



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/8/2019

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: Annie Lee PHONE (A/C, No, Ext): 818.539.8601 FAX (A/C, No): 818.539.8701 E-MAIL ADDRESS: Annie_Lee@ajg.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Nonprofits' Insurance Alliance of CA INSURER B : New York Marine And General Insurance Company 16608 INSURER C : Great American Spirit Insurance Company 33723 INSURER D : INSURER E : INSURER F :
INSURED SENEFAM-01 Seneca Family of Agencies 2275 Arlington Drive San Leandro, CA 94578	

COVERAGES **CERTIFICATE NUMBER: 289690492** **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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		201900557NPO	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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
								\$
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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	Y		201900557NPO	7/1/2019	7/1/2020	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			201900557UMBPO	7/1/2019	7/1/2020	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
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	2341	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
C	Cyber Liability Retro Date : 3/2/2016			F14390108002	7/1/2019	7/1/2020	Each Claim Aggregate Retention	\$2,000,000 \$2,000,000 \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Nonprofits' Insurance Alliance of CA - AM Best number #11845

Policy: Improper Sexual Conduct
Policy Term: 7/1/2019 to 7/1/2020
Policy #: 201900557NPO
Carrier: Nonprofits' Insurance Alliance of CA
Each Claim: \$1,000,000 Aggregate: \$3,000,000
See Attached...

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Seneca Family of Agencies 2275 Arlington Drive San Leandro, CA 94578	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

Policy: Professional Liability
 Policy Term: 7/1/2019 to 7/1/2020
 Policy #: 201900557NPO
 Carrier: Nonprofits' Insurance Alliance of CA
 Each Claim: \$1,000,000 Aggregate: \$3,000,000

Policy: Crime
 Carrier: Berkley Regional Insurance Company
 Policy # BCCR-45001843-24
 Policy Term: 07/01/2019 to 07/01/2020
 Employee theft: Limit:\$1,000,000 Deductible:\$5,000
 Forgery & Alteration: Limit:\$1,000,000 Deductible:\$5,000
 Theft of money and securities : Limit:\$500,000 Deductible:\$5,000
 Robbery or burglary of Property: Limit:\$500,000 Deductible:\$5,000
 Money and securities : Limit:\$500,000 Deductible:\$5,000
 Computer fraud: Limit:\$1,000,000 Deductible:\$5,000
 Fund transfer fraud: Limit:\$1,000,000 Deductible:\$5,000
 Money order and counterfeit paper currency: Limit:\$500,000 Deductible:\$5,000

Policy: Directors & Officers Liability
 Policy Term: 7/1/2019 to 7/1/2020
 Policy #: 201900557DONPO
 Carrier: Nonprofits' Insurance Alliance of CA
 Each Claim:\$1,000,000 , Retention:\$10,000

Policy: Employment Practices Liability
 Policy Term: 7/1/2019 to 7/1/2020
 Policy #: 201900557DONPO
 Carrier: Nonprofits' Insurance Alliance of CA
 Per claim: 1,000,000 Aggregate: 2,000,000 Retention \$10,000

Re: AM Best Rating A IX.

Mt. Diablo Unified School District, The LEA, its subsidiaries, officials and employees are named additional insured(s) on General/Auto liability policies with respect to the operations of the named insured. Workers Compensation coverage is Evidence only

The insurance provided in the General/Auto liability policies is primary as respects the LEA, its subsidiaries, officials and employees and any other insurance shall be excess only, and not contributing. Written notice shall be provided at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change.



Workers' Compensation Solutions

RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #16608).

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2019
Expiration: January 1, 2020

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris
Director of Underwriting
RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

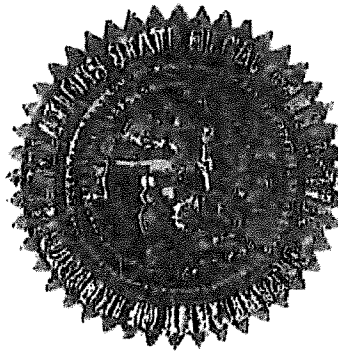
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December, 2004


MARK T. JOHNSON
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


JOHN M. REA
DIRECTOR

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2.—Administration of Self-Insurance.



DEPARTMENT OF INDUSTRIAL RELATIONS

OFFICE OF SELF-INSURANCE PLANS

11050 Olson Drive, Suite 230

Rancho Cordova, CA 95670

Phone No. (916) 464-7000

FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **4515** was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California

This day the 13th of December 2018

A handwritten signature in black ink, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Monument Insurance Services
255 Great Valley Pkwy, Ste 200
Malvern, Pa 19355



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NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefornonprofits.org

BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION

POLICY NUMBER: 2019-00557-NPO

Schedule AI

Page 10

NAME OF INSURED: Seneca Family of Agencies; Canyon Acres Children and Family Services; Family Life Center

ADDITIONAL INSUREDS / LOSS PAYEE

Additional Insured - NIAC A1

Novato Unified School District
1015 7th St.
Novato, CA 94945

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Oakland Unified School District; Attn: Risk Management
900 High St.
Oakland, CA 94601

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Orange County Social Services Agency, Attn: Nancy
Hatada
888 N Main St.
Santa Ana, CA 92701

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Piedmont Unified School District
760 Magnolia Ave.
Oakland, CA 94611

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Pittsburg Unified School District
2000 Railroad Avenue
Pittsburg, CA 94565

As respects vehicle(s): ALL

Additional Insured - NIAC A1

Pleasanton Unified School District
4665 Bernal Avenue
Pleasanton, CA 94566

As respects vehicle(s): ALL

COUNTERSIGNED: 7/2/2019

BY

Handwritten signature of Pamela C. R.

(AUTHORIZED REPRESENTATIVE)

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;
 - b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

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
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.	All insured premises and operations.
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.



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COMMERCIAL UMBRELLA POLICY DECLARATIONS

PRODUCER: POLICY NUMBER: 2019-00557-UMB

Arthur J. Gallagher & Co. Ins Brokers of CA, Inc.
505 North Brand Blvd. Suite 600
Glendale, CA 91203

RENEWAL OF NUMBER: 2018-00557-UMB-NPO

Item 1 NAME OF INSURED AND MAILING ADDRESS:
Seneca Family of Agencies; Canyon Acres Children and Family Services; Family Life Center
2275 Arlington Drive
San Leandro, CA 94578

Item 2 POLICY PERIOD: FROM 07/01/2019 TO 07/01/2020
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Foster family services and mental health counseling

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: \$89,683

Item 4 LIMITS OF INSURANCE:
a. Each Occurrence (other than Directors' & Officers' Liability, Improper Sexual Conduct and Physical Abuse Liability, and Social Service Professional Liability) 5,000,000
Each Wrongful Act - Directors' & Officers' Liability 2,000,000
Each Occurrence - Improper Sexual Conduct Liability 5,000,000
Each Occurrence - Social Service Professional Liability 5,000,000
b. Products Completed Operations Aggregate [(where applicable)] 5,000,000
c. General Aggregate 5,000,000
d. Directors' & Officers' Liability Aggregate 2,000,000
e. Improper Sexual Conduct Liability Aggregate 5,000,000
f. Social Services Professional Liability Aggregate 5,000,000

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, NIAC-E42 01 17, SCHEDULE A 01 80, UMB 227 04 13, UMB 228 08 13, UMB 231 06 16, UMB 232 06 16, UMB-100 08 18, UMB61 05 13

COUNTERSIGNED: 07/02/2019 BY

Handwritten signature of Pamela C. Q.

(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.



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SCHEDULE A - SCHEDULE OF UNDERLYING INSURANCE

POLICY NUMBER: 2019-00557-UMB CONTROL NUMBER: 00557
 NAME OF INSURED: Seneca Family of Agencies; Canyon Acres Children and Family Services; Family Life Center

TYPE OF POLICY	APPLICABLE LIMITS	INSURER POLICY #	APPLICABLE PERIOD
(A) Automobile Liability Business Auto	Bodily Injury and Property Damage Combined Single Limit \$1,000,000 Uninsured/Underinsured Motorist N/A	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(B) Commercial General Liability	Each Occurrence Limit \$1,000,000 General Aggregate Limit \$3,000,000 Products/Completed Operations Aggregate Limi \$3,000,000 Personal & Advertising Injury Limit \$1,000,000 Damage to Premises Rented to You N/A (any one premises)	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(C) Social Service Professional Liability	Each Occurrence Limit \$1,000,000 Aggregate Limit \$3,000,000	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(D) Standard Workers Compensation & Employers Liability	Coverage B - Employers Liability Bodily Injury by Accident N/A Bodily Injury by Disease N/A Bodily Injury by Disease N/A	Each Accident Each Employee Policy Limit	
(E) Improper Sexual Conduct	Each Occurrence Limit \$1,000,000 General Aggregate Limit \$3,000,000	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(F) Directors' And Officers'	Each Wrongful Act Limit \$1,000,000 Aggregate Limit \$2,000,000	NIAC 2019-00557-DO	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(G) Liquor Liability	Each Common Cause Limit \$1,000,000 Aggregate Limit \$1,000,000	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			
(H) Employee Benefits Liability	Each Employee \$1,000,000 Aggregate Limit \$3,000,000	NIAC 2019-00557	07/01/2019 to 07/01/2020
(Does not include:Terrorism Coverage - Certified Acts)			



INDEX OF FORMS ATTACHED TO THE POLICY

POLICY NUMBER: 2019-00557-UMB-NPO

NAME OF INSURED: Seneca Family of Agencies; Canyon Acres Children and Family Services; Family Life Center Page 1

UMBRELLA FORMS AND ENDORSEMENTS

FORM NUMBER/EDITION DATE

Exclusion of Terrorism	CU 21 33 01 15
Nuclear, Chemical and Biological Hazard Exclusion	NIAC-E42 01 17
Schedule A - Schedule of Underlying Insurance	SCHEDULE A 01 80
Prior Acts Exclusion	UMB 227 04 13
Prior Acts Exclusion	UMB 228 08 13
Privacy Liability and Cyber Coverage Exclusion	UMB 231 06 16
Medical Payments Exclusion	UMB 232 06 16
Commercial Umbrella Coverage Form	UMB-100 08 18
Employers' Liability Exclusion	UMB61 05 13