



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2024

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 Acrisure Partners West Coast Insurance Services, LLC 1950 W Corporate Way #1 Anaheim, CA 92801	CONTACT NAME:	
	PHONE (A/C, No, Ext): (408) 350-5700	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Hope Academy for Dyslexics 5353 Concord Blvd. Concord, CA 94521	INSURER A : Nonprofits Insurance Alliance of California	
	INSURER B : Hartford Casualty Insurance Company	
	INSURER C : Swiss Re Corporate Solutions Elite Insurance Corporation	
	INSURER D : United States Liability Insurance Company	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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	<div>COMMERCIAL GENERAL LIABILITY</div> <div><div>CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div> <div>GEN'L AGGREGATE LIMIT APPLIES PER:<div><div>POLICY</div><div>PROJECT</div><div>LOC</div></div><div>OTHER:</div></div>	X		2024-66304	9/29/2024	9/29/2025	<div>EACH OCCURRENCE</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div> <div>MED EXP (Any one person)</div> <div>PERSONAL & ADV INJURY</div> <div>GENERAL AGGREGATE</div> <div>PRODUCTS - COMP/OP AGG</div> <div></div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div>
	<div>AUTOMOBILE LIABILITY</div> <div><div>ANY AUTO OWNED AUTOS ONLY</div><div>SCHEDULED AUTOS</div><div>HIRED AUTOS ONLY</div><div>NON-OWNED AUTOS ONLY</div></div>						<div>COMBINED SINGLE LIMIT (Ea accident)</div> <div>BODILY INJURY (Per person)</div> <div>BODILY INJURY (Per accident)</div> <div>PROPERTY DAMAGE (Per accident)</div> <div></div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div>
A	<div>UMBRELLA LIAB</div> <div>EXCESS LIAB</div> <div>DED</div> <div><input checked="" type="checkbox"/> RETENTION \$</div> <div><input checked="" type="checkbox"/> OCCUR</div> <div><input type="checkbox"/> CLAIMS-MADE</div> <div>10,000</div>	X		2024-66304-UMB	9/29/2024	9/29/2025	<div>EACH OCCURRENCE</div> <div>AGGREGATE</div> <div></div> <div>\$</div> <div>\$</div> <div>\$</div>
B	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div> <div>If yes, describe under DESCRIPTION OF OPERATIONS below</div> <div>Y / N</div> <div>N / A</div>			57WECBE2TMX	12/15/2023	12/15/2024	<div><input checked="" type="checkbox"/> PER STATUTE</div> <div>OTH-ER</div> <div>E.L. EACH ACCIDENT</div> <div>E.L. DISEASE - EA EMPLOYEE</div> <div>E.L. DISEASE - POLICY LIMIT</div> <div>\$</div> <div>\$</div> <div>\$</div> <div>\$</div>
C	Property			2024-66304-PROP	9/29/2024	9/29/2025	Limit
D	Directors & Officers			NDO1586456C	5/15/2024	5/15/2025	Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mt. Diablo Unified School is named as additional insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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

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 Additional Insured Person(s) Or Organization(s):

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. 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.

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 your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

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 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.

**IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE LIABILITY
COVERAGE PART DECLARATIONS**

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2024-66304

RENEWAL OF NUMBER: 2023-66304

NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics

5353 Concord Blvd.
Concord, CA 94521

POLICY PERIOD: FROM 9/29/2024 TO 9/29/2025
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Provides instruction for dyslexic learners

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

LIMITS OF COVERAGE:		PREMIUM
GENERAL AGGREGATE	\$1,000,000	\$1,304
EACH CLAIM LIMIT	\$1,000,000	

NOTE: The limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for Defense Costs.

TOTAL PREMIUM: \$1,304

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:

IL P 001 01 04, NIAC-E069 ISC 02 19, NIAC-E131 ISC 05 20, NIAC-E180 ISC 01 21, NIAC-E342 ISC 08 22, NIAC-E57 02 12, NIAC-ISCET 05 20

COUNTERSIGNED:

BY



(AUTHORIZED REPRESENTATIVE)

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

NIAC-ISC

COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER:

Pennbrook Insurance Services, Inc.
P.O. Box 26849
San Francisco, CA 94126

POLICY NUMBER: 2024-66304-UMB

RENEWAL OF NUMBER: 2023-66304-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:

Hope Academy for Dyslexics
5353 Concord Blvd.
Concord, CA 94521

Item 2 POLICY PERIOD:

FROM 9/29/2024 TO 9/29/2025

AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION:

Provides instruction for dyslexic learners

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

Item 3 THE ANNUAL AND MINIMUM PREMIUM DUE AT INCEPTION:

\$700

Item 4 LIMITS OF INSURANCE:

- | | | |
|------|--|-----------|
| a. | Occurrence / Accident / Injury / Claim Limits (where applicable): | 1,000,000 |
| i) | Each Occurrence - Commercial General Liability and Products-
Completed Operations Liability | |
| ii) | Each Accident - Business Auto Liability | |
| iii) | Each Injury - Liquor Liability | |
| iv) | Each Claim - Employee Benefits Liability | |
| b. | Each Claim - Directors and Officers Liability | Excluded |
| c. | Each Claim - Improper Sexual Conduct and Physical Abuse Liability | Excluded |
| d. | Each Claim - Social Service Professional Liability | Excluded |

Aggregate limits:

- | | | |
|----|--|-----------|
| e. | Commercial General Liability, Business Auto Liability, Products- Completed Operations
Liability, Liquor Liability, and Employee Benefits Liability Aggregate
(where applicable): | 1,000,000 |
| f. | Directors and Officers Liability Aggregate | Excluded |
| g. | Improper Sexual Conduct and Physical Abuse Liability Aggregate | Excluded |
| h. | Social Service Professional Liability Aggregate | Excluded |

Item 5 RETROACTIVE DATES - SEE SCHEDULE OF UNDERLYING INSURANCE

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION (NUMBER AND EDITION DATE):

CU 21 33 01 15, IL P 001 01 04, NIAC-E003 UMB 08 20, NIAC-E180 UMB 01 21, NIAC-E253 UMB 08 21, NIAC-E42 UMB 09 19, SCHEDULE A 01 80, UMB 231 06 16,
UMB 232 06 16, UMB-100 05 21, UMB166 12 88, UMB62 05 13

COUNTERSIGNED:

8/23/2024

BY



(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS, THE ATTACHED SCHEDULE OF UNDERLYING INSURANCE, TOGETHER WITH THE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS,
AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.