

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

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Policy Change Page Number 1
 Attachment Number 1

POLICY NUMBER PHUB729050	POLICY CHANGES EFFECTIVE 07/31/2020	COMPANY Philadelphia Indemnity Insurance Company
NAMED INSURED Redwood Coast Developmental Services Cor dba: Redwood Coast Regional Center 1116 Airport Park Blvd Ukiah, CA 95482-5997		AUTHORIZED REPRESENTATIVE 1373 Arthur J. Gallagher Brokerage & Risk Man 505 N Brand Blvd Ste 600 Glendale, CA 91203 (818) 539-2300
COVERAGE PARTS AFFECTED Employers Liability Underlying		
<p style="text-align: center;">CHANGES</p> In consideration of the premium reflected, the policy is amended as indicated below: Add: Schedule Of Underlying Insurance - Employers Liability STATE COMPENSATION INSURANCE FUND PI-CXL-005 - Employers Liability Follow Form Endorsement Per attached policy declaration Deleted: Form PI-CXL-006 - EMPLOYERS LIABILITY EXCLUSION		

Path ID 14063119

The above amendments result in a change in the premium as follows:

<input checked="" type="checkbox"/>	NO CHANGES	ADDITIONAL PREMIUM	RETURN PREMIUM

09/25/2020

Issue Date

Authorized Representative

POLICY NUMBER: PHUB729050



A Member of the Tokio Marine Group

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COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	1373 Arthur J. Gallagher Brokerage & Risk 505 N Brand Blvd Ste 600 Glendale, CA 91203 (818) 539-2300
NAMED INSURED: Redwood Coast Developmental Services Cor dba: Redwood Coast Regional Center	
MAILING ADDRESS: 1116 Airport Park Blvd Ukiah, CA 95482-5997	
POLICY PERIOD: FROM <u>07/31/2020</u> TO <u>07/31/2021</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>4,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>4,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>4,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>4,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB729050

PREMIUM	
PREMIUM SUBTOTAL	\$ <u>10,330.00</u>
STATE TAXES, FEES, SURCHARGES (if applicable)	\$ <u>Not Applicable</u>
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ <u>10,330.00</u>
AUDIT PERIOD: <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>CORPORATION</u>
BUSINESS DESCRIPTION:	<u>Non-Profit Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY	
SEE ATTACHED SCHEDULE	

POLICY NUMBER: PHUB729050

SCHEDULE OF UNDERLYING INSURANCE	
Employers' Liability	
Company:	<u>STATE COMPENSATION INSURANCE FUND</u>
Policy Number:	<u>9105395-20</u>
Policy Period:	<u>07/01/2020</u> <u>07/01/2021</u>
Minimum Applicable Limits	
Bodily injury by accident	\$ <u>1,000,000</u> Each Accident
Bodily injury by disease	\$ <u>1,000,000</u> Each Employee
Bodily injury by disease	\$ <u>1,000,000</u> Policy Limit
Commercial General Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2152024</u>
Policy Period:	<u>07/31/2020</u> <u>07/31/2021</u>
Retroactive Date:	<u>07/01/1989</u>
Minimum Applicable Limits:	
General Aggregate	\$ <u>3,000,000</u>
Products-Completed Operations Aggregate	\$ <u>3,000,000</u>
Personal And Advertising Injury	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Commercial Auto Liability	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2152024</u>
Policy Period:	<u>07/31/2020</u> <u>07/31/2021</u>
Minimum Applicable Limits	
Garage Aggregate Limit For Other Than Autos (if applicable)	\$ <u>Not Applicable</u>
Each Accident	\$ <u>1,000,000</u>
Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	
Company:	<u>Philadelphia Indemnity Insurance Company</u>
Policy Number:	<u>PHPK2152024</u>
Policy Period:	<u>07/31/2020</u> <u>07/31/2021</u>
Retroactive Date:	<u>07/01/1989</u>
Minimum Applicable Limits	
<u>Each Professional Incident</u>	\$ <u>1,000,000</u>
<u>Aggregate</u>	\$ <u>3,000,000</u>

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Employee Benefits Liability	<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>		
Policy Number: <u>PHPK2152024</u>		
Policy Period: <u>07/31/2020</u> <u>07/31/2021</u>		
Retroactive Date: <u>07/01/1989</u>		
Minimum Applicable Limits		
<u>Each Claim</u>	\$	<u>1,000,000</u>
<u>Aggregate</u>	\$	<u>3,000,000</u>
Abusive Conduct Liability	<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>		
Policy Number: <u>PHPK2152024</u>		
Policy Period: <u>07/31/2020</u> <u>07/31/2021</u>		
Retroactive Date: <u>07/01/1989</u>		
Minimum Applicable Limits		
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>
<u>Aggregate</u>	\$	<u>3,000,000</u>
Directors & Officers Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Liquor Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

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Watercraft Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____
Other Coverages Not Included in Above	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made

Company: _____		
Policy Number: _____		
Policy Period: _____		
Retroactive Date: _____		
Minimum Applicable Limits		
_____	\$	_____
_____	\$	_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



John W. Glomb, Jr.
President & Chief Underwriting Officer



Secretary

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EMPLOYERS' LIABILITY (STOP GAP) FOLLOW FORM
ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY

This policy is intended to include coverage for liability for "bodily injury," disability or shock including death at any time resulting from any of these, and, if arising out of the foregoing, mental anguish or mental injury, sustained by:

1. An "employee" of the insured arising out of and in the course of employment by the insured; or
2. The spouse, child, parent, brother or sister of that "employee" as a consequence of 1. above;

This Employers' Liability (Stop Gap) insurance will follow the same provisions, exclusions and limitations that are contained in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance unless otherwise directed by this policy, or an endorsement to this policy.

To the extent such provisions differ or conflict, the provisions of this policy will apply. However, the coverage provided under this policy will not be broader than that provided by the applicable "underlying insurance."

Any per location or per project aggregate limit of insurance that is extended in the applicable "underlying insurance" shown in the Schedule of Underlying Insurance will not apply to the coverage provided by this endorsement.