

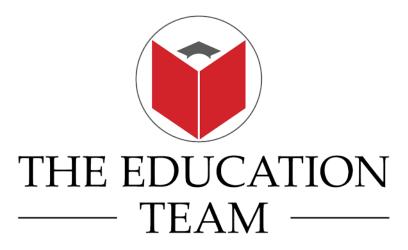
Service Agreement

NOTE: SIGNING THIS AGREEMENT DOES NOT OBLIGATE YOU TO USE OUR SERVICES.

This agreement is entered into by and between **ChildCare Careers, LLC dba The Education Team** (hereafter "TET") and "Customer" (named below). TET and Customer agree as follows:

- 1. A four (4) hour minimum service commitment each day is required for each employee requested from TET. Customer will pay for services under four (4) hours at the four (4) hour minimum fee.
- 2. Customer will pay the four (4) hour minimum if a request for service from TET is cancelled within the 24 hours prior to the designated time of service. Any request for cancellation will be effective only if communicated to **The Education Team office.** Notice to the temporary personnel is not adequate.
- 3. Customer will verify and approve the daily hours worked by means of an authorized signature if using a paper timecard or by use of a password if using online timecards. TET will invoice Customer based on the verified and approved time worked and Customer agrees to pay said invoices.
- 4. Customer will promptly pay all invoices for services rendered according to the then current TET fee schedule as billed on a weekly basis. Overtime will be billed and paid at time and a half. If an invoice is not paid within 30 days of the invoice date then Customer will pay a late payment fee of 5% of the invoice amount plus a finance charge equal to the lesser of 1.5% per month or the maximum legal rate.
- 5. Customer will instruct and supervise the TET employee with respect to his/her responsibilities and compliance with the procedures and policies of Customer. Customer will not ask or authorize TET employee to operate any motor vehicles or administer any medication. Customer represents, warrants and agrees that Customer is, and at all times during the term of this agreement will be, in compliance with all governmental laws, rules, ordinances and regulations applicable to Customer and its business.
- 6. Customer acknowledges that TET has incurred considerable expense in the recruitment, screening, and training of its employees and suffers a material economic loss when they are no longer available for assignments. Should Customer hire, or in any way utilize the services of (except through TET), a current or former TET employee introduced to Customer by TET (a "Candidate") within one (1) year of the Candidate's last assignment at any Customer location, then Customer will pay TET a placement fee according to TET's then current fee schedule. Customer will notify TET in writing and pay the placement fee prior to hiring a Candidate or utilizing a Candidate's services in any way except through TET. Customer agrees that the placement fee shall be doubled if Customer fails to provide written notice prior to hiring. An employee's resignation from TET does not relieve Customer of the obligation to pay the placement fee. Placement fees are non-refundable regardless of the duration of Candidate's employment with Customer.
- 7. In any action or proceeding involving a dispute between TET and Customer arising out of this Agreement, the prevailing party shall be entitled to recover its costs and attorneys fees. This agreement shall be binding on the successors and assigns of the parties. This agreement may be amended only by a written agreement signed by the parties. This agreement constitutes the entire agreement between the parties with respect to the subject matter hereof. The terms of this agreement shall be deemed accepted by TET, and a binding agreement created between TET and Customer on the terms set forth herein, upon TET providing its employees to Customer.

Customer Name:	Making Waves Ac	ademy		
-	DocuSigned by:	ty		•
By:	Uton B. Mison, Jr.	Title: _	CEO	_
Print Name:	Alton B. Nelson, Jr.	Date:	8/11/2021	
•	Authorized Representative of Customer (Print Name)	-		•



Corporate Office: 3440 Wilshire Blvd, Suite 1111 • Los Angeles, CA • 90010 Orders: (855) 898-2929 • Inquiries: (213) 986-4718

East Bay & North Bay Price List

*** Effective November 30, 2019 ***

Employee Category	Minimum Qualifications	Hourly Rate
After School Teacher	48 semester units in any courses ORAA Degree in any subject	27.95
Non-Credentialed K-12 Teacher	 Bachelor's Degree in any subject OR BA degree and CBEST / CSET OR 30-Day Substitute Teacher Permit 	37.95
 Multi-Subject Credential 	CTC issued Multiple Subject Credential	38.95
Single-Subject Credential	CTC issued Single Subject Credential	41.95
Special Education Credential	CTC issued Special Education Credential	51.95

Long-term assignments over one week in duration involving lesson planning or grading will incur a \$25 per day surcharge on each day commencing with day six.

NOTE: Prices include all payroll taxes, workers' compensation costs, benefits costs, liability insurance costs (including general, professional, employment practices and sexual misconduct liability), recruitment costs, and HR/administrative costs. There are no additional fees or taxes of any kind.

NEW CUSTOMER INFORMATION

School Name (doing business as):	Making Waves	Academy				
Full Legal Name of Entity:						
Admin Address:	4123 Lakeside Drive, Richmond, CA 94806					
City, State, Zip:	Richmond, CA 94806					
Phone: 5106261511		Fax:				
		□ Charter School □ For-Profit Independent School				
Grades Served: 5-12	Total	Enrollment: 1093				
Requirements for a substitu	ute:					
Requirements for a LONG-	TERM substitute:					
Dress Code:						
Primary Order Contact						
Name: Lisa Dodson		Title:Managing Director of Talent Acquisition				
Phone: 5102621511						
Email Address: Ido	dson@mwacademy.org					
Site (Campus) Name:	Making Waves Academ	V				
Street: same	as above					
		X:				
		ss:				
Directions and Parking Tips	S:					
(Ple	ease attach a separate she	et for additional school sites)				
·	•) NLY ***********************************				
Marketing Specialist Nam						
Number of Sites:	Centralized Ordering: [□Yes □No □Primarily After School Program				
Billing Status: ☐ Invoice (Cre	edit/Billing Info attached) □ Pre	pay (CC Info attached) ☐ Prepay (Collect at time of order)				
		ustomar (Signad Naw Contract)				
New vs. Existing: ☐ New Co	ustomer \Box Dormant Existing C	ustomer (Signed New Contract)				
_	_	ustomer (Signed New Contract)				

Revised: 1/21/2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2021

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endor		•	• •	ndorse	ment. A stat	tement on th	is certificate does not co	onfer r	ights to the
	DUCER		,		CONTA NAME:	^{ст} Brandy A	hearn			
Ne	wfront Insurance Services, LLC				PHONE	o, Ext): (415) 7		FAX (A/C, No):		
55	2nd Street				E-MAIL ADDRE	ss. brandy.a	ahearn@nev			
Flo	or 18				ADDICE			RDING COVERAGE		NAIC#
Sa	n Francisco			CA 94105	INSURE	01 1	Mutual Insu			18767
INSU	RED				INSURE					
	ChildCare Careers, LLC				INSURE					
					INSURE					
	2000 Sierra Point Pkwy Ste 702				INSURE					
	Brisbane			CA 94005	INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER:	INSUKL	Kr.		REVISION NUMBER:		1
TI	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	OF QUIF	INSUF REMEI	RANCE LISTED BELOW HAY	OF AN'	Y CONTRACT	THE INSURE OR OTHER I	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPEC	CT TO	WHICH THIS
	(CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE			PAID CLAIMS.		, ,,,	THE TERMO,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER X OTH-		
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		0404040 07 040044		00/44/0004	00/44/0000	E.L. EACH ACCIDENT	\$	1,000,000
$\overline{}$	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		0401642-07-243841		06/11/2021	06/11/2022	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	FS (4	CORD	101 Additional Remarks Schedu	le may h	e attached if more	e snace is requir	ed)		
	DENCE OF COVERAGE	(/	TOOKD	101, Additional Remarks Schedu	ic, may b	e attached il lilon	e space is requir	euj		
⊏VI	DENCE OF COVERAGE									
CFI	RTIFICATE HOLDER				CANO	CELLATION				
<u>ULI</u>	THI TOTAL HOLDEN				OAI4C	<u> </u>				
	ChildCare Careers, LLC				THE	EXPIRATION	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.		
	2000 Sierra Point Pkwy Ste 70	12			AUTHO	RIZED REPRESE	NTATIVE	0 /		<u> </u>
	Brisbane	<i>,</i> _		CA 94005						
	Brisbane CA 94005									

CHILCAR-01

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/24/2021

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 License # 0B07066	CONTACT NAME:		
Pleasanton Valley Insurance Brokers Inc. 65 Oak Court	PHONE (A/C, No, Ext): (925) 462-2111 FAX (A/C, No): (92	25) 462-2113	
Danville, CA 94526	E-MAIL ADDRESS: certs@pvigroup.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Philadelphia Indemnity Ins.	18058	
INSURED	INSURER B : Lloyd's of London Syndicate		
ChildCare Careers, LLC	INSURER C:		
2000 Sierra Point Pkwy, #702	INSURER D:		
Brisbane, CA 94005	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER	R: 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PHPK2277922	6/11/2021	6/11/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Χ	Retro Date 7-1-07						MED EXP (Any one person)	\$	20,000
	Χ	Prof-ded \$100,000						PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						ProfLimit	\$	2,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE			PHUB769093	6/11/2021	6/11/2022	AGGREGATE	\$	2,000,000
		DED X RETENTION \$ 10,000)					,	\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE 7 / N	N/A					E.L. EACH ACCIDENT	\$	
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/ A					E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Em	ployment Practices			EMPA417220	12/10/2020	12/10/2021	Limit		1,000,000
В	Pric	or/Pend 12-10-07			EMPA417220	12/10/2020	12/10/2021	Retention		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: AZ,CA, IL, TX, GA, FL, NJ,& PA. OH & WA

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE	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 Adam Rudick

ACORD 25 (2016/03)

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CHILCAR-01

AVAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/3/2021

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).

	ot confer rights to the certificate holder in lie	eu of such endorsement(s).						
PRODUCER License # 0B0	07066	CONTACT NAME:						
Pleasanton Valley Insur 65 Oak Court	ance Brokers Inc.	PHONE (A/C, No, Ext): (925) 462-2111	FAX (A/C, No): (925) 462-2113					
Danville, CA 94526		E-MAIL ADDRESS: certs@pvigroup.com						
		INSURER(S) AFFORDING CO	VERAGE NAIC#					
		INSURER A: Philadelphia Indemnity Ir	ns. 18058					
INSURED		INSURER B : Lloyd's of London Syndi	cate					
ChildCare	Careers, LLC	INSURER C:						
2000 Sierra Point Pkwy, #702 Brisbane, CA 94005		INSURER D :						
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	REVISI	ON NUMBER:					
		BELOW HAVE BEEN ISSUED TO THE INSURED NAMINDITION OF ANY CONTRACT OR OTHER DOCUM						
	ISSUED OR MAY PERTAIN, THE INSURANCE .DITIONS OF SUCH POLICIES. LIMITS SHOWN MAY	AFFORDED BY THE POLICIES DESCRIBED HEF Y HAVE BEEN REDUCED BY PAID CLAIMS.	REIN IS SUBJECT TO ALL THE TERMS,					
INSR	ADDL SUBR	POLICY EFF POLICY EXP						

TYPE OF INSURANCE LIMITS (MM/DD/YYYY) (MM/DD/YYŶŶY) INSD WVD LTR 1,000,000 X COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 6/11/2021 6/11/2022 PHPK2277922 Х \$ Retro Date 7-1-07 20,000 MED EXP (Any one person) Prof-ded \$100,000 1,000,000 Х PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT POLICY X LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 ProfLimit OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 2,000,000 Х X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** \$ PHUB769093 6/11/2021 6/11/2022 2,000,000 **EXCESS LIAB CLAIMS-MADE** AGGREGATE \$ 10,000 DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 12/10/2020 12/10/2021 Limit **Employment Practices** EMPA417220 1,000,000 Prior/Pend 12-10-07 EMPA417220 12/10/2020 12/10/2021 Retention 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as additional insured per attached endorsement.

CERTIFICATE HOLDER	CANCELLATION
Making Waves Academy 4123 Lakeside Drive Richmond, CA 94806	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Moninolia, OA 34000	AUTHORIZED REPRESENTATIVE
	Adam Rudick

POLICY NUMBER: PHPK2277922

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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):
Any person or organization where
written contract requires
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:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 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.