



# CERTIFICATE OF LIABILITY INSURANCE

6/30/2021

DATE (MM/DD/YYYY)

7/24/2020

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).

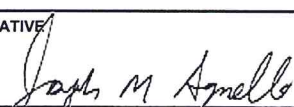
<b>PRODUCER</b> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Philadelphia Indemnity Insurance Co.		18058
<b>INSURER B :</b> Liberty Mutual Insurance Company		23043
<b>INSURER C :</b> Lexington Insurance Company		19437
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES \*\*\* CERTIFICATE NUMBER: 15408577 REVISION NUMBER: XXXXXXXX**

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	Y	N	PHPK2145827	6/30/2020	6/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	N	N	PHPK2145827	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	N	N	PHUB726649 080877836	6/30/2020 6/30/2020	6/30/2021 6/30/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B	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	WC5-Z91-471922-010	6/30/2020	6/30/2021	<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	PROFESSIONAL LIABILITY PER OCCURRENCE	N	N	PHPK2145827	6/30/2020	6/30/2021	OCCURRENCE \$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)  
 MT. DIABLO UNIFIED SCHOOL DISTRICT IS ADDITIONAL INSURED ON GENERAL LIABILITY COVERAGE, AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

<b>CERTIFICATE HOLDER</b> <b>15408577</b> MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD CA 94519-1397	<b>CANCELLATION</b> See Attachments 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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ISO | Commercial General Liability Forms | 04/01/13

Policy Number: PHPK2145827  
CG 20 10 04 13**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED 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)	Location(s) Of Covered Operations
MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE, CONCORD, CA 94519-1397	
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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

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 additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. 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.

© Insurance Services Office, Inc.

POLICY NUMBER: PHUB726649



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, Pennsylvania 19004  
610.617.7900 Fax 610.617.7940  
PHLY.com

## COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	2017 Lockton Companies, LLC 444 W 47th St Ste 900 Kansas City, MO 64112
(816) 960-9000	

NAMED INSURED: Fusion Education Group

MAILING ADDRESS: 72 Monroe Center St NW Ste B  
Grand Rapids, MI 49503-2943

POLICY PERIOD: FROM 06/30/2020 TO 06/30/2021 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>10,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>10,000,000</u>	<u>Any one person or organization</u>
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>10,000,000</u>	
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>10,000,000</u>	

### RETAINED LIMIT

RETAINED LIMIT: \$ 10,000

**Risk Specialists Companies  
Insurance Agency, Inc.**  
d/b/a RSCIA in NH, UT & VT  
CA Surplus Lines License #: 0G29322

ONE ALLIANCE CENTER  
3500 LENOX ROAD NE, SUITE 1100  
ATLANTA, GA 30326

<http://www.aig.com>

### CONFIRMATION OF BINDING

**Date:** 07/07/2020

**To:** Terry Bozelle  
R T SPECIALTY, LLC  
113 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

**Producer Phone:** 904-570-4471

**E-mail:** [Terry.Bozelle@RTSpecialty.com](mailto:Terry.Bozelle@RTSpecialty.com)

**Insured Name:** FEG, INC.  
72 MONROE CENTER ST NW  
GRAND RAPIDS, MI  
49503-2940

**Policy No:** 080877836      **Effective Date:** 06/30/2020      **Expiration Date:**  
06/30/2021  
At 12:01 A.M. standard time at the address of the Insured stated above.

**NEW: X**

**We have received confirmation of binding for the following coverage from:**  
LEXINGTON INSURANCE COMPANY , 99 High Street, Boston, Massachusetts 02110

**Coverage:**

FOLLOW FORM EXCESS LIABILITY (OCCURRENCE)

**Policy Form Dec:** LX8386      (04/08) FF XS LIABILITY DEC (OCC)  
**Text:** LX8387      (04/08) FF XS LIABILITY TXT (OCC)

<b>Limits:</b> Each Occurrence	\$5,000,000
General Aggregate	\$5,000,000
Products and Completed Operations Aggregate	Included in General Aggregate Limit

**Followed Policy:**

**Insurance Company:** Philadelphia Insurance Companies

**Policy Number:** PHUB726649

**Policy Period:** From: 6/30/2020 To:6/30/2021

**Limits:** \$10,000,000

**Total Occurrence Limits of Insurance of all Underlying Policies in excess of which this policy applies:** \$11,000,000

**Defense Expenses:** Outside Policy Limit

<b>Premium:</b>	<b>Total Advance Premium:</b>	\$50,000
	<b>Minimum Annual Premium:</b>	\$50,000
	<b>Minimum Earned Percent:</b>	35%
	<b>Terrorism:</b>	Excluded

Premium figures do not include surplus lines taxes or fees (if applicable) or any other surcharges or taxes required by law (if any).

The premium is due within 30 days of inception or 15 days from the date of billing whichever is later.

<b>Exposure Basis:</b>	<b>Amount:</b>	<b>Rate:</b>
Number of Students	5,142	FLAT
VEHICLES	3	FLAT

**Applicable Forms & Exclusions:**

LX4227	(08/13) ECONOMIC SANCTIONS ENDORSEMENT
LX4228	(08/13) DELETION OF SPEC OFAC LANGUAGE
LX0003	(10/19) ACCESS OR DISCLOSURE TOTAL EXCLUSION
LX8389	(04/08) POLICY RESTRICT AS U/L POL'S
LX8379	(08/13) ADDL EXCL'S & COV TERR PROV
LX8388	(04/08) SINGLE AGGR ENDT FF XS LIAB
LX8696	(05/11) CHANGES IN TERMS/CONDS FOLLOW
LX8963	(07/13) CONCUSSION EXCL SCHOOLS MUNIS
LX9943	(08/06) SEXUAL ABUSE/MOLESTATION EXCL
MANUSCRIPT	(03/20) COMMUNICABLE DISEASE EXCLUSION
LX4273	(02/14) TERRORISM EXCL-CERT & NON-CERT
LX4450	(08/16) VIOLATION OF COMMUNICATION

**Attachments:**

115921	(09/19) BROKER RESPONSIBLE AGREEMENT
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