

DATE (MM/DD/YYYY) 09/27/2019

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.

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000	Dues		10 001	tilloate floider ill fled 01			s).			
PR	DDUCER Marsh USA Inc.				CONTA NAME:	ACT				
	2325 E. Camelback Road				PHONE (A/C, N	o, Ext):		FAX (A/C, No		
1	Suite 600				E-MAIL ADDRE	_		(A/C, NO	16	
l	Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fa	c 040	040 401	N/C	ADDRE					
CN.	101360284-CCA-All-19-20	X. Z   Z=	940-43	94				RDING COVERAGE		NAIC#
INS	JRED				1	ER A : Philadelph	ia Indemnity Insu	rance Company		18058
	Cesar Chavez Academy				INSUR	ERB: N/A				N/A
	c/o Leona Master, L.L.C. 7500 Dreamy Draw				INSURE	ER C :				
	Ste. 220				INSURE	ERD:				
	Phoenix, AZ 85020				INSURE	ERE:				
					INSURE					
CO	VERAGES CE	RTIF	CATI	NUMBER:		-002412573-02		REVISION NUMBER:		
Т	HIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HA	VC DEC	N ICCLIED TO	THE INCLID	TO MANCO ADOLES TO T	THE BO	LIOV DEDICE
С	IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN	THE INSURANCE AFFORE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE		
INSR LTR	TYPE OF INSURANCE	ADDI	SUBR				POLICY EXP			
Α	X COMMERCIAL GENERAL LIABILITY	INSL	VVVD	PHPK2040388		(MM/DD/YYYY) 09/29/2019	(MM/DD/YYYY) 09/29/2020	LIMI'	TS	
				111112540000		09/29/2019	U9/29/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		2,000,000
	OTHER:							PRODUCTS - COMPTOP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
- 3	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
_									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE								\$	
	DED RETENTION \$						+	AGGREGATE	\$	
	WORKERS COMPENSATION	_			-			PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETORY OF A PRINCIPLE OF A PRINC						4	PER OTH- STATUTE ER		
- 1	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
									*	
										1
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	COPD :	04 Additional Damada Oct. 1						
Re: Fa	cility Use	LO (M	CORD	ivi, Additional Remarks Schedul	e, may be	attached if more	space is require	<b>i</b> )		
	•									
Narre	n Parks and Recreation is included as additional insu	red wh	ere rea	lired by written contract						
			-10.04							
										1
										1
`CD	TIEICATE LIQUES		_							
-EK	TIFICATE HOLDER				CANCE	LLATION				
	Warren Parks and Recreation									
	5460 Arden				SHOU	LD ANY OF TH	IE ABOVE DE	SCRIBED POLICIES BE CA	NCELL	ED BEFORE
	Warren, MI 48092				THE	EXPIRATION	DATE THEF	REOF. NOTICE WILL RI	E DEL	IVERED IN
					ACCO	RUANCE WITH	1 IHE POLICY	PROVISIONS.		
				-						
					AUTHORIZ of Marsh	ZED REPRESENT	ATIVE			
				1						
					Daniel W	/ard	T	some un	1	



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	this certificate does not confer rights t	to the	ertificate holder in lieu of s			(s).				
PR	RODUCER Marsh USA Inc.			CONT						
	2325 E. Camelback Road			PHONI	E lo, Ext):		FAX (A/C, No)			
	Suite 600			E-MAII ADDRI			(A/C, NO)			
	Phoenix, AZ 85016	040 040	400.4	ADDRI						
CN	Attn: Phoenix.CertRequest@marsh.com / Fax: V101360284-CCA-All-19-20	212-948	4364	-			RDING COVERAGE		NAIC#	
	SURED			INSUR	ER A : Philadelp	hia Indemnity Insu	rance Company		18058	
1143	Cesar Chavez Academy			INSUR	ER B : Twin City	Fire Insurance Co	mpany		29459	
	c/o Leona Master, L.L.C.			INSUR	ERC:					
	7500 Dreamy Draw Ste. 220			INSUR	ERD:					
	Phoenix AZ 85020			INSURER E :						
				INSURER F:						
CC	OVERAGES CER	TIFICA	TE NUMBER:	•	3-002226713-23		REVISION NUMBER:			
7	THIS IS TO CERTIFY THAT THE POLICIES	OF IN	SURANCE LISTED BELOW HA	VE BEE	N ISSUED T	O THE INSUR	ED NAMED ABOVE FOR T	HE DO	LICY BEBIOD	
C	CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICII	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	MUICH THE	
INSF		ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED			
							PREMISES (Ea occurrence)	\$	300,000	
							MED EXP (Any one person)	\$	15,000	
	251W 4000504504504						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α.	OTHER:							\$		
Α	AUTOMOBILE LIABILITY		PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO		APD Comp./Coll. Ded.: \$1,000/\$1	1,000			BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY					1	PROPERTY DAMAGE	\$		
	AUTOS CIVET			l,			(Per accident)	\$		
A	X UMBRELLA LIAB X OCCUR		PHUB694387	_	09/29/2019	09/29/2020			4 000 000	
	FYOFOOLIAG				09/29/2019	09/29/2020	EACH OCCURRENCE	\$	4,000,000	
	CLAIMS-MADE						AGGREGATE	\$	4,000,000	
В	DED X RETENTION \$10,000 WORKERS COMPENSATION		7018/FD10400		00/00/00/10			\$		
	AND EMPLOYERS' LIABILITY		72WEP12498		09/29/2019	09/29/2020	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Educators Legal Liability		PHPK2040389		09/29/2019	09/29/2020	Each Claim		1,000,000	
	Retention: \$5,000						Agenagia			
							Aggregate		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACO	RD 101, Additional Remarks Schedule	e, may be	attached if mon	e space is require	d)	_		
JS B	Bank Corporate Trust Services is included as an Additio	nal Insure	d as respects to General Liability, as re	equired by	written contract.					
CEF	RTIFICATE HOLDER	_		CANC	ELL ATION					
	KIII IOATE HOEDER			CANC	ELLATION			_		
	US Bank Corporate Trust Services 60 Livingstone Avenue St. Paul, MN 55107			THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELL E DEL	ED BEFORE LIVERED IN	
					IZED REPRESEN USA Inc.					
				Daniel V	Vard	7	some un	-		

LOC #: Phoenix



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

Marsh USA Inc. POLICY NUMBER		NAMED INSURED  Cesar Chavez Academy c/o Leona Master, L.L.C. 7500 Dreamy Draw Ste. 220		
CARRIER	NAIC CODE	Phoenix, AZ 85020		
		EFFECTIVE DATE:		

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$500,000 Employee Dishonesty

Coverage : Abuse and Molestation Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:



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			iter rights	to th	e cer	tificate holder in lieu of s			s).			
PR	ODUC	er Marsh USA Inc.					CONTA NAME:					
		2325 E. Camelback Road					PHONE (A/C, No	o, Ext):		FAX (A/C, No)		
		Suite 600 Phoenix, AZ 85016					E-MAIL ADDRE	SS:				
		Attn: Phoenix.CertRequest@ma	rsh.com / Fax:	212-9	48-436	34		IN	SURER(S) AFFOI	RDING COVERAGE		NAIC#
-	10136	0284-CCA-AII-19-20					INSURE	R A : Philadelph	nia Indemnity Insu	rance Company		18058
INS	URED	Cesar Chavez Academy					INSURE	RB: Twin City I	Fire Insurance Co	mpany		29459
	(	c/o Leona Master, L.L.C.					INSURE			11 - 5		
		7500 Dreamy Draw Ste. 220					INSURE	RD:				
		Phoenix, AZ 85020					INSURE	RE:				
							INSURE					
CC	VEF	RAGES	CER	TIF	CATE	NUMBER:		-002226711-23		REVISION NUMBER:		-
"	ERT	ATED. NOTWITHSTANDI IFICATE MAY BE ISSUED	NG ANY RI O OR MAY	EQUII PERT	REME FAIN	RANCE LISTED BELOW HA' NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	OT TO	VANDICE THE
INSF	I VOLI			ADDL	SUBR	LIMITS SHOWN MAY HAVE	BEENF					
LTR A	Х	TYPE OF INSURANCE			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	rs	
· · ·	^					PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	$\vdash$	CLAIMS-MADE X C	DCCUR		1					PREMISES (Ea occurrence)	\$	300,000
	-									MED EXP (Any one person)	\$	15,000
										PERSONAL & ADV INJURY	\$	1,000,000
		V'L AGGREGATE LIMIT APPLIES	S PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY JECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α		OTHER:				DUDIO 1000					\$	
Λ	_	TOMOBILE LIABILITY				PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO OWNED SCHE	DUI ED			APD Comp./Coll. Ded.: \$1,000/\$1	,000			BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTO	EDULED OS							BODILY INJURY (Per accident)	\$	
	$\perp$		OWNED OS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
А	Х		CCUR			PHUB694387		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	4,000,000
		EXCESS LIAB C	LAIMS-MADE							AGGREGATE	\$	4,000,000
_		DED X RETENTION \$ 10	000								\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY				72WEPI2498		09/29/2019	09/29/2020	X PER OTH-		
	ANYF	PROPRIETOR/PARTNER/EXECU CER/MEMBER EXCLUDED?	ITIVE N	N/A						E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)		117.74						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESC	s, describe under CRIPTION OF OPERATIONS bei	low							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Educ	cators Legal Liability				PHPK2040389		09/29/2019	09/29/2020	Each Claim		1,000,000
	Rete	ntion: \$5,000								Aggregate		1,000,000
DESC Serco	CRIPTI o, Inc. i	ION OF OPERATIONS / LOCATi	ONS / VEHICL red as respects	ES (A	CORD neral Li	101, Additional Remarks Schedula lability, as required by written contra	e, may be	attached if more	e space is require	d)		
CEF	RTIF	ICATE HOLDER					CANCI	ELLATION				
	93	erco, Inc. 801 Michigan Ave etroit, Mt 48210-2038					THE	<b>EXPIRATION</b>	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELI E DE	LED BEFORE LIVERED IN
								ZED REPRESEN USA Inc.				
		ű:					Daniel V			Same Ua	1000	

LOC #: Phoenix



# ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED				
Marsh USA Inc.		Cesar Chavez Academy c/o Leona Master, L.L.C.				
POLICY NUMBER		7500 Dreamy Draw Ste. 220 Phoenix, AZ 85020				
CARRIER	IC CODE	F110611X, AZ 05020				
		EFFECTIVE DATE:				

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$500,000 Employee Dishonesty

Coverage : Abuse and Molestation Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:



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	ills certificate does not confer rights	to the ce	rtificate holder in lieu of s			(s).			
PR	DDUCER Marsh USA Inc.			CONTA NAME:	:				
	2325 E. Camelback Road			PHONE (A/C. N	E lo, Ext):		FAX (A/C, No)		
	Suite 600			E-MAIL ADDRE	Eee.		j jaroj koj		
	Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fa	242 040 4	20.4	ADDIN		JELIDEDIE: AFFO	PRINC CONTRACT		
CN	Auri. Prideriix. Certikequest@marsn.com / Fa 101360284-CCA-Ali-19-20	X: 212-948-43	304				RDING COVERAGE		NAIC#
-	URED					hia Indemnity Insu			18058
	Cesar Chavez Academy			INSURER B: Twin City Fire Insurance Company 29459					
	c/o Leona Master, L.L.C. 7500 Dreamy Draw			INSURER C:					
	Ste. 220			INSURI	ERD:				
	Phoenix, AZ 85020			INSUR	ERE:				
				INSURI	ERF:				
			E NUMBER:		5-002226710-27		REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	I OF AN	Y CONTRAC THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE 'PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSF	TYPE OF INSURANCE	ADDL SUB			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	300,000
							PREMISES (Ea occurrence)		15,000
							MED EXP (Any one person)	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					1	PERSONAL & ADV INJURY	\$	
	V PRO						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	OTHER: AUTOMOBILE LIABILITY		PHPK2040388		00/00/0040		COMPINED CINOLE LINE	\$	
• • •				4 000	09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED SCHEDULED		APD Comp./Coll. Ded.: \$1,000/\$1	1,000			BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS NON-OWNED						BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR		PHUB694387		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	4,000,000
	DED X RETENTION \$10,000							s	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		72WEPI2498		09/29/2019	09/29/2020	X PER OTH-	Ť	
	ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED?  (Mandatory In NH)	N/A							1,000,000
	if yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	Educators Legal Liability		PHPK2040389		00/00/0040	00/00/0000		\$	
•			FHFN2040309		09/29/2019	09/29/2020	Each Claim		1,000,000
	Retention: \$5,000			1			Aggregate		1,000,000
Sagir contr	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC naw Valley State University is included as an Addition act. General Liability, Auto Liability, Abuse & Molest ad as required by written contract.	nal Insured as	respects to General Liability, Auto L.	iability. Ab	use & Molestatio	n Educators Lega	I Liability and Umbrella Liability as	required purchase	I by written ad by Additional
CEF	RTIFICATE HOLDER			CANC	ELLATION				
	Saginaw Valley State University 7400 Bay Road University Center, MI 48710			SHOU	JLD ANY OF 1 EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	NCELL E DEI	ED BEFORE IVERED IN
					IZED REPRESEI USA Inc.	NTATIVE			
				Daniel \	Nard	-	Done Un	_	

LOC #: Phoenix



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY							
		NAMED INSURED					
Marsh USA Inc.		Cesar Chavez Academy c/o Leona Master, L.L.C. 7500 Dreamy Draw Ste. 220					
POLICY NUMBER							
CARRIER NAIC CO		Phoenix, AZ 85020					
		EFFECTIVE DATE:					

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FORM NUMBER: \_\_25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates : 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits



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this certificate does not confer right	s to the ce	rtificate holder in lieu of s			3).			
PRODUCER Marsh USA Inc.			CONTAC NAME:			_		
2325 E. Camelback Road			PHONE (A/C, No	Ext):		FAX (A/C, No)		
Suite 600			E-MAIL ADDRES	S:		(140) 110)		
Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fa	av. 212-948-43	84			SURFRISI AFFO	RDING COVERAGE		NAIC#
CN101360284-CCA-All-19-20	IA. 212-040-40	04	INSTIDE		ia Indemnity Insu			18058
INSURED			INSURE		a muchinity msu	irance company		N/A
Cesar Chavez Academy c/o Leona Master, L.L.C.								IW/A
7500 Dreamy Draw			INSURE					
Ste. 220 Phoenix, AZ 85020			INSURE					
Filoenix, AZ 83020			INSURE				_	-
COVERAGES CF	DTIEICAT	E NUMBER:	INSURE	RF: 002388269-05		DEVICION NUMBER		
THIS IS TO CERTIFY THAT THE POLICIE					THE INCHES	REVISION NUMBER:	UE DO	LOV DEDICE
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	REQUIREME / PERTAIN, H POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	I OF ANY DED BY T BEEN RI	CONTRACT HE POLICIE EDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBI			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A X COMMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	s	1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
_						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		2,000,000
X POLICY PRO- JECT LOC							\$	2,000,000
OTHER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED								
AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
UMBRELLA LIAB OCCUP							\$	
- OCCUR						EACH OCCURRENCE	\$	
CLAINS-INAD	티					AGGREGATE	\$	
WORKERS COMPENSATION						DED OTU	\$	
AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Huron Clinton-Metropolitan Authority is included as additionable the control of	CLES (ACORD	101, Additional Remarks Schedul nere required by written contract.	le, may be a	ttached if more	space is require	d)		
CERTIFICATE HOLDER			CANCE	LLATION				
Metroparks Huron Clinton - Metropolitan Authority 13000 High Ridge Drive Brighton, MI 48114			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	NCELL E DEL	ED BEFORE IVERED IN
			of Marsh (					
			Daniel W	ard	- 5	some un	1	



DATE (MM/DD/YYYY) 09/27/2019

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.

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this certificate does not confer rights to the cert	tificate holder in lieu of su		3).	quito un ondoionne	II. A 01	Medicile OII		
PRODUCER Marsh USA Inc.		CONTACT NAME:						
2325 E. Camelback Road		PHONE (A/C, No, Ext):		FAX (A/C, No)	:			
Suite 600 Phoenix, AZ 85016		E-MAIL ADDRESS:						
Attn: Phoenix.CertRequest@marsh.com / Fax: 212-948-436	34	IN	SURER(S) AFFOR	RDING COVERAGE		NAIC#		
CN101360284-CCA-All-19-20		INSURER A : Philadelph	ia Indemnity Insul	rance Company		18058		
INSURED Cesar Chavez Academy		INSURER B: Twin City Fire Insurance Company 29459						
c/o Leona Master, L.L.C.		INSURER C:						
7500 Dreamy Draw Ste. 220		INSURER D :						
Phoenix, AZ 85020		INSURER E:						
		INSURER F:						
COVERAGES CERTIFICATE		LOS-002226709-23		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSUFINDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	NI, TERM OR CONDITION ( THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE E	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	OT TO I	MUICU TUIC		
INSR TYPE OF INSURANCE INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs			
A X COMMERCIAL GENERAL LIABILITY	PHPK2040388	09/29/2019	09/29/2020	EACH OCCURRENCE	\$	1,000,000		
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
				MED EXP (Any one person)	\$	15,000		
				PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	s	2,000,000		
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	2,000,000		
OTHER:					\$			
	PHPK2040388	09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	APD Comp./Coll. Ded.: \$1,000/\$1,0	000		BODILY INJURY (Per person)	\$			
OWNED SCHEDULED AUTOS ONLY AUTOS			[	BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
				1/	\$			
X UMBRELLA LIAB X OCCUR	PHUB694387	09/29/2019	09/29/2020	EACH OCCURRENCE	\$	4,000,000		
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	4,000,000		
DED X RETENTION \$ 10,000					\$			
AND EMPLOYEDE! LABILITY	72WEPI2498	09/29/2019	09/29/2020	X PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A				E.L. EACH ACCIDENT	\$	1,000,000		
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
A Educators Legal Liability	PHPK2040389	09/29/2019	09/29/2020	Each Claim		1,000,000		
Retention: \$5,000			1	Aggregate		1,000,000		
						1,550,550		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD A Ervin Leasing Company is included as an Additional Insured as respects to the state of the	101, Additional Remarks Schedule, to General Liability, as required by wi	, may be attached if more rritten contract.	space is required	d)				
CERTIFICATE HOLDER	C	CANCELLATION			_			
Engin Langing								
Ervin Leasing 3893 Research Park Dr Ann Arbor, MI 48108		SHOULD ANY OF THE EXPIRATION ACCORDANCE WIT	DATE THEF	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELLE E DELI	D BEFORE VERED IN		
		AUTHORIZED REPRESEN of Marsh USA Inc.	TATIVE					
	D	Daniel Ward	1	same ua	1			

LOC #: Phoenix



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.	NAMED INSURED  Cesar Chavez Academy c/o Leona Master, L.L.C.					
POLICY NUMBER		7500 Dreamy Draw Ste. 220 Phoenix, AZ 85020				
CARRIER NA		- 11001IX, 72 0020				
		EFFECTIVE DATE:				

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:



DATE (MM/DD/YYYY) 09/27/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED the

	f SUBROGATION IS WAIVED, subjectibles certificate does not confer rights	t to t	he te	erms and conditions of	the pol	icv. certain i	policies may	require an endorseme	ns or nt. A	be endorsed. statement on
	ODUCER			THE STATE OF THE S	CONT	ACT	3).			
	Marsh USA inc. 2325 E. Camelback Road				PHON	E		FAX		
	Suite 600				E-MAII	lo, Ext):		FAX (A/C, No)	1	
	Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax	~ 242 C	40 496	24	ADDRI		ieupenie) areo			1
CN	101360284-CCA-All-19-20	212-9	40-430	04	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company					NAIC#
INS	URED_									18058
	Cesar Chavez Academy c/o Leona Master, L.L.C.						Fire Insurance Co	mpany		29459
	7500 Dreamy Draw				INSUR					
	Ste. 220				INSUR					-
	Phoenix, AZ 85020				INSUR					
CC	VERAGES CEF	TIE	CATI	E NUMBER:	INSUR	ER F : 3-002226708-23				
C	HIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY R EERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUIF PERT POLI	INSUI REME AIN, CIES.	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	AVE BEE	EN ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	OT TO	MARIOU TUIO
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	X COMMERCIAL GENERAL LIABILITY			PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	s	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							THOUSEN SOME TO THOSE	\$	
Α	AUTOMOBILE LIABILITY			PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT	s	1,000,000
	X ANY AUTO			APD Comp./Coll. Ded.: \$1,000/\$	1,000		1	(Ea accident) BODILY INJURY (Per person)	\$	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	OWNED SCHEDULED AUTOS ONLY						l I	BODILY INJURY (Per accident)		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$	
	7,5750 5/12							(Per accident)	\$	
Α	X UMBRELLA LIAB X OCCUR			PHUB694387		09/29/2019	09/29/2020	EACH OCCURRENCE	s	4,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	4,000,000
	DED X RETENTION \$10,000							AGGREGATE		4,000,000
В	WORKERS COMPENSATION			72WEPI2498		09/29/2019	09/29/2020	X PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  Y / N									1,000,000
	OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					1	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		1,000,000
Α	Educators Legal Liability			PHPK2040389		09/29/2019	09/29/2020	E.L. DISEASE - POLICY LIMIT  Each Claim	\$	
	Retention: \$5,000			111112010000		0012312013	09/29/2020			1,000,000
								Aggregate		1,000,000
Ke: U	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL se of certain facilities located in Cobo Center in conjuit Regional Convention Facility Authority and SMG and	inction v	vith Ce	sar Chavez Academy sponsored e	events					
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Detroit Regional Convention Facility Authority and SMG Attn: Cobo Center One Washington Blvd. Detroit, Mi 48226				SHOU THE ACCO	JLD ANY OF T EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELL E DEI	.ED BEFORE .IVERED IN
						USA Inc.				
					Daniel V	Vard	1	some un		

LOC #: Phoenix



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

GENCY Marsh USA Inc. OLICY NUMBER		NAMED INSURED  Cesar Chavez Academy c/o Leona Master, L.L.C. 7500 Dreamy Draw Ste. 220 Phoenix, AZ 85020					
CARRIER	NAIC CODE	1 110611A, AZ 00020					
		EFFECTIVE DATE:					

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$500,000 Employee Dishonesty

Coverage : Abuse and Molestation Policy # PHPK2040388 Policy Dates : 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:



DATE (MM/DD/YYYY) 09/27/2019

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PRODUCER Marsh USA Inc. 2325 E. Camelback Road Suite 600 Phoenix, AZ 85016					CONTACT NAME: PHONE [A/C, No, Ext): E-MAIL ADDRESS:  CONTACT  FAX (A/C, No):						
Attn: Phoenix, CertRequest@marsh.com / Fax: 212-948-4364											
CN	101360284-CCA-All-19-20				INSURE	R A : Philadelphi				18058	
INS	URED Cesar Chavez Academy					R B : Twin City F				29459	
	c/o Leona Master, L.L.C.				INSURE		no modratioc oc	inpuny		20100	
	7500 Dreamy Draw				INSURE						
	Ste. 220 Phoenix, AZ 85020										
	Frideriix, AZ 65020				INSURE						
CC	OVERAGES CE	DTIE	CAT	E NUMBER:	INSUREI						
I (	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUI PER I POL	INSU REME	RANCE LISTED BELOW HAVE ENT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B	'E BEE! OF ANY ED BY 1 BEEN R	' CONTRACT THE POLICIE: EDUCED BY I	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	OT TO	MARIOU TURO	
LTF	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
^	X COMMERCIAL GENERAL LIABILITY			PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	s	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	Y						GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							FRODUCTS - COMPTOP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY			PHPK2040388	-	09/29/2019	09/29/2020	COMBINED SINGLE LIMIT	\$	4.000.000	
	X ANY AUTO			APD Comp./Coll. Ded.: \$1,000/\$1,0	000			(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
	OWNED SCHEDULED								_		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
A	V IMPREMANDE V	-		DI/UDOS 4607					\$		
200	X UMBRELLA LIAB X OCCUR			PHUB694387	C	9/29/2019	09/29/2020	EACH OCCURRENCE	\$	4,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	4,000,000	
_	DED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			72WEPI2498	C	9/29/2019	09/29/2020	X PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								s	1,000,000	
Α	Educators Legal Liability			PHPK2040389	0	9/29/2019	9/29/2020	Each Claim		1,000,000	
	Retention: \$5,000							Aggregate		1,000,000	
Re: U	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI lse of certain facilities located in Cobo Center in conju it Regional Convention Facility Authority and SMG ar	unction	with Ce	sar Chavez Academy sponsored ever	ents						
CE	RTIFICATE HOLDER			C	CANCE	LLATION					
	Detroit Regional Convention Facility Authority and SMG Attn: Cobo Center One Washington Blvd. Detroit, MI 48226				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELL E DEL	ED BEFORE IVERED IN	
	Sig III TOMES				UTHORIZ f Marsh l	ED REPRESENT JSA Inc.	ATIVE				
	<u> </u>			Da	aniel W	ard	7	some un	1		

LOC #: Phoenix



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED			
Marsh USA inc.		Cesar Chavez Academy c/o Leona Master, L.L.C.			
POLICY NUMBER		7500 Dreamy Draw Ste. 220			
CARRIER	NAIC CODE	Phoenix, AZ 85020			
		EFFECTIVE DATE:			

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:



DATE (MM/DD/YYYY) 09/27/2019

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		ertificate does not confer rights	to the	cer	tificate holder in lieu of s			s).				
PRO	DUCE	ER Marsh USA Inc.				CONTA NAME:						
2325 E. Camelback Road						PHONE (A/C, No, Ext): (A/C, No):						
Suite 600				E-MAIL ADDRESS:								
		Phoenix, AZ 85016	. 040 0	40.400	14	INSURER(S) AFFORDING COVERAGE						
CN1		Attn: Phoenix.CertRequest@marsh.com / Fax 0284-CCA-All-19-20	. 212-94	48-430	94	MOUDE					18058	
	JRED							nia Indemnity Insu			29459	
		Cesar Chavez Academy						Fire Insurance Co	mpany		29409	
		√o Leona Master, L.L.C. ′500 Dreamy Draw				INSURE						
	9	Ste. 220				INSURE						
	F	Phoenix, AZ 85020				INSURE	RE:					
	VEE	AGES CFF				INSURE						
					NUMBER:		-002432750-02		REVISION NUMBER:			
C	ERTI	S TO CERTIFY THAT THE POLICIE: ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUIR PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPI	CT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIM	TS		
Α	Х	COMMERCIAL GENERAL LIABILITY	HADD	YYYD	PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	1	1,000,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	15,000	
									PERSONAL & ADV INJURY	s	1,000,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		2,000,000	
		OTHER:								\$		
	AUT	OMOBILELIABILITY							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)	\$		
		18.00 6.12							(Fel acodelit)	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE	1						AGGREGATE	\$		
		DED RETENTION \$		- 0				-	AGGILGATE	\$		
В		KERS COMPENSATION			72WEPI2498		09/29/2019	09/29/2020	X PER OTH-	9		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE									1,000,000	
	OFFI	DER/MEMBER EXCLUDED? N N	N/A					1	E.L. EACH ACCIDENT	\$	1,000,000	
	If ves	describe under CRIPTION OF OPERATIONS below						1	E.L. DISEASE - EA EMPLOYEE		1,000,000	
	0200	MILITON OF OF ERATIONS BEIDW				_			E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DESC	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is require	d)			
ine L	etroit	Regional Convention Facility Authority and SM	G are in	cluded	as additional insured where require	ed by writt	en contract with r	respect to General	Liability.		1	
											1	
CEF	≀TIFI	CATE HOLDER				CANC	ELLATION					
	co	DBO Center										
		ne Washington Blvd				SHOU	LD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE C	ANCELL	ED BEFORE	
		troit, MI 48226				ACCO	RDANCE WIT	THE POLICY	REOF, NOTICE WILL I	se DEI	LIVERED IN	
							ZED REPRESEN	ITATIVE				
						of Marsh	USA Inc.					
						Daniel V	Vard	7	sal u.			
							0					



DATE (MM/DD/YYYY) 09/27/2019

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.

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this certificate does not confer rights	to the cer	tificate holder in lieu of s			s).			
PRODUCER Marsh USA Inc.			CONTA NAME:	СТ				
2325 E. Camelback Road			PHONE FAX (A/C, No, Ext): (A/C, No):					
						[ D. 10 ] .		
Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax	c 212-948-43	¥∆	ADDRESS:  INSURER(S) AFFORDING COVERAGE					NAIC#
CN101360284-CCA-Ail-19-20			INSURE		nia Indemnity Insu			18058
INSURED					Fire Insurance Co			29459
Cesar Chavez Academy c/o Leona Master, L.L.C.			INSURE		i no modrance de	прилу		20.00
7500 Dreamy Draw			INSURE					
Ste. 220 Phoenix, AZ 85020			INSURE					
THOUTIN, AL GOOZO			INSURE					
COVERAGES CEI	RTIFICAT	E NUMBER:		-002226706-23		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE	S OF INSU	RANCE LISTED BELOW HA	VE BEF	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POI	ICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	s	1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	s	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:						TRODUCTO COMITOL AGG	s	2,000,000
A AUTOMOBILE LIABILITY		PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT	\$	1,000,000
X ANY AUTO		APD Comp./Coll. Ded.: \$1,000/\$1	,000			(Ea accident)  BODILY INJURY (Per person)	\$	1,000,000
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE	\$	
AUTOS ONET						(Per accident)	\$	
A X UMBRELLA LIAB X OCCUR		PHUB694387		09/29/2019	09/29/2020	EAGUAGGUPPENGE		7,000,000
EXCESS LIAB CLAIMS-MADE				00/20/2010	00/20/2020	EACH OCCURRENCE	\$	7,000,000
DED X RETENTION \$10,000			- 1			AGGREGATE	\$	7,000,000
B WORKERS COMPENSATION		72WEPI2498		09/29/2019	09/29/2020	X PER OTH-	\$	
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y / N								1,000,000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				1	E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					1	E.L. DISEASE - EA EMPLOYEE		1,000,000
A Educators Legal Liability		PHPK2040389		09/29/2019	00/00/0000	E.L. DISEASE - POLICY LIMIT Each Claim	\$	
, ,		F11FN2040309		09/29/2019	09/29/2020			1,000,000
Retention: \$5,000						Aggregate		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Location: Premises located at 8126 West Vernor Highway Archbishop of Detroit, the Archdiocese of Detroit, St. Gabr	Detroit, Michi	gan.					written co	intract.
CERTIFICATE HOLDER			CANC	ELLATION				
Allen H. Vigneron, Roman Catholic Archbishop of the Archdiocese of Detroit 1234 Washington Boulevard Detroit, MI 48126				EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELL E DEL	ED BEFORE IVERED IN
				ZED REPRESEN USA Inc.	ITATIVE			
1			Daniel V		<b>\</b>	Saul Un	<u></u>	

LOC #: Phoenix



# ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.  POLICY NUMBER  CARRIER  NAIC CODE		NAMED INSURED  Cesar Chavez Academy c/o Leona Master, L.L.C.	
		7500 Dreamy Draw Ste. 220 Phoenix, AZ 85020	
		Priderix, AZ 65020	
		EFFECTIVE DATE:	

### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits



DATE (MM/DD/YYYY) 09/27/2019

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.

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	this certificate does not confer rights	to the c	ertificate holder in lieu of s			(s).			
PR	ODUCER Marsh USA Inc.			CONT/ NAME:					
	2325 E. Camelback Road	PHONE FAX (A/C, No, Ext): (A/C, No):							
Suite 600 Phoenix, AZ 85016				E-MAIL ADDRE					
	Attn: Phoenix.CertRequest@marsh.com / Fax	: 212-948-	4364						NAIC#
CN	1101360284-CCA-Ali-19-20			INSUR		hia Indemnity Insu			18058
INS	SURED Coses Chaver Academy					Fire Insurance Co			29459
	Cesar Chavez Academy c/o Leona Master, L.L.C.			INSURI		THE INSUITATION OF	припу		20 100
	7500 Dreamy Draw			INSURI					
	Ste. 220 Phoenix, AZ 85020								
	1 1100111X, PAE 00020			INSURI					
CC	OVERAGES CER	RTIFICA	TE NUMBER:	INSURI	S-002226705-23		DEVICION NUMBER		
	THIS IS TO CERTIFY THAT THE POLICIES					O THE INCLID	REVISION NUMBER:	THE DO	OLICY DEDICE
C	NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN	Y CONTRAC THE POLICII REDUCED BY	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESP	ECT TO	MUICH THE
INSF	TYPE OF INSURANCE	ADDL SU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	ŝ	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	S	300,000
							MED EXP (Any one person)	s	15,000
							PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					1		· ·	2,000,000
	X POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$	2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY		PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	4 000 000
	X ANY AUTO		APD Comp./Coll. Ded.: \$1,000/\$1	1.000		00/20/2020		+	1,000,000
	OWNED SCHEDULED		,,	,,			BODILY INJURY (Per person)	\$	
	HIRED AUTOS NON-OWNED						BODILY INJURY (Per accident PROPERTY DAMAGE	-	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUP		PHUB694387			00/04/0000		\$	
	-verse var		F110D094301		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	7,000,000
	CLAIMS-MADE						AGGREGATE	\$	7,000,000
В	DED X RETENTION \$ 10,000 WORKERS COMPENSATION		70\A/FRIO 400		20/00/00/0			\$	
D	AND EMPLOYERS' LIABILITY		72WEPI2498		09/29/2019	09/29/2020	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYER	\$	1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Educators Legal Liability		PHPK2040389		09/29/2019	09/29/2020	Each Claim		1,000,000
	Retention: \$5,000						Aggregate		1,000,000
									1,000,000
Local Allen	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ftion: Premises located at 4100-4200 Martin Street, De H Vigneron, Roman Catholic Archbishop, Archdioces lity, as required by written contract.	troit, MI.						as respec	xs to General
055									
CEF	RTIFICATE HOLDER			CANC	ELLATION				
	Allen H. Vigneron, Roman Catholic Archbishop of the Archdiocese of Detroit 1234 Washington Boulevard Detroit, MI 48126			THE	EXPIRATION	N DATE THE	SCRIBED POLICIES BE C REOF, NOTICE WILL I PROVISIONS.	ANCELI 3E DE	LED BEFORE
					IZED REPRESEI USA Inc.				
				Daniel \	Nard	7	some Ua	9	

LOC#: Phoenix



ADDITIONAL REMARKS SCHEDULE

Page	2	of	2
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AGENCY		NAMED INSURED			
Marsh USA Inc.		Cesar Chavez Academy			
POLICY NUMBER		c/o Leona Master, L.L.C. 7500 Dreamy Draw Ste. 220			
CARRIER	NAIC CODE	Phoenix, AZ 85020			
		EFFECTIVE DATE:			

### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates : 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Claim \$2,000,000 Aggregate

\$25,000 Retention



DATE (MM/DD/YYYY) 09/27/2019

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	inis cert	ificate does not confer rights	to the	certificate holder in lieu of s	such ei	ndorsement	(s).				
PR	ODUCER Mare	h USA Inc.			CONT	ACT					
2325 E. Camelback Road				PHONE FAX							
Suite 600				E-MAII			(A/C, No)	:			
Phoenix, AZ 85016				ADDR					T		
CN	Alln: 101360284	Phoenix.CertRequest@marsh.com / Fax -CCA-All-19-20	: 212-948	-4364	-			RDING COVERAGE		NAIC#	
	URED	-00A-AII-19-20					hia Indemnity Insu			18058	
	Cesa	r Chavez Academy			INSUR	ERB: Twin City	Fire Insurance Co	ompany		29459	
		eona Master, L.L.C. Dreamy Draw			INSUR	ERC:					
	Ste. 2				INSUR	ER D :					
	Phoe	nix, AZ 85020			INSUR	ERE:					
					INSUR	ERF:					
	VERAG			ATE NUMBER:	LOS	S-002226704-23		REVISION NUMBER:			
Ċ	ERTIFIC	O CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY R ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUCH	PERTA	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN	IY CONTRAC THE POLICI REDUCED BY	T OR OTHER ES DESCRIBE (PAID CLAIMS	DOCUMENT WITH RESPE	AT TA	MARKET STATE	
LTR	-	TYPE OF INSURANCE	INSD W	ND POLICY NUMBER		POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	Х со	MMERCIAL GENERAL LIABILITY		PHPK2040388		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	1					DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000	
								MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AG	GGREGATE LIMIT APPLIES PER:								2.000,000	
	X POL	JECT LOC		1				GENERAL AGGREGATE	\$		
		HER;						PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α		DBILE LIABILITY		PHPK2040388		09/29/2019	09/29/2020	COMBINED SINGLE LIMIT	\$		
	X ANY	AUTO		APD Comp./Coll. Ded.: \$1,000/\$1	1 000		0,	03/23/2020	(Ea accident)	\$	1,000,000
	OW	NED SCHEDULED			,,000			BODILY INJURY (Per person)	\$		
	HIR							BODILY INJURY (Per accident)	\$		
	AUT	OS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
Α	V III	DELLA LIA		DUNIDOS (COZ					\$		
		BRELLA LIAB X OCCUR		PHUB694387		09/29/2019	09/29/2020	EACH OCCURRENCE	\$	7,000,000	
	EXC	ESS LIAB CLAIMS-MADE						AGGREGATE	\$	7,000,000	
D.	DED								\$		
В	AND EMP	S COMPENSATION LOYERS' LIABILITY		72WEPI2498		09/29/2019	09/29/2020	X PER OTH-			
	ANYPROP	RIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandator	ry in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DESCRIPT	Cribe under FION OF OPERATIONS below							\$	1,000,000	
Α	Educators	Legal Liability		PHPK2040389		09/29/2019	09/29/2020	Each Claim	φ	1,000,000	
	Retention:	\$5,000					00,20,2020				
							1	Aggregate		1,000,000	
_oca Archi	ion: Premisi	OF OPERATIONS / LOCATIONS / VEHICL es located at 4130 Maxwell, Detroit, Michi stroit, the Archdiocese of Detroit, St. Augus ct.	gan 48214	(a/k/a 4151 Seminole Street Detroit M	lichigan 4	8214\			Liability,	where required	
CEF	RTIFICA	TE HOLDER			CANC	ELLATION					
Allen H. Vigneron, Roman Catholic Archbishop of the Archdiocese of Detroit 1234 Washington Boulevard Detroit, MI 48126				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS.	NCELL E DEL	ED BEFORE IVERED IN		
						IZED REPRESEI USA Inc.	NTATIVE				
					Daniel \	Nard	7	some un	1		
								The same of the sa	TRANS		

LOC #: Phoenix



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc. POLICY NUMBER		NAMED INSURED Cesar Chavez Academy c/o Leona Master, L.L.C. 7500 Dreamy Draw
CARRIER	NAIC CODE	Ste. 220 Phoenix, AZ 85020
		EFFECTIVE DATE:

### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Coverage: Crime Policy #PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$500,000 Employee Dishonesty

Coverage: Abuse and Molestation

Policy # PHPK2040388

Policy Dates: 9/29/2019 - 9/29/2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits:

\$1,000,000 Each Occurrence \$1,000,000 Aggregate

Coverage: Employment Practices Liability

Policy # PHPK2040389

Policy Dates: 9/29/2019 - 9/29-2020

Carrier Name: Philadelphia Indemnity Insurance Company

Limits: