURED** or which is caused by or contributed to by the actual or alleged failure of any **INSURED** to:

- a) properly credential, train, hire, discipline or terminate any employee in accordance with applicable law, rule or regulation;
- b) properly control, monitor or supervise the treatment or actions of any client, **PATIENT** or other person whose care or custody has been entrusted to an **INSURED**;
- c) properly place with or remove from the care, custody, treatment or supervision of a third party any client, **PATIENT** or other person; or
- d) inform any person or entity of the background or prior history of any individual whose care, custody, treatment or supervision has been entrusted to an **INSURED** or to a third party at the **INSURED'S** request or based on an **INSURED'S** advice.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.

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SIGNATURES

Named Insured Maxim Healthcare Services Holdings, Inc.			Endorsement Number 3
Policy Symbol ISA	Policy Number H10700012	Policy Period 11/30/2023 TO 11/30/2024	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

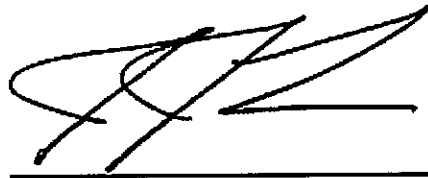
By signing and delivering the policy to you, we state that it is a valid contract.

- INDEMNITY INSURANCE COMPANY OF NORTH AMERICA** (A stock company)
- BANKERS STANDARD INSURANCE COMPANY** (A stock company)
- ACE AMERICAN INSURANCE COMPANY** (A stock company)
- ACE PROPERTY AND CASUALTY INSURANCE COMPANY** (A stock company)
- INSURANCE COMPANY OF NORTH AMERICA** (A stock company)
- PACIFIC EMPLOYERS INSURANCE COMPANY** (A stock company)
- ACE FIRE UNDERWRITERS INSURANCE COMPANY** (A stock company)
- WESTCHESTER FIRE INSURANCE COMPANY** (A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703



BRANDON PEENE, Secretary



JOHN J. LUPICA, President

Authorized Representative