

CERTIFICATE OF LIABILITY INSURANCE

KHERBERGER

DATE (MM/DD/YYYY)

EDTHLLC-01

					INS	UKAN	UE	7/	/12/2022
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND	, EXTEND O	R ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights	ct to	the	terms and conditions of	the policy, coursem	ertain p	policies may			
PRODUCER License # 0G66614				CONTACT NAME: PHONE					
One Risk Group, LLC DBA: One Risk Ma 6701 Koll Center Parkway, Suite 350	(A/C, No, Ext): (923) 220-7330 (A/C, No): (923) 220-7380								
Pleasanton, CA 94566	E-MAIL ADDRESS: Ce	rtifica	tes@oneris	skgroup.com		Т			
	INSURER(S) AFFORDING COVERAGE					NAIC #			
						15738			
INSURED	INSURER B : Wesco Insurance Company					25011			
EdTheory, LLC	INSURER C :								
6701 Koll Center Parkway, S Pleasanton, CA 94566	INSURER D :								
						-			
COVERAGES CEF	INSURER F : REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICI			ENUMBER:	HAVE BEEN IS	SUED 1			THE PO	
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CO DED BY THE BEEN REDUC	ONTRAC POLICI ED BY I	CT OR OTHEF ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	РЕСТ ТО	WHICH THIS
INSR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLIC (MM/DD	Y EFF)/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	3,000,000
CLAIMS-MADE X OCCUR	X		FPL01019-00	7/16/	2022	7/16/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		3,000,000
							COMBINED SINGLE LIMIT	\$	1,000,000
A AUTOMOBILE LIABILITY			FPL01019-00	7/16/	2022	7/16/2023	(Ea accident)	\$.,,
OWNED AUTOS ONLY AUTOS				1/10/		1110/2023	BODILY INJURY (Per person) BODILY INJURY (Per accident	\$ t) \$	
X HIRED HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER		4 000 000
ANY PROPRIETOR/PARTNER/EXECUTIVE				5/15/2022	2022	5/15/2023	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below			FPL01019-00	7/16/	2022	7/16/2023	E.L. DISEASE - POLICY LIMIT \$3M / Aggregate	• \$	1,000,000
A Sexual Misconduct			FPL01019-00		2022	7/16/2023	\$3M / Aggregate		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Mt. Diablo Unified School District is include CERTIFICATE HOLDER Mt. Diablo Unified School D 1936 Carlotta Drive Concord, CA 94519			0 101, Additional Remarks Schedu tional Insured to the exten	CANCELLA SHOULD AI THE EXPI	TION NY OF 1 RATION NCE WI	THE ABOVE D N DATE TH TH THE POLIC	PESCRIBED POLICIES BE (HEREOF, NOTICE WILL CY PROVISIONS.		
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Miscellaneous Healthcare Facility Professional Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT COVERAGE B, COMMERCIAL GENERAL LIABILITY OCCURRENCE

As of the endorsement effective date until the endorsement expiration date, insurance is afforded under this Policy to any organization(s) that are required by a contract or agreement with the **named insured** executed prior to a **claim**. Such organization is an **additional insured** under this policy on a shared limits basis under Coverage B, Commercial General Liability.

With respect to the insurance afforded to the **additional insured**, this Policy is amended as follows:

Section IV. EXCLUSIONS, subparagraphs C.11.a., C.11.b. and C.11.f. are deleted and replaced as follows:

- C. Exclusions Applicable to Coverage B
 - 11. liability for **property damage** to:
 - a. property owned or occupied by or rented or loaned to the **named insured**. However, this exclusion does not apply to **property damage** to equipment leased to the **named insured** by the **additional insured**;
 - b. premises sold, given away or abandoned by the **named insured** or premises rented to the **named insured** by the **additional insured** and vacated by the **named insured** prior to the expiration of the lease term if the **property damage** arises out of any part of those premises, or to liability arising from such premises or any part thereof;

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Named Insured's Name & Address:	Policy Number FPL01019-00					
EdTheory, LLC 6701 Koll Center Pkwy	Effective Date & Expiration Date 07/16/22-07/16/23					
Suite 250 Pleasanton, CA 94566	Endorsement Effective Date July 16, 2022					
	Authorized Signature:					

This endorsement is subject to the declarations, conditions, exclusions and all other terms of the policy indicated above which are not inconsistent with this endorsement and forms a part of that policy when signed by an authorized representative of the company.



Healthcare Facility Professional and General Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT COVERAGE B, COMMERCIAL GENERAL LIABILITY

- f. Exclusion IV.C.11. does not apply to liability of the **named insured** for **property damage** to premises rented to and occupied by the **named insured** caused by:
 - (1) fire or explosion;
 - (2) the discharge, leakage or overflow of water or steam from plumbing, heating, refrigerating or air conditioning systems; or
 - (3) rain admitted directly to the building interior through open or defective doors, windows, skylights, transoms or ventilators.

Payments made for liability within the scope of this subparagraph IV.C.11.f. shall not exceed \$1,000,000 in the aggregate for all **property damage** occurring during the **policy period** and are included in and attributable to the aggregate Limit of Insurance described in Section VII of this Policy.

The following subparagraph C is added to Section VII. LIMITS OF INSURANCE:

C. Limits of Insurance Applicable to Additional Insured-Designated Organization Endorsement

The most the Company will pay on behalf of the **additional insured** is the amount of insurance:

- 1. required by the contract or agreement with the **additional insured**; 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.

The following is added to Section VIII.D. Subrogation:

The Company agrees to waive any right of recovery it may have against the **additional insured** because of payments the Company makes under Coverage B, Commercial General Liability, of this Policy, to the extent such waiver is required under a written contract with the **named insured** that was executed prior to a **claim**.

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Healthcare Facility Professional and General Liability Insurance Policy ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT COVERAGE B, COMMERCIAL GENERAL LIABILITY

Primary Non-Contributory: If, under a written contract, the **additional insured** has agreed that this Policy provides primary non-contributory coverage, the following is added to Section VIII.D. Subrogation:

If other insurance is available to the **additional insured** described above for a loss covered by this Policy, this insurance will apply to such loss on a primary basis and the Company will not seek contribution from the other insurance available to the **additional insured**.