

POLICY CHANGE DOCUMENT

POLICY NO.: PHPK1473260

Philadelphia Indemnity Insurance Company | 30253 Freeman Insurance Services Inc.

NAMED INSURED Bay Area Educational Institute
dba: Bayhill High School

MAILING ADDRESS 521 Boden Way
Oakland, CA 94610-3609

POLICY PERIOD: FROM 04/01/2016 TO 04/01/2017 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 04/01/2016 CHANGE # 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Additional Insured/Primary and Non-Contributory wording in favor of:
Mt. Diablo Unified School District
1936 Carlotta Dr
Concord, CA 94519

Per the attached

Path ID 9719794

Total Annual
Additional/Return Premium \$

0.00
NO CHANGE

Total Prorate
Additional/Return Premium \$

0.00
NO CHANGE

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

04/20/2016
Issue Date

Philadelphia Indemnity Insurance Company

Form Schedule – Policy

Policy Number: PHUB535135

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
Recurring Payment Flyer	1212	Recurring Payment Flyer
BJP-190-1	1298	Commercial Lines Policy Jacket
IL N 177	0912	California Premium Refund Disclosure Notice
PP2015	0615	Privacy Policy Notice
PI-CANC-CA 1	1013	California Cancellation Amendment

POLICY NUMBER: PHUB535135



A Member of the Tokio Marine Group

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 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	30253 Freeman Insurance Services Inc. 1035 SAN PABLO AVE Albany, CA 94706 (510) 528-2700
NAMED INSURED: Bay Area Educational Institute dba: Bayhill High School MAILING ADDRESS: 1940 Virginia St Berkeley, CA 94709-2136 POLICY PERIOD: FROM <u>04/01/2016</u> TO <u>04/01/2017</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>4,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>4,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>4,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>4,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB535135

SCHEDULE OF UNDERLYING INSURANCE		
Employers' Liability		
Company:	<u>Hartford Accident and Indemnity Insurance Co.</u>	
Policy Number:	<u>57 WEC ZH5765</u>	
Policy Period:	<u>04/01/2016 04/01/2017</u>	
Minimum Applicable Limits		
Bodily injury by accident	\$ <u>1,000,000</u>	Each Accident
Bodily injury by disease	\$ <u>1,000,000</u>	Each Employee
Bodily injury by disease	\$ <u>1,000,000</u>	Policy Limit
Commercial General Liability		
	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1473260</u>	
Policy Period:	<u>04/01/2016 04/01/2017</u>	
Retroactive Date:	<u>Not Applicable</u>	
Minimum Applicable Limits:		
General Aggregate	\$ <u>2,000,000</u>	
Products-Completed Operations Aggregate	\$ <u>2,000,000</u>	
Personal And Advertising Injury	\$ <u>1,000,000</u>	
Each Occurrence	\$ <u>1,000,000</u>	
Commercial Auto Liability		
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1473260</u>	
Policy Period:	<u>04/01/2016 04/01/2017</u>	
Minimum Applicable Limits		
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>	
Each Accident	\$ <u>1,000,000</u>	
Professional Liability		
	<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company:	<u>Philadelphia Indemnity Insurance Company</u>	
Policy Number:	<u>PHPK1473260</u>	
Policy Period:	<u>04/01/2016 04/01/2017</u>	
Retroactive Date:	<u>06/01/2011</u>	
Minimum Applicable Limits		
Each Professional Incident	\$ <u>1,000,000</u>	
Aggregate	\$ <u>1,000,000</u>	

POLICY NUMBER: PHUB535135

Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK1473260</u>			
Policy Period: <u>04/01/2016</u> <u>04/01/2017</u>			
Retroactive Date: <u>06/01/2012</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
Abuse or Molestation		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		
Directors & Officers Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		
Liquor Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$		
	\$		

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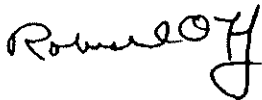
Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



President



Secretary

Philadelphia Indemnity Insurance Company

Form Schedule – Umbrella Liability

Policy Number: PHUB535135

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI-CXL-002	0413	Commercial Umbrella Liability Ins Policy Declarations
PI-CXL-001	0314	Commercial Umbrella Liability Insurance Policy
PI-CXL-003	0912	Professional Liability Follow Form Endorsement
PI-CXL-004	0912	Directors And Officers Liability Exclusion
PI-CXL-005	0912	Employers Liability (Stop Gap) Follow Form Endorsement
PI-CXL-007	0912	Abuse Or Molestation Exclusion
PI-CXL-009	0912	Automobile Liability Follow Form Endorsement
PI-CXL-016	0912	Watercraft Exclusion Re-Stated
PI-CXL-026	0314	Specified Underlying Claims Made Coverage Endorsement
PI-CXL-029	0912	Employee Benefits Liability Follow Form Endorsement
PI-CXL-032	0912	Fungi Or Bacteria Exclusion
PI-CXL-040	0912	Exclusion Of Certified Acts Of Terrorism
PI-CXL-075	0314	Lead Liability Exclusion
PI-CXL-076	0314	Nuclear/Biological/Chem/Radiological Acts Of Terrorism
PI-CXL-088	0314	Access Or Disclosure Of Confidential Info W/Exception
PI-CXL-CA 1	0912	California Changes - Cancellation And Nonrenewal
PI-CXL-CA 2	0912	California Changes
PI-UMTER-DN	0115	Disclosure Notice Of Terrorism Ins Cov Rejection Opt