



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2024

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 Arthur J. Gallagher Risk Management Services, LLC 18201 Von Karman Ave Suite 200 Irvine CA 92612	CONTACT NAME: Arthur J. Gallagher & Co. PHONE (A/C, No, Ext): 949-349-9800 FAX (A/C, No): 949-349-9900 E-MAIL ADDRESS:
INSURED California Charter Schools Joint Powers Authority Voices College-Bound Language Academies 6840 Via Del Oro, Suite 160 San Jose CA 95119	INSURER(S) AFFORDING COVERAGE INSURER A: Safety National Casualty Corporation INSURER B: Scottsdale Insurance Company INSURER C: Great American Insurance Company INSURER D: INSURER E: INSURER F:

License#: 0D69293
CALICHA-03**COVERAGES** **CERTIFICATE NUMBER: 767027193** **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
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Sexual Abuse* ☒ Educators E&O GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		CCSJPA MOC 2024-25	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Crime \$ 1,000,000
C	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ Comp/Coll			CCSJPA MOC 2024-25	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C 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 / A	CCSJPA MOC 2024-25 SP 4066643	7/1/2024 7/1/2024	7/1/2025 7/1/2025	☒ PER STATUTE ☐ 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
B C	Employment Practices(Claims-Made) Directors & Officers(Claims-Made) Fiduciary(Claims-Made)			EKS3528940 CCSJPA MOC 2024-25	7/1/2024 7/1/2024	7/1/2025 7/1/2025	Each Wrongful Act/Agg \$ 1,000,000 Each Wrongful Act/Agg \$ 1,000,000 Each Wrongful Act/Agg \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Sexual Abuse Coverage is on Claims Made basis.

Certificate holder is included as additional insured with respects to General Liability per the attached endorsement in accordance with the terms, conditions, and exclusions of the policy, as respects: Charter Authorizer/Chartering District / Annual requirement.

CERTIFICATE HOLDER**CANCELLATION**Franklin-McKinley School District
645 Wool Creek Drive
San Jose CA 95112

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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ADDITIONAL COVERED PARTY ENDORSEMENT

It is hereby understood and agreed that holders of Certificates of Coverage issued against this Memorandum of Coverage are included as **ADDITIONAL COVERED PARTIES** where such designation is required in a written contract or agreement with a **NAMED MEMBER** and are thereby added to this Memorandum of Coverage (MOC) pursuant to the terms set forth therein.

Where Certificates of Coverage are requested for **ADDITIONAL COVERED PARTIES** who do not fall within the Memorandum of Coverage's GENERAL DEFINITION below, prior agreement of underwriters and subsequent endorsement of this Memorandum of Coverage is required.

GENERAL DEFINITIONS

ADDITIONAL COVERED PARTY means any person, organization, trustee, or estate to whom, or to which the **NAMED MEMBER** is obligated by virtue of a written contract or agreement which is executed prior to an **OCCURRENCE** to provide coverage as is afforded by this MOC, but only with respects to operations or services performed by, or on behalf of, the **NAMED MEMBER**. The coverage afforded to such **ADDITIONAL COVERED PARTY** shall be no broader than the coverage and limits afforded by this MOC or required by written contract or agreement, whichever is less, and is subject to all the terms, conditions and exclusions of this MOC. **ADDITIONAL COVERED PARTY** does not include a sponsoring district of a **NAMED MEMBER** unless obligated by virtue of a **NAMED MEMBER CONTRACT** or written contract or agreement to provide insurance or coverage such as is offered by this MOC, and subject to the limitations on coverage provided in such written contract or written agreement.