



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. LIC #0726293 18201 Von Karman Ave Suite 200 Irvine CA 92612		CONTACT NAME: Arthur J. Gallagher & Co. PHONE (A/C, No., Ext): 949-349-9800 E-MAIL ADDRESS: FAX (A/C, No): 949-349-9900	
		INSURER(S) AFFORDING COVERAGE	
INSURED CALICHA-03 California Charter Schools Joint Powers Authority Yuba Environmental Science Charter Academy P.O. Box 430 Oregon House CA 95962		INSURER A: California Charter Schools JPA INSURER B: Safety National Casualty Corporation INSURER C: Scottsdale Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 15105 41297	

COVERAGES

CERTIFICATE NUMBER: 303942528

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse <input checked="" type="checkbox"/> Educators E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		CCSJPA MOC 2016-17	7/1/2016	7/1/2017	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 Crime \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CCSJPA MOC 2016-17	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	CCSJPA MOC 2016-17 SP4053226	7/1/2016 7/1/2016	7/1/2017 7/1/2017	<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 C	Employment Practices(Claims-Made) Directors & Officers(Claims-Made) Fiduciary(Claims-Made)			CCSJPA MOC 2016-17 EKS3192143	7/1/2016 7/1/2016	7/1/2017 7/1/2017	Each Wrongful Act/Agg \$5,000,000 Each Wrongful Act/Agg \$5,000,000 Each Wrongful Act/Agg \$5,000,000

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

Certificate holder is included as additional insured with respects to General Liability per the attached endorsement in accordance with the terms, conditions, and exclusions of the policy, as respects: Charter Authorizer

CERTIFICATE HOLDER

CANCELLATION

Yuba County Office of Education 935 14th Street Marysville CA 95901	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
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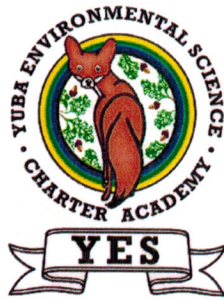
ADDITIONAL COVERED PARTY ENDORSEMENT

It is hereby understood and agreed that holders of Certificates of Coverage issued against this Memorandum of Coverage that are shown as Additional Covered Parties are added to the Memorandum of Coverage pursuant to the terms of this Memorandum of Coverage.

Where Certificates of Coverage are requested for Additional Covered Parties who do not fall within GENERAL MEMORANDUM OF COVERAGE DEFINITION 1, prior agreement of Underwriters and subsequent endorsement of this Memorandum of Coverage is required.

GENERAL MEMORANDUM OF COVERAGE DEFINITION

1. **ADDITIONAL COVERED PARTY** means any person, organization, trustee, or estate to whom, or to which the **NAMED MEMBER** is obligated by virtue of a **NAMED MEMBER CONTRACT** to provide coverage as is afforded by this MOC, but only with respects to operations performed by, or on behalf of, the **NAMED MEMBER**. The coverage afforded by this MOC shall be no broader than that which is required by such written contract. **ADDITIONAL COVERED PARTY** does not include a sponsoring district of a **NAMED MEMBER** unless obligated by virtue of a **NAMED MEMBER CONTRACT** to provide insurance or coverage such as is offered by this MOC, and subject to the limitations on coverage provided in such written contract or written agreement.



October 27, 2016

Yuba County Office of Education

Please note the email that follows this letter from CharterSafe, our insurance company, regarding MOU #15 that requests that CharterSafe notify YCOE of insurance lapses. Since they are unable to notify YCOE, YES affirms to YCOE that they will be notified within 2 business days of any lapse of insurance.

Katheryn Smith

Katheryn Smith
Principal/Director

YUBA ENVIRONMENTAL SCIENCE CHARTER ACADEMY

PO Box 430/9841 Texas Hill Road, Oregon House, CA 95962

Phone: (530) 692-2210

Fax: (530) 692-3241

Certificate of Insurance

Thuy Ly <tly@chartersafe.org>

Thu, Oct 27, 2016 at 2:12 PM

To: Deborah Hoerner <dhoerner@yescharteracademy.org>, Kiki Goldsmith <Kiki_Goldsmith@ajg.com>

Hi Deborah,

Regarding notification to the district should your insurance lapses, we are unable to comply with this requirement. Insurance carriers no longer provide this service, but instead only provide notification to the named insured (i.e. the school). Many of our members have renegotiated with their charter authorizers to say that the school will immediately and within 2 business days, forward the notification to the charter authorizer.

Please let me know if you have any additional questions and/or concerns.

Thank you,

Thuy Ly, MPH, ARM

Vice President, Operations and Insurance

CharterSAFE

(California Charter Schools, Joint Powers Authority)

Phone: (888) 901-0004 x 14

Emergency: (619) 734-6588

Fax: (530) 236-9569

Email: tly@chartersafe.org

P.O. Box 969

Weimar, CA 95736

Risk Management, Human Resources, Claims Guidance: (855) 394-5939

Claims Reporting Hotline: (877) 263-9904