



## **East Bay Innovation Academy**

### **Insurance Proposal**

**Coverage Effective: July 1, 2017 at 12:01 AM -  
July 1, 2018 at 12:01 AM**

California Charter Schools Joint Powers Authority  
P.O. Box 969, Weimar, CA 95736  
Phone: (888) 901-0004 Fax: (530) 236-9569  
Web Site: <http://www.chartersafe.org>

**Disclosure:**

*This proposal is an outline of the coverages proposed by California Charter Schools Joint Powers Authority (CCSJPA), based on the information provided by the Named Member. It does not include all of the terms, coverages, exclusions, limitations and conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon the school's request to the California Charter Schools JPA. As set forth in this document, CCSJPA DBA CharterSAFE shall be referred to as CharterSAFE.*

# INTRODUCTION

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Dear Devin,

CharterSAFE is pleased to present your renewal proposal for the 2017-2018 policy year. Please review this document, which includes:

- 2017-2018 Premium Summary
- Exposures
- Schedule of Locations
- Board and Employment Liability
- General Liability
- Auto Liability & Physical Damage
- Excess Liability
- Property
- Pollution Liability & Property
- Crime
- Terrorism Liability
- Terrorism Property
- Student & Volunteer Accident Liability
- Cyber Liability
- Worker's Compensation & Employer's Liability
- Claims Reporting Instructions

As a CharterSAFE member, you will receive all of our complimentary member services for the 2017-2018 policy period. Member services include access to online staff training, human resources advice, risk management and loss control guidance, site safety evaluations, and contract review of insurance and indemnity provisions. Please contact a CharterSAFE representative for more information.

All of CharterSAFE's coverage placements are with insurance companies that have a financial rating A.M. Best of A- VII or higher.

## **Required Signatures:**

To bind coverage, you must sign and complete the following:

1. The proposal acceptance at the end of the Premium Summary Page
2. Cyber Application, if not yet completed

Please return the signed document to your CharterSAFE representative (Northern and Central California: [jrubin@chartersafe.org](mailto:jrubin@chartersafe.org) / Southern California: [ramezcua@chartersafe.org](mailto:ramezcua@chartersafe.org) or fax to (530) 236-9569).

Thank you,

The CharterSAFE Team

# PREMIUM SUMMARY

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## East Bay Innovation Academy

### Premium Summary 2017-2018

This proposal includes the following coverages:

**Package** **Premium: \$29,723.00**

- Board and Employment Liability
- General Liability
  - Educator's Legal Liability (Educator's E&O)
  - Employee Benefits Liability
  - Sexual Abuse Liability
- Auto Liability & Physical Damage
- Excess Liability
- Property
- Pollution Liability & Property
- Crime
- Terrorism Liability
- Terrorism Property
- Student & Volunteer Accident Liability
- Cyber Liability

**Worker's Compensation & Employer's Liability** **Premium: \$31,941.00**

**Total Premium** **Premium: \$61,664.00**

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- Choose One Payment Option**
- Payment in Full (\$61,664.00)**
  - Installment Plan:**
    - **Deposit (25%) - Due Now (\$15,416.00)**
    - **9 Monthly Installments (\$5,139.00)**

*Thank you for participating in CharterSAFE ACH program. Simply indicate which ACH option above you wish to use for payment.*

***Invoices shall become delinquent thirty (30) calendar days from installment due date. Coverage is subject to cancellation for any invoice over ninety (90) days past due.***

#### Proposal Acceptance:

*By signing below, I, representing the named member in this proposal, acknowledge that I have read the complete proposal and agree to the terms outlined within.*

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Print Name

Date

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Signature

Title

#### Disclosure:

*This proposal is an outline of the coverages proposed by California Charter Schools Joint Powers Authority, based on the information provided by the Named Member. It does not include all of the terms, coverages, exclusions, limitation and conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon the school's request to the California Charter Schools JPA.*

# EXPOSURES

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The premiums are calculated based on the following exposures on schedule:

No. Students	450
No. Employees	38
Annual Payroll	\$2,688,095.00
No. Vehicles	0

## **Continuity and Retroactive Dates:**

<b>Directors &amp; Officers Liability Continuity Date:</b>	04/11/2014
<b>Employment Practices Liability Continuity Date:</b>	04/11/2014
<b>Fiduciary Liability Continuity Date:</b>	04/11/2014

# SCHEDULE OF LOCATIONS

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Each of the addresses listed below are covered for all lines of coverage presented in this proposal:

*Policyholder mailing address*                      10867

3400 Malcolm Avenue  
Oakland, CA 94606

<b>ID</b>	<b>Location</b>	<b>Building Value</b>	<b>Content Value</b>	<b>EDP Value</b>	<b>Total TIV</b>
15923	East Bay Innovation Academy: 1926 East 19th Street 1926 East 19th Street Oakland, CA 94606	\$0.00	\$10,000.00	\$50,000.00	\$60,000.00
11530	East Bay Innovation Academy: 3400 Malcolm Avenue 3400 Malcolm Avenue Oakland, CA 94605	\$0.00	\$375,000.00	\$375,000.00	\$750,000.00
<b>Total:</b>		\$0.00	\$385,000.00	\$425,000.00	\$810,000.00

# BOARD AND EMPLOYMENT LIABILITY

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## COVERAGE IS ON A CLAIMS MADE BASIS

<b><u>Layer 1 Coverages*</u></b>	<b><u>Layer 1 Limits</u></b>	<b><u>Layer 1 Deductibles</u></b>
<b>Directors and Officers and Company Liability</b>	\$1,000,000 per <b>claim</b> and member aggregate	\$5,000 per <b>claim</b>
<b>Employment Practices Liability</b>	\$1,000,000 per <b>claim</b> and member aggregate	\$7,500 per <b>claim</b>
<b>Fiduciary Liability</b>	\$1,000,000 per <b>claim</b> and member aggregate	\$0

\*Please refer to the Board and Employment Liability Declarations Page for complete details.

<b><u>Layer 2 Coverages:</u></b>	<b><u>Layer 2 Limits:</u></b>	<b><u>Layer 2 Deductibles:</u></b>
<b>Directors and Officers and Company Liability &amp; Employment Practices Liability</b>	\$1,000,000 per <b>claim</b> and member aggregate	None, follow form Layer 1 Coverage

**Reporting:** Must be reported to CharterSAFE within 60 days after policy expiration. Coverage is provided on a claims-made basis.

# GENERAL LIABILITY

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<b><u>Layer 1 Coverages*:</u></b>	<b><u>Layer 1 Limits:</u></b>	<b><u>Layer 1 Deductibles:</u></b>
<b>Bodily Injury, Property Damage</b>	\$2,000,000 per occurrence	\$500 per occurrence for bodily injury arising out of participation in a school sponsored <i>High Risk Activity</i> **
<b>Medical Payments</b>	\$10,000 per person \$50,000 per occurrence	\$0
<b>Educator's Legal Liability</b>	\$2,000,000 per occurrence	\$2,500 per occurrence (except for IEP Defense)
<b>IEP Defense Sublimit</b>	\$50,000 per occurrence and per member aggregate	\$7,500 per occurrence
<b>Employee Benefits Liability</b>	\$2,000,000 per occurrence	\$0
<b>Law Enforcement Liability</b>	\$2,000,000 per occurrence	\$0
<b>Sexual Abuse Liability</b>	\$2,000,000 per occurrence	\$0
<b>Products and Completed Operations</b>	\$2,000,000 per occurrence	\$0

\*Layer 1 Limits do not have aggregates (except for IEP Defense Sublimit)

\*\*A list of *High Risk Activities* is available at [www.chartersafe.org](http://www.chartersafe.org) or you may contact Carly Weston ([cweston@chartersafe.org](mailto:cweston@chartersafe.org)/818-709-1570) of CharterSAFE's Risk Management team.

# AUTO LIABILITY & PHYSICAL DAMAGE

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<b><u>Layer 1 Coverages*:</u></b>	<b><u>Layer 1 Limits:</u></b>	<b><u>Layer 1 Deductibles:</u></b>
<b>Owned Auto Liability, if scheduled with CharterSAFE:</b>	\$2,000,000 per occurrence	\$0
<b>Non-Owned Auto Liability:</b>	\$2,000,000 per occurrence	\$0
<b>Hired Auto Liability:</b>	\$2,000,000 per occurrence	\$0
<b>Auto Physical Damage**:</b>	\$1,000,000 per occurrence	\$500 per occurrence for Hired Auto Physical Damage

\*Layer 1 Coverages do not have aggregates.

\*\* Auto Physical Damage described herein for hired automobiles is secondary to any/all rental coverage offered by the rental company(ies). CharterSAFE strongly advises our members to purchase auto physical damage when renting vehicles.



# EXCESS LIABILITY - CharterSAFE Option

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**Coverage:**

**Excess over underlying:**

General Liability  
Auto Liability  
Sexual Abuse Liability  
Educator's Legal Liability  
Employee Benefits Liability  
Law Enforcement Liability  
Directors and Officers Liability  
Employment Practices Liability

**Limits:**

\$28,000,000 per occurrence/claim  
\$28,000,000 per member aggregate

**Optional Excess Limits:**

Optional excess liability limits above \$30,000,000 is available. If interested, please contact:

Arthur J. Gallagher & Co. Insurance Brokers of California, Inc  
18201 Von Karman Avenue, Suite #200  
Irvine, CA 92612

**Audra Powers**  
Account Executive  
Audra\_Powers@ajg.com  
949-349-9840

# PROPERTY

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**Perils Include:** Direct Physical Loss subject to all the terms, conditions, and exclusions established in the applicable policy(ies)

**Valuation:** Replacement Cost as scheduled with CharterSAFE, see "Schedule of Locations" page above

<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Property</b>	\$150,000,000 per occurrence OR Total Insured Value as scheduled with CharterSAFE, whichever is lower. Please see "Schedule of Locations" page above for scheduled limits	\$1,000 per occurrence
<b>Boiler &amp; Machinery/ Equipment Breakdown</b>	\$150,000,000 per occurrence OR Total Insured Value as scheduled with CharterSAFE, whichever is lower. Please see "Schedule of Locations" page above for scheduled limits	\$1,000 per occurrence
<b>Business Interruption</b>	\$10,000,000 per occurrence	\$1,000 per occurrence
<b>Extra Expense</b>	\$5,000,000 per occurrence	\$1,000 per occurrence

**Please note:**

- If you have a renovation/construction project valued over \$200,000 in hard and soft costs, please contact Thuy Wong ([twong@chartersafe.org](mailto:twong@chartersafe.org)/949-476-5031). CharterSAFE is able to endorse builder's risk coverage for renovation projects up to \$10,000,000 onto your policy. Additional premium would apply.

- If you are interested in a separate policy for flood and/or earthquake coverage, please contact Thuy Wong ([twong@chartersafe.org](mailto:twong@chartersafe.org)/949-476-5031).

# POLLUTION LIABILITY & PROPERTY

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## COVERAGE IS ON A CLAIMS MADE BASIS

<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Pollution Liability &amp; Property</b>	\$1,000,000 per pollution condition or indoor environmental condition  \$5,000,000 CharterSAFE Members' Combined Annual Aggregate	\$10,000 per occurrence
<b>Reporting:</b>	Must be reported to CharterSAFE within 60 days after policy expiration. Coverage is on a claims-made basis.	

# CRIME

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<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Monies and Securities:</b>	\$1,000,000 per occurrence	\$500 per occurrence
<b>Computer &amp; Funds Transfer Fraud:</b>	\$1,000,000 per occurrence	\$500 per occurrence
<b>Forgery or Alteration:</b>	\$1,000,000 per occurrence	\$500 per occurrence
<b>Employee Dishonesty:</b>	\$1,000,000 per occurrence	\$500 per occurrence

# TERRORISM LIABILITY

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COVERAGE IS ON A CLAIMS MADE BASIS

<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Terrorism Liability:</b>	\$5,000,000 per occurrence	\$0
	\$5,000,000 CharterSAFE Members' Combined Annual Aggregate	\$0
<b>Reporting:</b>	Must be reported to CharterSAFE within 60 days after policy expiration. Coverage is provided on a claims-made basis.	

# TERRORISM PROPERTY

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<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Terrorism Property:</b>	\$20,000,000 per occurrence OR Total Insured Value as scheduled with CharterSAFE, whichever is lower. Please see "Schedule of Locations" page above for scheduled limits	\$1,000 per occurrence
	\$20,000,000 CharterSAFE Members' Combined Annual Aggregate	\$1,000 per occurrence

# STUDENT & VOLUNTEER ACCIDENT

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## Coverages

### **Student Accident:**

## Limits

\$50,000 per injury/accident  
104 Week benefit period

## Deductibles

\$500 per injury/accident for school sponsored *High Risk Activities*\*

### **Volunteer Accident:**

\$25,000 per injury/accident

\$500 per injury/accident for school sponsored *High Risk Activities*\*

\*A list of *High Risk Activities* is available at [www.chartersafe.org](http://www.chartersafe.org) or you may contact Carly Weston ([cweston@chartersafe.org](mailto:cweston@chartersafe.org) / 818-709-1570) of CharterSAFE's Risk Management team.

### **Terms & Conditions:**

- Coverage is provided on an Excess Basis, but would become primary should the student or volunteer not have health insurance
- Claim submission deadline: 90 days after the Covered Accident.

### **Optional Catastrophic Student Accident Coverage:**

If interested in obtaining higher limits with or without sports included, please contact:

Arthur J. Gallagher & Co. Insurance Brokers of California, Inc.  
18201 Von Karman Avenue, Suite #200  
Irvine, CA 92612

**Audra Powers**  
Account Executive  
[Audra\\_Powers@ajg.com](mailto:Audra_Powers@ajg.com)  
949-349-9840

# CYBER LIABILITY

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## COVERAGE IS ON A CLAIMS MADE BASIS

<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Cyber Liability:</b>	\$1,000,000 per occurrence  \$5,000,000 CharterSAFE Members' Combined Annual Aggregate	\$2,500 per occurrence
<b>Coverage Includes:</b>	<ul style="list-style-type: none"><li>● Privacy Notification Costs</li><li>● Regulatory Fines and Claim Expenses for Privacy Liability</li><li>● Extortion Damages for Extortion Threat</li><li>● Crisis Management Expenses</li><li>● Business Interruption</li></ul>	
<b>Reporting:</b>	Claims must be reported within 60 days after policy expiration. Coverage is on a claims-made basis.	
<b>Requirement for Coverage to be in effect:</b>	Completed cyber application.	

# WORKER'S COMPENSATION & EMPLOYER'S LIABILITY

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<u>Coverages</u>	<u>Limits</u>	<u>Deductibles</u>
<b>Worker's Compensation:</b>	Statutory	\$0
<b>Employer's Liability for Bodily Injury:</b>	\$5,000,000 per Accident	\$0
	\$5,000,000 by Disease Per Employee	\$0
	\$5,000,000 by Disease Policy Limit	\$0

**Auditable:**

**The estimated payroll figure will be audited at the end of each coverage period. The CCS JPA will request copies of the 941 Federal Quarterly Reporting Forms on a quarterly basis to verify the payroll figure. If the estimated payroll figure has been overestimated, a refund will be issued. If the estimated payroll figure has been underestimated, an invoice for the additional amount due will be issued.**

## Claims Reporting Quick Reference Guide

Sue Bedard, ARM-P  
Senior Risk & Claims Manager  
Phone: 818.394.6544  
sbedard@chartersafe.org

Carly Weston, MPA  
Risk & Claims Manager  
Phone: 818.394.6547  
cweston@chartersafe.org

Susan Diamanti, WCCP  
Workers' Compensation Manager  
Phone: 818.394.6549  
sdiamanti@chartersafe.org

EMPLOYEE INJURY	STUDENT INJURY	PROPERTY/ LIABILITY CLAIM
<p><b>What to do if an employee injury or illness requiring professional medical treatment occurs.</b></p> <ol style="list-style-type: none"> <li>If the injury requires emergency medical treatment, call 911 and transport or request an ambulance. For emergency care, employee may go to nearest hospital or urgent care.</li> <li><b>DWC-1.</b> Provide blank <b>DWC-1</b> to the employee within one working day of finding out about an injury or illness. Injured employees must complete the employee section of the <b>DWC-1</b> if they opt to file a claim.</li> <li>Complete employer's portion of the returned <b>DWC-1</b> form and give a copy to the employee. Retain your copy in a central location — not the employee's personnel file.</li> <li><b>Referral.</b> Refer the employee for appropriate medical treatment at the industrial medical facility designated by the employer (unless the employee has pre-designated to use his or her own physician). Provide a copy of the Workers' Compensation Card to the employee to facilitate the medical provider's intake of the employee and the billing process.</li> <li><b>Report.</b> Complete the <b>Employee Incident Call-In Report</b>. Then, immediately call CharterSAFE's claim hotline <b>(877) 263-9904</b> to report the claim. The hotline service will complete the state-mandated DLSR 5020 (Employer's First Report) for you and will send a copy to CharterSAFE and the claim adjuster. A claim will automatically be established and the adjuster will make contact.</li> <li>There are state-imposed penalties for late or non-reporting. <b>Report Immediately.</b> Stay involved and maintain an open dialogue with the employee — don't assume the claim administrator/adjuster is taking care of everything.</li> </ol>	<p><b>What to do if a student injury requiring professional medical treatment occurs.</b></p> <ol style="list-style-type: none"> <li>Provide first aid, refer student to the family's choice of medical provider, or if needed, call 911 for emergency medical treatment; contact parent/guardian per school policy (always contact immediately for head or eye injuries). Inform the parent that the Student Accident Insurance is available.*</li> <li><b>Claim form.</b> Complete Part 1A of the <b>Gallagher Student Health/BMI Benefits claim form</b> and sign it, then provide the parent/guardian with the claim form, instruction sheet and Student Injury Card. The parents are responsible for submitting a claim within 90 days, if they wish to do so.</li> <li><b>Report.</b> File an incident report by completing the <b>online</b> student injury form at <a href="http://chartersafe.org">chartersafe.org</a>. A report number will be assigned and referenced if litigation occurs. <i>(This report is confidential and should NOT be given to parents.)</i> <b>NOTE:</b> This is not considered to be "filing a claim" — for medical bill payment, the parents must also complete the <b>Gallagher Student Health/BMI Benefits</b> claim form and send it to the insurance company, along with the requested documents.</li> </ol> <p>*The Student Accident Insurance (SAI) provided by CharterSAFE covers medical expenses arising from student injuries. The family's health insurance is primary, but if there is no health insurance, the SAI becomes primary. SAI is a no-fault insurance coverage and claims do not impact the school's loss ratio. If parents are made aware of the coverage immediately following an incident, the likelihood of a lawsuit is reduced. The SAI covers students only when they are injured on campus or participating in a school-sponsored off-campus activity.</p>	<p><b>What to do if school-owned vehicle or property is damaged or stolen, liability claim, or employment practices claim is made against the school, or a guest injury occurs on your premises.</b></p> <p><b>NOTE:</b> Any sexual abuse incident/allegation or claim asserted against the school must be reported as soon as it is brought to the attention of the school and mandated report is made — regardless whether a demand letter has been received or not. A delay in reporting could result in a lapse of coverage.</p> <ol style="list-style-type: none"> <li>Complete either the <b>Liability Incident Call-In Report</b> or the <b>Property/Vehicle Loss Incident Call-In Report</b> based upon the nature of the incident. <i>(These forms are confidential and should NOT be given to guests or third parties.)</i></li> <li><b>Report.</b> Then immediately call CharterSAFE's claim hotline <b>(877) 263-9904</b> to report the claim. A claim file will automatically be established and an adjuster will make contact. (This report is confidential and should NOT be given to guests or third parties.) Note: The hotline is a vendor-provided service that is available 24/7 and will contact CharterSAFE immediately in an emergency; they may not be able to answer all of your questions. For claim assistance please call <b>(818) 709-1570</b>.</li> </ol>
<p><b>IEP DUE PROCESS</b></p> <ol style="list-style-type: none"> <li>Complete the <b>IEP Due Process Report</b>.</li> <li><b>Report.</b> Then immediately send the report and an electronic copy of the hearing request to <a href="mailto:cweston@chartersafe.org">cweston@chartersafe.org</a>. A claim adjuster from George Hills will contact you to confirm the assignment of counsel and the amount of your deductible. Note that coverage is "claims made." This means you must report the claim during the policy period in which the hearing is requested, and prior to incurring any legal fees.</li> </ol>		