





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Coverage: Crime  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 to 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy #PHPK1677385  
 Policy Dates: 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$25,000 Retention



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2017

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).

<b>PRODUCER</b> Marsh USA Inc. 2325 E. Camelback Road Suite 600 Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax: 212-948-4364 CN101360284-CCA-All-17-18	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Philadelphia Indemnity Insurance Company		18058
<b>INSURER B :</b> Twin City Fire Insurance Company		29459
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> LOS-002226706-19	<b>REVISION NUMBER:</b>
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1677381	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1677381 APD Comp./Coll. Ded.: \$1,000/\$1,000	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB591006	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	72WEPI2498	09/29/2017	09/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Educators Legal Liability Retention: \$5,000			PHPK1677385	07/01/2017	07/01/2018	Each Claim \$ 1,000,000 Aggregate \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Location: Premises located at 8126 West Vernor Highway, Detroit, Michigan.  
 Archbishop of Detroit, the Archdiocese of Detroit, St. Gabriel Parish and Pastor of St. Gabriel Parish are included as Additional Insureds as respects to General Liability, where required by written contract.

<b>CERTIFICATE HOLDER</b>  Allen H. Vigneron, Roman Catholic Archbishop of the Archdiocese of Detroit 1234 Washington Boulevard Detroit, MI 48126	<b>CANCELLATION</b>  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 of Marsh USA Inc.  Daniel Ward <i>Daniel Ward</i>
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**COVERAGES** **CERTIFICATE NUMBER:** LOS-002226708-19 **REVISION NUMBER:**

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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: Use of certain facilities located in Cobo Center in conjunction with Cesar Chavez Academy sponsored events.  
 Detroit Regional Convention Facility Authority and SMG are included as Additional Insureds as respects to General Liability as required by written contract.

<b>CERTIFICATE HOLDER</b> Detroit Regional Convention Facility Authority and SMG Attn: Cobo Center One Washington Blvd. Detroit, MI 48226	<b>CANCELLATION</b> 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 of Marsh USA Inc. Daniel Ward
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	72WEPI2498	09/29/2017	09/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Educators Legal Liability Retention: \$5,000			PHPK1677385	07/01/2017	07/01/2018	Each Claim	1,000,000
							Aggregate	1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Ervin Leasing Company is included as an Additional Insured as respects to General Liability, as required by written contract.

### CERTIFICATE HOLDER

Ervin Leasing  
 3893 Research Park Dr  
 Ann Arbor, MI 48108

### CANCELLATION

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  
 of Marsh USA Inc.

Daniel Ward

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Coverage: Crime  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 to 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy #PHPK1677385  
 Policy Dates: 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$25,000 Retention



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2017

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).

<b>PRODUCER</b> Marsh USA Inc. 2325 E. Camelback Road Suite 600 Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax: 212-948-4364 CN101360284-CCA-All-17-18	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b>		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company		18058
	<b>INSURER B :</b> Twin City Fire Insurance Company		29459
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
<b>INSURER E :</b>			
<b>INSURER F :</b>			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> LOS-002226710-23	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1677381	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1677381 APD Comp./Coll. Ded.: \$1,000/\$1,000	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB591006	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	72WEPI2498	09/29/2017	09/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Educators Legal Liability Retention: \$5,000			PHPK1677385	07/01/2017	07/01/2018	Each Claim \$ 1,000,000 Aggregate \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Saginaw Valley State University is included as an Additional Insured as respects to General Liability, Auto Liability, Abuse & Molestation, Educators Legal Liability and Umbrella Liability, as required by written contract. General Liability, Auto Liability, Abuse & Molestation, Educators Legal Liability and Umbrella Liability policies shall be Primary to any other insurance in force for or which may be purchased by Additional Insured as required by written contract.

<b>CERTIFICATE HOLDER</b> Saginaw Valley State University 7400 Bay Road University Center, MI 48710	<b>CANCELLATION</b> 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 of Marsh USA Inc. Daniel Ward <i>Daniel Ward</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Coverage: Crime  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 to 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy #PHPK1677385  
 Policy Dates: 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$25,000 Retention





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Coverage: Crime  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 to 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy #PHPK1677385  
 Policy Dates: 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$25,000 Retention



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2017

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**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).

<b>PRODUCER</b> Marsh USA Inc. 2325 E. Camelback Road Suite 600 Phoenix, AZ 85016 Attn: Phoenix.CertRequest@marsh.com / Fax: 212-948-4364 CN101360284-CCA-All-17-18	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Philadelphia Indemnity Insurance Company		18058
<b>INSURER B :</b> Twin City Fire Insurance Company		29459
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> LOS-002226713-19	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1677381	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1677381 APD Comp./Coll. Ded.: \$1,000/\$1,000	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB591006	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	72WEPI2498	09/29/2017	09/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Educators Legal Liability Retention: \$5,000			PHPK1677385	07/01/2017	07/01/2018	Each Claim \$ 1,000,000 Aggregate \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
US Bank Corporate Trust Services is included as an Additional Insured as respects to General Liability, as required by written contract.

<b>CERTIFICATE HOLDER</b> US Bank Corporate Trust Services 60 Livingstone Avenue St. Paul, MN 55107	<b>CANCELLATION</b> 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 of Marsh USA Inc. Daniel Ward <i>Daniel Ward</i>
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> Cesar Chavez Academy c/o Leona Master, L.L.C. 7878 N. 16th St., Ste.150 Phoenix, AZ 85020	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

Coverage: Crime  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 to 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$500,000 Employee Dishonesty

Coverage : Abuse and Molestation  
 Policy #PHPK1677381  
 Policy Dates : 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits :  
 \$1,000,000 Each Occurrence  
 \$1,000,000 Aggregate

Coverage: Employment Practices Liability  
 Policy #PHPK1677385  
 Policy Dates: 7/1/2017 - 7/1/2018  
 Carrier Name: Philadelphia Indemnity Insurance Company  
 Limits:  
 \$1,000,000 Each Claim  
 \$2,000,000 Aggregate  
 \$25,000 Retention