



# ChartHouse Public Schools

*Protecting your independence*



**Alliant**

2021 – 2022

## Insurance Proposal

Presented on March 9, 2021 by:

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## Your Service Team

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Worker's Comp Claims Advocate

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## Named Insured / Additional Named Insureds

### Named Insured(s)

ChartHouse Public Schools

### Additional Named Insured(s)

Charthouse Public Schools;  
Contra Costa School of Performing Arts

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### NAMED INSURED DISCLOSURE

- The first named insured is granted certain rights and responsibilities that do not apply to other policy named insureds and is designated to act on behalf of all insureds for making policy changes, receiving correspondence, distributing claim proceeds, and making premium payments.
- **Are ALL entities listed as named insureds?** Coverage is **not** automatically afforded to all entities unless specifically named. Confirm with your producer and service team that all entities to be protected are on the correct policy. Not all entities may be listed on all policies based on coverage line.
- Additional named insured is (1) A person or organization, other than the first named insured, identified as an insured in the policy declarations or an addendum to the policy declarations. (2) A person or organization added to a policy after the policy is written with the status of named insured. This entity would have the same rights and responsibilities as an entity named as an insured in the policy declarations (other than those rights and responsibilities reserved to the first named insured).
- Applies to Professional Liability, Pollution Liability, Directors & Officers Liability, Employment Practices Liability, Fiduciary Liability policies (this list not all inclusive). Check your Policy language for applicability. These policies provide protection to the Named Insured for claims made against it alleging a covered wrongful act. Coverage is not afforded to any other entities (unless specifically added by endorsement or if qualified as a "Subsidiary" pursuant to the policy wording) affiliated by common individual insured ownership or to which indemnification is otherwise contractually owed. If coverage is desired for affiliated entities or for contractual indemnities owed, please contact your Alliant Service Team with a full list of entities for which coverage is requested. With each request, include complete financials and ownership information for submission to the carrier. It should be noted, that the underwriter's acceptance of any proposed amendments to the policy, including expansion of the scope of "Insureds" under the policy could result in a potential diminution of the applicable limits of liability and/or an additional premium charge.
- Name Insureds are covered for all operations. Additional Insureds are only covered with respect to their interest in your operations. See each individual policy for details

## Schedule of Locations

Loc #	Address	City	State	Zip
1	2730 Mitchell Dr	Walnut Creek	CA	94598-1602



## Line of Coverage

### Commercial Package Coverage

<b>INSURANCE COMPANY:</b>	GuideOne Insurance
<b>A.M. BEST RATING:</b>	A- (Stable), Financial Size Category: IX (\$250 to \$500 Million)
<b>STANDARD &amp; POOR'S RATING:</b>	Not Rated
<b>STATE STATUS:</b>	Admitted
<b>POLICY/COVERAGE TERM:</b>	4/1/2021 to 4/1/2022

### COMMERCIAL PROPERTY COVERAGE PART

<b>Blanket Coverage:</b>	<b>Limit</b>	<b>Coinsurance</b>
Blanket Building	\$ 12,900,000	100%
Blanket Contents	\$ 366,500	100%
Business Interruption	\$ 975,000	100%
<b>Cause of Loss:</b>	Special Including Theft	
<b>Deductible:</b>	\$ 1,000 per occurrence	
<b>Premium:</b>	\$ <b>8,452 Total Commercial Property Premium</b>	

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

<b>Coverage Form:</b>	Commercial General Liability Coverage Form	
<b>Limits:</b>		
Each Occurrence	1,000,000	
General Aggregate	3,000,000	
Prod/Comp Ops Aggregate	3,000,000	
Autos – Non-Owned and Hired	Excluded	
Personal & Advertising Injury	1,000,000	
Damage to Premises Rented to You	1,000,000	
Medical Expense – any one person	15,000	
Crisis Event - Aggregate Limit	\$ 300,000	
Individual Counseling Expenses	\$ 2,500	Each Person Limit
Medical Expenses	\$ 50,000	Each Person Limit
Individual Expenses	\$ 200,000	Aggregate Limit
Organizational Expenses	\$ 100,000	Aggregate Limit
Employee Benefit Per Employee	1,000,000	
Employee Benefit Aggregate	3,000,000	
Employee Benefit Retroactive Date	8/29/2016	
<b>Deductible:</b>	\$ 1,000	Employee Benefit Liability

Sexual Misconduct Or Sexual Molestation Per Incident	\$ 1,000,000
Sexual Misconduct Or Sexual Molestation Aggregate	\$ 3,000,000
Sexual Misconduct Medical Expense Limit	\$ 10,000

<b>Legal Entity:</b>	Corporation
<b>Defense Inside/Outside the Limits:</b>	Outside the Limits
<b>Who has the Duty to Defend:</b>	Carrier
<b>Premium:</b>	<b>\$ 14,610 Total General Liability Premium</b>

### COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART

<b>Coverage Form:</b>	School and Educators Legal Liability
<b>Limits:</b>	
School and Educators Legal Liability (Directors & Officers)	\$ 1,000,000 Each Loss Limit \$ 1,000,000 Aggregate Limit
Employment Practices Liability	\$ 1,000,000 Each Wrongful Employment Act Limit \$ 1,000,000 Aggregate Limit
<b>School and Educators Legal Liability Retroactive Date:</b>	11/1/2015
<b>Employment Practices Liability Retroactive Date:</b>	8/29/2016
<b>Defense Inside/Outside the Limits:</b>	<ul style="list-style-type: none"> <li>• Outside the Limits for School and Educators Legal Liability</li> <li>• Outside the Limits with Third Party Coverage for Employment Practices Liability</li> </ul>
<b>Who has the Duty to Defend:</b>	Carrier
<b>Deductible/Retention:</b>	\$ 5,000 School and Educators Legal Liability (D&O) \$ 10,000 Employment Practices Liability - Each Wrongful Employment Act
<b>Extended Reporting Period:</b>	<ul style="list-style-type: none"> <li>• One Year for 100% Annual Premium</li> <li>• Two Years for 150% Annual Premium</li> <li>• Three Years for 200% Annual Premium</li> </ul>

**COMMERCIAL INLAND MARINE COVERAGE PART**

<b>Coverages and Limits:</b>	\$ 200,000	Computer Equipment
	\$ 500	Deductible
<b>Coinsurance</b>	100%	
<b>Premium:</b>	\$ 1,188	
<b>Terrorism Option:</b>	\$ 310	
<b>Total Premium:</b>	\$ 8,452	Total Property Premium
	\$ 14,610	Total GL Premium
	\$ 1,188	Total IM Premium
	<b>\$ 24,250</b>	<b>Total Package Policy Premium</b>
<b>Quote Valid Until:</b>	4/1/2021	
<b>Policy Auditable:</b>	No	



**Endorsement & Exclusions:** (including but not limited to)

**Forms Applicable to General Liability**

**Coverage Part**

- Additional Insured - Designated Person Or Organization
- Commercial General Liability Coverage Form
- Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
- Employment-Related Practices Exclusion
- Fungi Or Bacteria Exclusion
- Cap On Losses From Certified Acts Of Terrorism
- Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
- Crisis Management Coverage
- Exclusion - Student Medical Payments
- Warranty Provision
- Educational Institutions General Liability Endorsement
- Employee Benefits Liability Coverage (Claims-Made)
- Sexual Misconduct Liability Coverage (Occurrence)
- Alleged Perpetrator Civil Defense Coverage Endorsement
- Educators Management Liability Coverage

**Forms Applicable to All Coverage Parts**

- Mutual Policy Provisions
- California Changes
- California Changes - Actual Cash Value
- California Changes - Cancellation And Nonrenewal
- Additional Common Policy Conditions
- Combined Deductible
- GuideVantage Coverage Enhancement
- Calculation Of Premium
- Common Policy Conditions
- Nuclear Energy Liability Exclusion Endorsement
- Exclusion Of Certain Computer-Related Losses
- Cap On Losses From Certified Acts Of Terrorism
- Disclosure Pursuant To Terrorism Risk Insurance Act

**Forms Applicable to Property Coverage Part**

- California Changes - Replacement Cost
- Business Income (And Extra Expense) Coverage Form
- Commercial Property Conditions
- Exclusion Of Loss Due To Virus Or Bacteria
- Cancellation Changes
- Causes Of Loss - Special Form
- Loss Payable Provisions
- Fire And Security Alarm System Upgrade Coverage
- Educational Institutions Property Enhancement Endorsement
- Extension Of Premises
- Equipment Breakdown Coverage

**Forms Applicable To Inland Marine Coverage Part**

- Commercial Inland Marine Conditions
- Earthquake Exclusion
- Water Exclusion
- Computer Systems Coverage Form
- Theft From Unattended Vehicle Exclusion

**See Disclaimer Page for Important Notices and Acknowledgement**

## Line of Coverage

### Umbrella Liability Coverage

<b>INSURANCE COMPANY:</b>	GuideOne America Insurance Company
<b>A.M. BEST RATING:</b>	A- (Stable), Financial Size Category:IX (\$250 to \$500 Million)
<b>STANDARD &amp; POOR'S RATING:</b>	Not Rated
<b>STATE STATUS:</b>	Admitted
<b>POLICY/COVERAGE TERM:</b>	4/1/2021 to 4/1/2022
<b>Coverage Form:</b>	Commercial Umbrella Liability Insurance Policy
<b>Limit:</b>	
Occurrence	\$ 5,000,000
Personal And Advertising Injury	\$ 5,000,000
Aggregate	\$ 5,000,000
<b>Retention:</b>	\$ 2,500
<b>Defense Inside/Outside the Limits:</b>	Per Underlying Policy
<b>Who has the Duty to Defend:</b>	Carrier
<b>Underlying Coverages:</b>	Carrier: GuideOne Insurance Policy Period: 4/1/2021 to 4/1/2022
General Liability Limit	\$ 1,000,000 Each Occurrence Limit \$ 1,000,000 Personal & Advertising Injury Limit \$ 3,000,000 General Aggregate Limit \$ 3,000,000 Products – Completed Operations Aggregate Limit
Employee Benefits Liability	\$ 1,000,000 Each Occurrence Limit \$ 3,000,000 Aggregate Limit
Educators Management Liability	\$ 1,000,000 Each Claim Limit \$ 1,000,000 Aggregate Limit
Sexual Misconduct Liability	\$ 1,000,000 Each Claim Limit \$ 3,000,000 Aggregate Limit
Employers Liability	\$ 1,000,000 Bodily Injury By Accident-Each Accident \$ 1,000,000 Bodily Injury By Disease-Policy Limit \$ 1,000,000 Bodily Injury By Disease-Each Employee



<b>Premium:</b>	\$ 5,997
<b>Terrorism Option:</b>	Included at no additional premium
<b>Quote Valid Until:</b>	4/1/2021
<b>Policy Auditable:</b>	No



**Endorsement & Exclusions:** (including but not limited to)

- Policyholder Notice Commercial Liability Umbrella Coverage Part
- Mutual Policy Provisions
- Communicable Disease Exclusion Endorsement Advisory Notice To Policyholders
- Commercial Liability Umbrella Access Or Disclosure Of Confidential Or Personal Information Exclusions
- Additional Common Policy Conditions
- Common Policy Conditions
- Disclosure Pursuant To Terrorism Risk Insurance Act
- California Changes
- California Changes - Cancellation And Nonrenewal
- Commercial Liability Umbrella Coverage Form
- Nuclear Energy Liability Exclusion Endorsement (Broad Form)
- Exclusion - Cross Suits Liability
- Fungi Or Bacteria Exclusion
- Cap On Losses From Certified Acts Of Terrorism
- Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
- Amended Terrorism Coverage - Covered Autos
- Communicable Disease Exclusion
- Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
- Exclusion - Lead Liability
- Auto Exclusion
- Educational Institutions Liability Umbrella Endorsement
- Employee Benefits Liability Umbrella Coverage (Claims-Made)
- Sexual Misconduct Liability Umbrella Coverage (Occurrence)
- Educators Management Liability Umbrella Coverage
- Exclusion - Employment Practices Liability

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## Line of Coverage

### Workers' Compensation Coverage

<b>INSURANCE COMPANY:</b>	GuideOne Mutual Insurance Company
<b>A.M. BEST RATING:</b>	A- (Stable), Financial Size Category:IX (\$250 to \$500 Million)
<b>STANDARD &amp; POOR'S RATING:</b>	Not Rated
<b>STATE STATUS:</b>	Admitted
<b>POLICY/COVERAGE TERM:</b>	4/1/2021 to 4/1/2022

<b>Coverage:</b>	
Workers Compensation	Statutory
Employers Liability Limit	
Bodily Injury by Accident	\$ 1,000,000 Each Accident
Bodily Injury by Disease	\$ 1,000,000 Policy Limit
Bodily Injury by Disease	\$ 1,000,000 Each Employee

Class Code	Description	Payroll	Rate	Premium
8875	Public Colleges/Schools	\$ 2,500,000	0.9921	\$ 24,803.00
<b>Total Estimated Payroll:</b>		<b>\$ 2,500,000</b>		

<b>Manual Premium:</b>	\$ 24,803.00
Experience Modification:	\$ 5,953
<b>Modified Premium:</b>	30,756.00
Risk Adjustment	3,076.00
Premium Discount	1,009.00
Expense Constant	-
<b>Total Estimated Annual Premium</b>	<b>\$ 35,710.96</b>

Description	Premium
CA Workers Compensation Administration Revolving Fund	\$ 777.91
CA Workers Compensation Fraud Account Assessment	\$ 162.62
CA Surcharge	\$ 0.00
CA Subsequent Injuries Benefits Trust Fund Assessment	\$ 226.00
CA Uninsured Employers Benefits Trust Fund Assessment	\$ 26.62
CA Occupational Safety and Health Fund Assessment	\$ 88.76
CA Labor Enforcement and Compliance Fund	\$ 78.05
Terrorism	\$ 1,528
<b>Total Estimated Cost</b>	<b>\$ 35,710.96</b>

**Endorsement & Exclusions:** (including but not limited to)

- Policyholder Notice Of Audit And Claims Instructions
- Policyholder Notice
- California Insurance Guarantee Association Surcharge
- California Workers' Compensation Insurance Rating Laws
- Mutual Conditions
- Policy Amendatory Endorsement - California
- Duty To Defend - California
- Employers Liability Coverage Amendatory Endorsement - California
- Estimated Annual Premium Endorsement California
- Optional Premium Increase Endorsement - California
- California Cancellation Endorsement
- Workers Compensation And Employers Liability Insurance Policy
- Premium Due Date Endorsement
- Premium Discount Endorsement
- Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

**Quote Valid Until:**

4/1/2021

**Policy Auditable:**

Yes

**Conditions:**

USL&H coverage is not included.

It is imperative that Alliant and/or the carrier be notified IMMEDIATELY when a policyholder hires employees and/or begins operations in any state not listed in PART 3. A on the INFORMATION PAGE of the policy. Failure to obtain a workers' compensation policy in some states may result in substantial fines levied on the policyholder dating back to the original date of hire. Coverage for other states under PART 3. C. (OTHER STATES INSURANCE) of the workers' compensation policy may not fulfill the coverage verification requirement imposed by some states.

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## Line of Coverage

### Cyber Liability

**INSURANCE COMPANY:**

Beazley Insurance Company, Inc.

**A.M. BEST RATING:**

A, Stable (Financial Size Category XIII)

**STANDARD & POOR'S RATING:**

Not Rated

**STATE STATUS:**

Admitted

**POLICY/COVERAGE TERM:**

4/1/2021 to 4/1/2022

**Coverage Form:**

Beazley Breach Response (F00653 112017 ed.) with BBR Information Pack

**Business Activities:**

School

**Conditions:**

- Legal Action: Worldwide
- Territorial Scope: Worldwide
- Systems Outage Period: 3 Months
- Contingent Period: 12 Months

**Breach Response:**

Notified Individuals 25,000

Legal, Forensic & Public Relations / Crisis Management \$ 1,000,000

The breach response limits above are in addition to the policy aggregate limit of liability.

**Limits & Deductibles:**

Policy Aggregate Limit of Liability \$ 1,000,000

Additional Breach Response Limit \$ 1,000,000

First Party Loss

*Business Interruption Loss:*

Resulting from Security Breach \$ 1,000,000

Resulting from System Failure \$ 1,000,000

*Dependent Business Loss:*

Resulting from Dependent Security Breach \$ 100,000

Resulting from Dependent System Failure \$ 100,000

Cyber Extortion Loss: \$ 1,000,000

Data Recovery Costs: \$ 1,000,000

Liability

Data & Network Liability: \$ 1,000,000

Regulatory Defense & Penalties: \$ 1,000,000

Payment Card Liabilities & Costs: \$ 1,000,000



Media Liability	\$ 1,000,000
<u>eCrime</u>	
Fraudulent Instruction:	\$ 250,000
Funds Transfer Fraud:	\$ 250,000
Telephone Fraud:	\$ 250,000
<u>Criminal Reward</u>	
Criminal Reward:	\$ 50,000
<u>Retentions</u>	
<i>Breach Response</i>	
Legal, Forensic & Public Relations / Crisis Management	\$ 2,500; \$ 1,250 for Legal
Each Incident, Claim or Loss:	\$ 2,500
Retention for Cyber Extortion Loss:	\$ 1,000
Notified Individuals Threshold:	100 Notified Individuals
Waiting Period:	8 Hours
<b>Continuity Date:</b>	April 1, 2019
<b>Defense Inside/Outside the Limits:</b>	Inside
<b>Who has the Duty to Defend:</b>	Carrier
<b>Endorsement &amp; Exclusions:</b> (including but not limited to)	<ul style="list-style-type: none"> <li>• Sanction Limitation and Exclusion Clause</li> <li>• War and Civil War Exclusion</li> <li>• Asbestos, Pollution, and Contamination Exclusion Endorsement</li> <li>• California Amendatory Endorsement</li> <li>• Cap on Losses Arising Out of Certified Acts of Terrorism</li> <li>• Nuclear Exclusion</li> <li>• Amend Data Recovery Costs</li> <li>• Amend Definition of Data</li> <li>• Amend Definition of Fraudulent Instruction</li> <li>• Amend Notified Individuals Threshold</li> <li>• Amend Other Insurance Clause-Primary With Respect To Breach Response Services And First Party Loss</li> <li>• Computer Hardware Replacement Cost -Sublimit: \$100,000</li> <li>• Contingent Bodily Injury With Sublimit Endorsement -Sublimit: \$250,000</li> </ul>





	<ul style="list-style-type: none"><li>• CryptoJacking Endorsement -Sublimit: \$100,000 -Retention: \$1,000</li><li>• GDPR Cyber Endorsement</li><li>• Invoice Manipulation Coverage -Limit: \$100,000 -Retention: \$1,000</li><li>• Post Breach Remedial Services Endorsement</li><li>• Reputation Loss -Limit: \$1,000,000 -Retention: \$1,000</li><li>• Voluntary Shutdown Coverage</li><li>• Policyholder Disclosure Notice of Terrorism Insurance Coverage</li><li>• Employee Device Endorsement</li><li>• State Consumer Privacy Statutes Endorsement</li></ul>
<b>Premium</b>	<b>\$ 2,836</b>
<b>Minimum Earned Premium:</b>	Not Applicable
<b>Optional Extended Reporting Period:</b>	100% of the Annual Policy Premium for 12 months
<b>Quote Valid Until:</b>	4/1/2021
<b>Policy Auditable:</b>	Not Applicable
<b>Binding Conditions:</b>	See Binding Requirements Recap Page

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## Line of Coverage

### Student Accident Coverage – Base & Catastrophe

**INSURANCE COMPANY:** National Union Fire Ins Co of Pittsburgh, PA. (AIG)  
**A.M. BEST RATING:** A (Excellent), Financial Size Category: XV (\$2 Billion or greater)  
**STANDARD & POOR'S RATING:** A+ (Strong)  
**STATE STATUS:** Admitted  
**POLICY/COVERAGE TERM:** 4/1/2021 to 4/1/2022

**Covered Benefits:** Base K-12 – CAT K-12

**Coverage Form:** Blanket Accident Insurance Policy

**Coverage:**  
 Persons Insured All registered students of the Policyholder  
 (Grades: K-8)

Covered Activities Base/CAT: While enrolled as a student with the Policyholder during the hours and on the days when the Policyholder is in session, or during the hours and on the days when the Policyholder is not in session, while participating in a Policyholder sponsored and supervised activity (excluding interscholastic football and interscholastic sports). This includes coverage while traveling directly and uninterruptedly to or from the above in a vehicle designated by the Policyholder.

**Base Limits:**

Accident Medical Expense (Full Excess)	\$	25,000	
Benefit Period		52 weeks	
Incurral Period		90 days	
Deferred Dental	\$	1,000	per accident
Accidental Death	\$	10,000	
Incurral Period		365 days	
Heart and Circulatory		Included	
Accidental Dismemberment	\$	20,000	
Incurral Period		365 days	

**Base Deductible:** \$ 0

<b>CAT Limit:</b>		
Accident Medical Expense	\$	7,500,000
Deductible (Integrated)	\$	25,000
Benefit Period		520 weeks
Waiting Period		180 days
Accidental Death	\$	10,000
Incurral Period		365 days
Heart and Circulatory		Included
Accidental Dismemberment	\$	20,000
Incurral Period		365 days
Catastrophe Cash Benefit	\$	500,000
Initial Lump Sum	\$	100,000
Monthly Maximum Amount	\$	3,333.33
Maximum Number of Months		120
Incurral Period		180 days
Waiting Period		6 Consecutive Months
Seat Belt and Air Bag	\$	5,000 each
Brain Death	\$	100,000
<b>Base Premium:</b>	<b>\$</b>	<b>1,935</b>
<b>CAT Premium:</b>	<b>\$</b>	<b>738</b>
<b>Terrorism Option:</b>		Not Applicable
<b>Quote Valid Until:</b>		4/1/2021
<b>Policy Auditable:</b>		No



**Forms & Endorsements:** (including but not limited to)

- Master Application
- Accident Medical Expense Benefit Rider
- Excess Benefits Rider
- Subrogation and Right of Recovery Endorsement
- Injury Definition and Exclusions Amendatory Rider
- Payment of Claims Amendatory Endorsement
- Penalty for Non-Compliance Amendatory Endorsement
- Heart and/or Circulatory Benefit Rider
- Economic Sanctions Endorsement
- Civil Union / State Registered Domestic Partnership Endorsement

**Policy Exclusions:** (including but not limited to)

- suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism
- sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these
- the Insured's commission of or attempt to commit a crime
- infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes
- declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy
- participation in any team sport or any other athletic activity, except participation in a Covered Activity
- any loss incurred while outside the United States, its Territories or Canada
- full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded)
- travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
  - riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
  - riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer



- plastic or cosmetic surgery, except due to a covered Injury
  - new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule
  - new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury
  - new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury
  - rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense)
  - routine physical exam and related medical services
  - the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance
  - the Insured being under the influence of any narcotics unless administered on the advice of and as specified by a Physician
  - the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment
  - stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm
  - any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law
  - the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground
- Accident Medical Expense Benefit Exclusions:**
- any charge for medical care for which the Insured is not legally obligated to pay
  - repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury
  - care, treatment or services provided by an Insured or by an Immediate Family Member
  - Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures
  - educational or vocational testing or training
  - treatment of Osgood-Schlatter's disease
  - detached retina unless due to an Injury
  - diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food
  - charges that are payable under motor vehicle medical benefits
  - hernia, except as a result of participation in a Covered Activity
  - any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law

- personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital or for items taken away or home from the Hospital, except Durable Medical Equipment
- elective treatment or surgery
- Experimental or Investigative treatment or procedures
- treatment for temporomandibular dysfunction
- care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made

**See Disclaimer Page for Important Notices and Acknowledgement**

## Disclosures

This proposal of insurance is provided as a matter of convenience and information only. All information included in this proposal, including but not limited to personal and real property values, locations, operations, products, data, automobile schedules, financial data and loss experience, is based on facts and representations supplied to Alliant Insurance Services, Inc. by you. This proposal does not reflect any independent study or investigation by Alliant Insurance Services, Inc. or its agents and employees.

Please be advised that this proposal is also expressly conditioned on there being no material change in the risk between the date of this proposal and the inception date of the proposed policy (including the occurrence of any claim or notice of circumstances that may give rise to a claim under any policy which the policy being proposed is a renewal or replacement). In the event of such change of risk, the insurer may, at its sole discretion, modify, or withdraw this proposal, whether or not this offer has already been accepted.

**This proposal is not confirmation of insurance and does not add to, extend, amend, change, or alter any coverage in any actual policy of insurance you may have. All existing policy terms, conditions, exclusions, and limitations apply. For specific information regarding your insurance coverage, please refer to the policy itself. Alliant Insurance Services, Inc. will not be liable for any claims arising from or related to information included in or omitted from this proposal of insurance.**

Alliant embraces a policy of transparency with respect to its compensation from insurance transactions. Details on our compensation policy, including the types of income that Alliant may earn on a placement, are available on our website at [www.alliant.com](http://www.alliant.com). For a copy of our policy or for any inquiries regarding compensation issues pertaining to your account you may also contact us at: Alliant Insurance Services, Inc., Attention: General Counsel, 701 B Street, 6th Floor, San Diego, CA 92101.

Analyzing insurers' over-all performance and financial strength is a task that requires specialized skills and in-depth technical understanding of all aspects of insurance company finances and operations. Insurance brokerages such as Alliant Insurance typically rely upon rating agencies for this type of market analysis. Both A.M. Best and Standard and Poor's have been industry leaders in this area for many decades, utilizing a combination of quantitative and qualitative analysis of the information available in formulating their ratings.

A.M. Best has an extensive database of nearly 6,000 Life/Health, Property Casualty and International companies. You can visit them at [www.ambest.com](http://www.ambest.com). For additional information regarding insurer financial strength ratings visit Standard and Poor's website at [www.standardandpoors.com](http://www.standardandpoors.com).

Our goal is to procure insurance for you with underwriters possessing the financial strength to perform. Alliant does not, however, guarantee the solvency of any underwriters with which insurance or reinsurance is placed and maintains no responsibility for any loss or damage arising from the financial failure or insolvency of any insurer. We encourage you to review the publicly available information collected to enable you to make an informed decision to accept or reject a particular underwriter. To learn more about companies doing business in your state, visit the Department of Insurance website for that state.

### NY Regulation 194

Alliant Insurance Services, Inc. is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.



Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

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## Other Disclosures / Disclaimers

### FATCA:

The Foreign Account Tax Compliance Act (FATCA) requires the notification of certain financial accounts to the United States Internal Revenue Service. Alliant does not provide tax advice so please contact your tax consultant for your obligation regarding FATCA.

### Claims Reporting:

Your policy will come with specific claim reporting requirements. Please make sure you understand these obligations. Contact your Alliant Service Team with any questions.

### Claims Made Policy:

This claims-made policy contains a requirement stating that this policy applies only to any claim first made against the Insured and reported to the insurer during the policy period or applicable extended reporting period. Claims must be submitted to the insurer during the policy period, or applicable extended reporting period, as required pursuant to the Claims/Loss Notification Clause within the policy in order for coverage to apply. Late reporting or failure to report pursuant to the policy's requirements could result in a disclaimer of coverage by the insurer.

### Claims Made Policy (D&O/EPL)

This claims-made policy contains a requirement stating that this policy applies only to any claim first made against the Insured and reported to the insurer during the policy period or applicable extended reporting period. Claims must be submitted to the insurer during the policy period, or applicable extended reporting period, as required pursuant to the Claims/Loss Notification Clause within the policy in order for coverage to apply. Late reporting or failure to report pursuant to the policy's requirements could result in a disclaimer of coverage by the insurer.

## Other Disclosures / Disclaimers – Continued

Any Employment Practices Liability (EPL) or Directors & Officers (D&O) with EPL coverage must give notice to the insurer of any charges / complaints brought by any state / federal agency (i.e. EEOC and similar proceedings) involving an employee. To preserve your rights under the policy, it is important that timely notice be given to the insurer, whether or not a right to sue letter has been issued.



## Changes and Developments

It is important that we be advised of any changes in your operations, which may have a bearing on the validity and/or adequacy of your insurance. The types of changes that concern us include, but are not limited to, those listed below:

- Changes in any operations such as expansion to another states, new products, or new applications of existing products.
- Travel to any state not previously disclosed.
- Mergers and/or acquisition of new companies and any change in business ownership, including percentages.
- Any newly assumed contractual liability, granting of indemnities or hold harmless agreements.
- Any changes in existing premises including vacancy, whether temporary or permanent, alterations, demolition, etc. Also, any new premises either purchased, constructed or occupied
- Circumstances which may require an increased liability insurance limit.
- Any changes in fire or theft protection such as the installation of or disconnection of sprinkler systems, burglar alarms, etc. This includes any alterations to the system.
- Immediate notification of any changes to a scheduled of equipment, property, vehicles, electronic data processing, etc.
- Property of yours that is in transit, unless previously discussed and/or currently insured.

## Certificates / Evidence of Insurance

A certificate is issued as a matter of information only and confers no rights upon the certificate holder. The certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by a policy. Nor does it constitute a contract between the issuing insurer(s), authorized representative, producer or certificate holder.

You may have signed contracts, leases or other agreements requiring you to provide this evidence. In those agreements, you may assume obligations and/or liability for others (Indemnification, Hold Harmless) and some of the obligations that are not covered by insurance. We recommend that you and your legal counsel review these documents.

In addition to providing a certificate of insurance, you may be required to name your client or customer on your policy as an additional insured. This is only possible with permission of the insurance company, added by endorsement and, in some cases, an additional premium.

By naming the certificate holder as additional insured, there are consequences to your risks and insurance policy including:

- Your policy limits are now shared with other entities; their claims involvement may reduce or exhaust your aggregate limit.
- Your policy may provide higher limits than required by contract; your full limits can be exposed to the additional insured.
- There may be conflicts in defense when your insurer has to defend both you and the additional insured.

## Optional Coverages

The following represents a list of insurance coverages that are not included in this proposal, but are optional and may be available with further underwriting information.

Note some of these coverages may be included with limitations or insured elsewhere. This is a partial listing as you may have additional risks not contemplated here or are unique to your organization.

- Earthquake Insurance
- Event Cancellation
- Fireworks Liability
- Flood Insurance
- Foreign Insurance
- Garage Keepers Liability
- Kidnap & Ransom
- Media and Publishers Liability
- Medical Malpractice Liability
- Pollution Liability
- Owned/Non-Owned Aircraft
- Owned Watercraft
- Special Events Liability
- Workplace Violence

## Glossary of Insurance Terms

Below are a couple of links to assist you in understanding the insurance terms you may find within your insurance coverages:

<http://insurancecommunityuniversity.com/UniversityResources/InsuranceGlossaryFREE.aspx>

<http://www.ambest.com/resource/glossary.html>

<http://www.irmi.com/online/insurance-glossary/default.aspx>

**See Request to Bind Coverage page for acknowledgment of all disclaimers and disclosures.**

## Binding Requirements Recap

Below is a recap by Line of Coverage. **ALL** coverage(s) require the following:

- A written request to bind coverage

Coverage Line and Description of Subjectivity(ies)	Effective Date
<b>Commercial Package</b> <ul style="list-style-type: none"> <li>• Financial information</li> <li>• Physical inspection and compliance with recommendations (if applicable)</li> </ul>	4/1/2021
<b>Umbrella Liability</b> <ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	4/1/2021
<b>Workers Compensation</b> <ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	4/1/2021
<b>Cyber Coverage</b> <ul style="list-style-type: none"> <li>• Cyber Renewal Questionnaire</li> </ul>	4/1/2021
<b>Student Accident Coverage – Base &amp; Catastrophe</b> <ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	4/1/2021

In order to complete the underwriting process, we require that you send us any additional information requested above. We are not required to bind coverage prior to our receipt and underwriting acceptance of the above information. However, if we do bind coverage prior to such acceptance, the terms and conditions as indicated above may be amended until such receipt and acceptance. Any agreement to bind coverage in connection with this proposal must be in writing from an authorized employee of the Insurer

## Request to Bind Coverage

### ChartHouse Public Schools

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

Coverage Line:	Premium:	Bind Coverage:
Commercial Package *	\$ 24,250	<input type="checkbox"/>
Umbrella Liability *	\$ 5,997	<input type="checkbox"/>
Workers Compensation *	\$ 35,711	<input type="checkbox"/>
Cyber Liability	\$ 2,836	<input type="checkbox"/>
Student Accident Coverage – Base	\$ 1,935	<input type="checkbox"/>
Student Accident Coverage – Catastrophe	\$ 738	<input type="checkbox"/>

\* Payment Plan options may be available and are shown below:

Payment Plan Options	Bind
Annual (1 Payment)	<input type="checkbox"/>
Quarterly (4 Payments)	<input type="checkbox"/>
Monthly (10 Payments)	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

*This Authorization to Bind Coverage also acknowledges receipt and review of all disclaimers and disclosures, including exposures used to develop insurance terms, contained within this proposal.*

**This proposal does not constitute a binder of insurance. Binding is subject to final carrier approval. The actual terms and conditions of the policy will prevail.**