



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2018

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 & Co. Insurance Brokers of CA, Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Star Metry PHONE (A/C, No, Ext): 818.539.8623 E-MAIL ADDRESS: star_metry@ajg.com	FAX (A/C, No): 818.539.8723
	INSURER(S) AFFORDING COVERAGE	
INSURED The Maple Counseling Center 9107 Wilshire Blvd, Ste. LL Beverly Hills, CA 90210	INSURER A : Berkshire Hathaway Specialty Insurance	NAIC # 22276
	INSURER B : State Compensation Insurance Fund of CA	NAIC # 35076
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 202727183

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		47SPK25553902	9/19/2017	9/19/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 Abuse & Molestation \$1M/\$1M
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		47RWS25554002	9/19/2017	9/19/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			47SUM25554102	9/19/2017	9/19/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
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/A	9048891-2018	3/14/2018	3/14/2019	<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	Errors & Omissions Claims-Made Form			47SPK25553902	9/19/2017	9/19/2018	Each Wrongful Act 1,000,000 Aggregate Limit 3,000,000

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

Policy : Crime
 Policy #:47SPK25553902
 Carrier :Berkshire Hathaway Specialty Insurance Company NAIC:22276
 Term:09/19/2017 -09/19/2018
 Employee Theft: \$100,000 Deductible :1,000
 Forgery or Alteration: \$100,000 Deductible :1,000
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Beverly Hills Unified School District 255 South Lasky Drive Beverly Hills CA 90212	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED The Maple Counseling Center 9107 Wilshire Blvd, Ste. LL Beverly Hills, CA 90210	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Inside the Premises Robbery or Safe Burglary of Other Property: \$10,000;Deductible :1,000
Outside the Premises: \$10,000 Limit;Deductible :1,000
Computer Fraud: \$50,000 Deductible :1,000
Money Orders & Counterfeit Paper Currency: \$50,000 Deductible :1,000
Clients' Property: \$25,000 Limit.

Certificate holder is included as additional insured under the General Liability and Auto Liability coverages with respect to the operations of the named insured.

This endorsement, effective 12:01 AM: 09/19/2017

Forms a part of Policy No.: 47RWS25554002

Issued to:

By:

ADDITIONAL INSURED – WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. The following is added to Subparagraph 1. Who is an Insured of Section II – COVERED AUTOS LIABILITY COVERAGE:

The following is also an “insured”:

Any person or organization for whom you agreed in a written contract, written agreement or written permit to include them as an additional insured under this policy, but only as respects to the use of a covered “auto”.

This provision only applies when the written contract or agreement has been executed, or the permit has been issued, prior to the “accident” which caused the “bodily injury” or “property damage” to which this coverage applies. Further, such person or organization is only an additional insured for the period of time required by the written contract, written agreement, or written permit, but in no event beyond the expiration or termination of this policy.

This provision does not apply:

a. To any person or organization included as an “insured” by an endorsement in the Declarations;

b. To any lessor of “autos”:

(1) After the lease expires; or

(2) If the “bodily injury” or “property damage” arises out of the sole negligence of the lessor; or

c. To any contract or agreement for professional services.

Insurance provided by this endorsement will not exceed the lesser of:

a. The coverage and/or limits of this policy; or

b. The coverage and/or limits required by said contract or agreement.

II. Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract specifically requires that this insurance apply on a primary or non-contributory basis.

- III.** In accordance with the terms and conditions of the policy, each additional insured must give us prompt notice of any "accident" which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all the terms and conditions of this policy.

All other terms and conditions of the policy remain unchanged.

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):

An Independent Contractor is an Insured only for the conduct of your business and solely while performing services for a client of the Named Insured, but solely within the scope of services contemplated by the Named Insured;

Students in training while performing duties as instructed by the Named Insured.

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.