

**GILROY UNIFIED SCHOOL DISTRICT
AGREEMENT FOR EDUCATIONAL SERVICES**

The following is an Agreement by and between GILROY UNIFIED SCHOOL DISTRICT and Be GLAD, LLC.

RECITALS

- A. The District requires certain staff development and training; educational services described below; and
- B. The Consultant represents that it is qualified and available to provide such services.

AGREEMENT

NOW THEREFORE, pursuant to the following terms and conditions the District and Consultant hereby agree as follows:

A. TERM. The term of this Agreement shall commence on July 01, 2021 and end on June 30, 2022 unless the work is completed or the Agreement is terminated sooner.

B. SERVICES. Consultant has submitted a Proposal dated May 25, 2021, which is accepted by the District and incorporated herein by this reference to the extent not inconsistent with the terms and conditions of this Agreement. As needed and requested by the District, Consultant shall perform in a competent and professional manner satisfactory to the District, the services described in **Exhibit A**, attached hereto and incorporated herein by reference (collectively, the “Services”).

C. COMPENSATION. In exchange for the satisfactory performance of the Services, the District will pay Consultant not to exceed \$51,100. Payment will be made for services completed to the satisfaction of the District, at the rates specified on **Exhibit A**, upon receipt of an itemized billing by Consultant. No final payments shall be authorized until all reports have been rendered to and approved by the district. All invoices for services must be submitted to the District within 30 calendar days after services are performed. Subject to and upon approval of the District, payment of invoices shall be made within 60 days after Consultant submits invoices and any other requested documentation. For purposes of this Agreement, “payment” shall mean the act of depositing checks in the United States Postal Service mail for delivery to the Consultant.

D. DISTRICT OWNERSHIP. All data and information provided for and/or used by Consultant shall be the property of and returned to the District at the completion of this contract. All reports or other documents generated will constitute “works made for hire” by or for the District and the District will be the “author” of all such reports under applicable copyright laws.

E. INDEPENDENT CONTRACTOR STATUS. It is understood that Consultant is an independent contractor, is responsible for accomplishing the results required herein, and District shall not be liable to Consultant for any payments, benefits, loss, costs, expenses, or injury or damages to Consultant’s person or property, except the District’s liability to Consultant for his compensation for services performed herein. Consultant shall not be entitled to receive any benefits normally provided to District’s employees, including health insurance benefits, paid vacation, or any other employee benefits. The District shall not be responsible for withholding income or other taxes from payments made to Consultant. Consultant shall be solely responsible for filing all returns and paying any income, social security or other tax levied upon or determined with respect to the payments made to Consultant pursuant to this Agreement. A 1099 tax form will be provided to Consultant for services rendered at the end of each calendar year.

Consultant states and affirms that it is acting as a free agent and independent Consultant, maintains a place of business at the address indicated in the signature page, and that this Agreement is not exclusive. Consultant may enter any other contracts as Consultant sees fit providing that such contract does not

interfere with any services that Consultant is currently providing the District or that might be deemed to be a conflict of interest with the best interests of the District.

F. COMPLIANCE WITH LAWS. Consultant shall comply with all federal, state and local laws and ordinances governing the operation of this Agreement. Without limiting the generality of the foregoing, Consultant shall comply with any applicable fingerprinting and TB clearance requirements of the California Education Code and shall provide certifications satisfactory to the District, in substantially the form attached hereto as **Exhibit B**.

G. CONFIDENTIALITY. The confidentiality provisions of this Agreement will survive and remain in full force and effect beyond the termination or expiration of this Agreement. Consultant agrees to hold confidential information obtained from the District, including any student or personnel information, whether obtained through observations, documentation or otherwise, in strict confidence and shall not without prior permission of the District disclose to anyone any such confidential information. Consultant shall not at any time or in any manner, either directly or indirectly, use any confidential District information for Consultant's own benefit. Consultant will protect such information and treat it as strictly confidential. A violation of this paragraph shall be a material violation of this Agreement.

If Consultant discloses (or threatens to disclose) information in violation of this Agreement, the District shall be entitled to an injunction to restrain Consultant from disclosing, in whole or in part, such information, of from providing any services to any party to whom such information has been disclosed or may be disclosed. The District shall not be prohibited by this provision from pursuing other remedies, including a claim for loss and damages.

H. INDEMNIFICATION; INSURANCE.

Each party ("Indemnifying Party") agrees to indemnify and hold the other ("Indemnified Party") and its board members or directors, as applicable, and its officers, employees and agents, harmless with respect to any and all claims, losses, damages, liabilities, judgments, expenses and costs, including reasonable attorney's fees, arising out of this Agreement or the Services and incurred by the Indemnified Party to the extent proximately caused by any action or omission of the Indemnifying Party. The parties agree to promptly notify each other upon receipt of any claim or legal action arising out of activities conducted pursuant to this Agreement. The rights and responsibilities established in this paragraph shall survive indefinitely the expiration or termination of this Agreement.

To the fullest extent allowed by law, Consultant shall, at its expense, hold harmless, indemnify and defend the District and its Board members, officers, agents, representatives and employees ("indemnified parties") from any and all claims, demands, losses, liabilities, claims, suits and actions ("claims") of any kind, nature and description, including but not limited to personal injury, death, property damage and Consultants and/or attorney fees and costs, directly or indirectly, arising or resulting from the performance of this Agreement or any action or inaction done, permitted or suffered by Consultant in connection with this Agreement, unless the claims are caused by the sole negligence or willful misconduct of the District. The District has the right to accept or reject any legal representation that Consultant proposes to defend the indemnified parties. This provision shall survive the termination of this Agreement.

Prior to performance of any Services, Consultant shall provide evidence that it has obtained, and will maintain during the Term of the Agreement, the types and amounts of insurance required by the District, as specified in **Exhibit A**.

I. TERMINATION AND SUSPENSION.

- a. **For Cause.** If Consultant fails to perform its obligations under this Agreement, the District will provide written notice specifying each breach for which notice is being given. If Consultant fails to cure such breach(es) within 14 days of such notice (or to make arrangements for cure that are satisfactory to the District, if the breach is such that more

than 14 days are required to cure), then the District may elect to terminate this Agreement for cause. Any such termination for cause will become effective upon the date set forth in the District's written notice to Consultant of its election to terminate.

- b. **For Convenience.** The District may terminate, abandon or suspend performance of this Agreement for convenience and without cause at any time upon 30 days prior written notice to Consultant, in which case the District will pay Consultant as provided in Paragraph C, above, for all Services actually performed, and all authorized expenses actually incurred and paid, under and in accordance with this Agreement, up to and including the date of termination. Such payment shall be Consultant's sole and exclusive compensation and the District shall have no liability to Consultant for any other compensation or damages, including, without limitation, anticipated profits, prospective losses, legal fees or costs associated with legal representation or consequential damages, of any kind.

J. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties hereto with respect to its subject matter and supersedes any and all prior agreements, discussions, or understandings, whether written, oral or implied, with respect to the subject matter of this Agreement. This Agreement may not be modified or amended without the prior written consent of each party.

K. ASSIGNMENT OR SUBLETTING. This Agreement shall not be assigned or sublet to any other person or persons except with the District's written consent.

L. ATTORNEYS FEES. In the event of any claim, dispute, or legal proceeding arising out of or relating to this Agreement, the party prevailing in such dispute shall be entitled to recover, and the other party shall pay, all reasonable fees and expenses incurred in connection therewith.

M. NOTICE. Unless otherwise specified in this Agreement or agreed to in writing by the Parties, notices and any other information required or contemplated under this Agreement may be given by first-class U.S. mail, express delivery service, or facsimile transmission at the addresses indicated on the signature page.

N. GOVERNING LAW; VENUE. This Agreement shall be construed and interpreted pursuant to the laws of the State of California, without regard to any conflict of laws principles. Jurisdiction and venue shall be in the superior courts of Santa Clara County, wherein this Agreement shall be deemed to have been executed and Services, Work and products furnished. Any attempt to remove venue to another jurisdiction, unless mutually agreed in writing, shall constitute a material breach of this Agreement.

O. WAIVER. Waiver of any term, condition, or covenant of this Agreement shall not constitute a waiver of any other term, condition, or covenant. Waiver by either party of any breach or default shall not constitute a waiver of any other provision or of any subsequent breach or violation of any provision of this Agreement. Acceptance by the District of any Services shall not constitute a waiver of any of the provisions of this Agreement or of any indemnification or insurance obligation of Consultant.

P. AUTHORITY TO EXECUTE. The person executing this Agreement on behalf of Consultant represents and warrants that he/she/they has/have the authority to so execute this Agreement and to bind

Consultant to the performance of its obligations hereunder. Furthermore, Consultant represents that it is legally authorized to provide the Services within the State of California.

IN WITNESS WHEREOF, the parties hereto have subscribed their names to this Agreement on the dates set forth below.

GILROY UNIFIED SCHOOL DISTRICT

Be GLAD LLC

By: _____

By: Anisa Arain

Name: Dr. Deborah Flores

Anisa Arain

Title: Superintendent

Title: Be GLAD Site Achievement Director

Date: _____

Date: May 28, 2021

Address for Notice:

7810 Arroyo Circle
Gilroy, California 95020

3141 Stevens Creek Blvd. Suite 353
San Jose, CA 95117-1129

Attn: _____

Attn: _____

Phone: _____

Phone: (844)438-4523

Email: _____

Email: anisa@begladtraining.com

Information Concerning Consultant:

State of incorporation or formation: CA

License #: _____

Type of Business Entity:

TIN 90-6278994

- ☒ Corporation
- ☐ Individual
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ Sole Proprietorship
- ☐ Limited Partnership
- ☐ Other: _____

Employer Identification Number and/or Social Security Number
NOTE: The Code of Federal Regulations, Sections 6041 and 6209, require non-corporate recipients of \$600.00 or more to furnish their taxpayer identification number ("EID" or "TIN"). The regulations also provide that a penalty may be imposed for failure to furnish the EID or TIN. To comply with these regulations, the District requires your EID, TIN or SSN, whichever is applicable.

FOR DISTRICT OFFICE USE

Funding Code: _____

Funding Program: _____

Form approved by District Legal Counsel 5/26/2020

**EXHIBIT A
TO AGREEMENT FOR EDUCATIONAL SERVICES WITH
Be GLAD, LLC, dated May 25, 2021**

SERVICES

I. Consultant will perform the following Services under the Captioned Agreement:

SEE ATTACHED PROPOSAL DATED May 25, 2021

II. As part of the Services, Consultant will prepare and deliver the following tangible work products to the District:

III. During performance of the Services, Consultant will keep the District apprised of the status of performance by delivering the following status reports under the indicated schedule:

☐ None.

☐ See below.

☐ See attached list.

STATUS REPORT FOR ACTIVITY:	DUE DATE
A.	
B.	
C.	

IV. The following rates of pay shall apply in the performance of the Services under this Agreement:

V. Consultant will utilize the following personnel to accomplish the Services:

☐ None.

☐ See attached list. – “Description of Services”

VI. Consultant will utilize the following subconsultants to accomplish the Services (check one):

☐ None.

☐ See attached list.

VII. INSURANCE REQUIREMENTS.

A. Before commencing performance under this Agreement, and at all other times this Agreement is effective, Consultant will procure and maintain the following types of insurance with coverage limits complying, at a minimum, with the limits set forth below:

<u>Type of Insurance</u>	<u>Limits (combined single)</u>
Commercial general liability	\$1,000,000
Professional liability	\$1,000,000
Business automobile liability	\$1,000,000
Workers compensation	Statutory requirement

B. Commercial general liability insurance will meet or exceed the requirements of ISO-CGL Form No. CG 12 10 11 97. The amount of insurance set forth above will be a combined single limit per occurrence for bodily injury, personal injury, and property damage for the policy coverage. Liability policies will be endorsed to name the District, its officials, and employees as “additional insureds” under said insurance coverage and to state that such insurance will be deemed “primary” such that any other

insurance that may be carried by the District will be excess thereto. Such insurance will be on an “occurrence” basis, except professional liability will be on a “claims made” basis, and will not be cancelable or subject to reduction except upon a thirty day prior written notice to the District.

C. Automobile coverage will be written on ISO Business Auto Coverage Form CA 00 01 10 01, including symbol 1 (Any Auto).

D. Consultant will furnish to the District duly authenticated Certificates of Insurance and Endorsements evidencing maintenance of the insurance required under this Agreement and such other evidence of insurance as may be reasonably required by the District from time to time. Insurance must be placed with insurers with a current A.M. Best Company Rating equivalent to at least a Rating of “A:VII.” Originals of the duly authenticated Certificates of Insurance and Endorsements will be included with this Agreement as **Exhibit C**.

VIII. AMENDMENT TO SERVICES. The Scope of Services, including services, work product, and personnel, are subject to change by mutual Agreement. In the absence of mutual Agreement regarding the need to change any aspects of performance, Consultant shall comply with the Scope of Services as indicated above.

IX. ADDITIONAL TERMS AND CONDITIONS. The following terms and conditions have been negotiated by the Parties and, to the extent of any conflict between the following provisions and the terms of the Agreement to which this **Exhibit A** is attached, the following provisions control.

☐ None.

☐ See below.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2020

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 BENEFIT EXPERTS INS AGENCY INC 57152346 228 HAMILTON AVENUE 3RD FLOOR PALO ALTO CA 94301	CONTACT NAME:	
	PHONE (650) 251-4228 (A/C, No, Ext):	FAX (650) 618-8618 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED BE GLAD LLC 3141 STEVENS CREEK BLVD # 353 SAN JOSE CA 95117-1141	INSURER A: Sentinel Insurance Company Ltd.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		57 SBM AG5743	06/21/2020	06/21/2021	EACH OCCURRENCE \$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			57 SBM AG5743	06/21/2020	06/21/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE
							AGGREGATE
	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"/> PER STATUTE <input type="checkbox"/> OTH-ER
		N/A					E.L. EACH ACCIDENT
							E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	DATA BREACH - DEFENSE & LIAB COVG			57 SBM AG5743	06/21/2020	06/21/2021	Limit \$250,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Gilroy Unified School District
 District, its officials, and employees
 7810 Arroyo Circle
 Gilroy CA 95020

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

Susan L. Castaneda

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2020

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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PRODUCER BENEFIT EXPERTS INS AGENCY INC 57152346 228 HAMILTON AVENUE 3RD FLOOR PALO ALTO CA 94301	CONTACT NAME:	
	PHONE (650) 251-4228 (A/C, No, Ext):	FAX (650) 618-8618 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED BE GLAD LLC 3141 STEVENS CREEK BLVD # 353 SAN JOSE CA 95117-1141	INSURER A: Property and Casualty Insurance Company of Hartford	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE	
A	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	N/A	57 WEC AB6392	08/31/2020	08/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

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

Those usual to the Insured's Operations.

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AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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CERTIFICATE OF LIABILITY INSURANCE

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05/23/2021

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	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED BE GLAD LLC 3141 STEVENS CREEK BLVD # 353 SAN JOSE CA 95117-1141	INSURER A: Sentinel Insurance Company Ltd.	
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							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE
							AGGREGATE
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT
							E.L. DISEASE -EA EMPLOYEE
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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 KTL BUSINESS INS SRVCS INC/PHS 72165867 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 FAX (877) 905-2772 (A/C, No, Ext): E-MAIL ADDRESS: <div style="text-align: right;">INSURER(S) AFFORDING COVERAGE NAIC#</div>
INSURED BE GLAD LLC 3141 STEVENS CREEK BLVD # 353 SAN JOSE CA 95117-1141	INSURER A : Lloyds, Underwriters at Lloyds INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Professional Liability			SML04310B21	05/17/2021	05/17/2022	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)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Gilroy Unified School District
 District, its officials, and employees
 7810 Arroyo Circle
 Gilroy CA 95020

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

Susan L. Castaneda

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EXHIBIT B
TO AGREEMENT FOR EDUCATIONAL SERVICES WITH
Be GLAD, LLC, dated May 25, 2021

CERTIFICATIONS

- ☐ None.
- ✓ See Attached, the following (check all applicable):
 - ☒ Fingerprinting/Criminal Background Certification.
 - ☒ Tuberculosis Clearance.
 - ☐ Other; _____.

FINGERPRINTING/CRIMINAL BACKGROUND CERTIFICATION

(NOTE: This Certification is required in connection with all agreement for services and public work contracts that might allow persons other than District staff to come into contact with District students)

The undersigned does hereby certify to the governing board of the District that I am a duly authorized representative of the Consultant under the Agreement for Services ("Agreement") to which this Certification is attached. I further certify as follows:

I am familiar with the facts herein certified and am authorized and qualified to execute this certificate on behalf of Consultant. Consultant has taken at least one of the following actions with respect to the construction Project that is the subject of the Agreement (check all that apply):

X The Consultant has complied with the fingerprinting requirements of Education Code section 45125.1 with respect to all Consultant's employees and all of its subconsultants' employees who may have contact with District pupils in the course of providing Services pursuant to the Agreement, and the California Department of Justice has determined that none of those employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. A complete and accurate list of Consultant's employees and of all of its subconsultants' employees who may come in contact with District pupils during the course and scope of the Agreement is attached hereto; and/or

____ Pursuant to Education Code section 45125.2, a physical barrier exists, or Consultant has installed or will install prior to commencement of the Services a physical barrier, at the location of the Services, that will limit contact between Consultant's employees and District pupils at all times; and/or

X Pursuant to Education Code section 45125.2, Consultant certifies that all employees will be under the continual supervision of, and monitored by, an employee of the Consultant who the California Department of Justice has ascertained has not been convicted of a violent or serious felony. The name and title of the employee who will be supervising Consultant's employees and its subconsultants' employees is

Name: Jabbar Beig

Title: Executive Be GLAD Officer

____ The Services under the Agreement will be performed at an unoccupied school site and no employee and/or subconsultant or supplier of Agreement shall come in contact with the District pupils.

Consultant's responsibility for background clearance extends to all of its employees, subconsultants, and employees of subconsultants coming into contact with District pupils regardless of whether they are designated as employees or acting as independent contractors of the Consultant.

Date: May 28, 2021

Legal Name of Consultant: Be GLAD LLC

Signature: 

By (Name of signatory): Jabbar Beig

Its (Title): Executive Be GLAD Officer

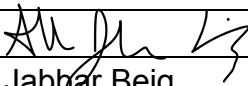
TUBERCULOSIS CLEARANCE

(NOTE: This Certification is required in connection with all agreement for services and public work contracts that might allow persons other than District staff to come into contact with District students)

The undersigned does hereby certify to the Board of the District as follows:

1. I am a representative of the Consultant currently entering into this Agreement with the District. As such, I am familiar with the facts herein certified and am authorized and qualified to execute this certificate on behalf of Consultant. Consultant's responsibility for tuberculosis clearance extends to all of its employees, subconsultants, and employees of subconsultants coming into contact with District pupils regardless of whether they are designated as employees or acting as independent contractors of the Consultant.
2. The following item applies to the Services that are the subject of the Agreement:
 - ☒ The Consultant ensures that each person providing any portion of the Services has submitted to an examination by a physician or surgeon, within 60 days of Board approval of the contract, or if previous contractor to the District, within the last four years, and each such person is free of active tuberculosis.
 - If there is however a positive result, chest x-ray verification is required.
 - Upon the District's request, a complete and accurate list of Consultant's employees and of all of its subconsultant's employees, who may come in contact with District pupils in connection with the Agreement, will be furnished and the date of each person's examination will be included.
 - ☐ The Services under the Agreement are to be provided at an unoccupied school site only and/or will not be done on any District property and no employee and/or subconsultant or supplier of any tier of Agreement shall come in contact with District pupils.

By signing below on behalf of Consultant, I certify that I am an authorized signatory and that the information provided herein is true and accurate. I further certify that during the Term of this Agreement, if I learn of additional information which differs from the responses provided above, or if I engage an additional employee/agent/volunteer/subconsultant or representative to provide Work or Services under the Agreement, I shall forward this additional information to the District immediately.

Date:	<u>May 28, 2021</u>
Legal Name of Consultant:	<u>Be GLAD LLC</u>
Signature:	<u></u>
By (Name of signatory):	<u>Jabbar Beig</u>
Its (Title):	<u>Executive Be GLAD Officer</u>



3141 Stevens Creek Blvd., Suite 353
San Jose, CA 95117
(844) 438-4523 - ext 700
jabbar@beGLADtraining.com

B E G L A D T R A I N I N G . C O M

May 28, 2021

RE: Fingerprint clearance & TB clearance

Dear Sir or Madam:

As requested by U.S. Department of Education:

1. All Be GLAD LLC employees that work with schools have passed fingerprint review by the Department of Justice (DOJ) and FBI and TB Testing requirements.
2. Proof of fingerprint passage can be obtained directly via DOJ & FBI, or Livescan databases. TB Test passage of persons working at Gilroy Unified School District sites will be available to GUSD upon request.

Please contact our office directly with any requests and requirements at (844) 438-4523 ext. 700.

Respectfully,

Jabbar Beig, M.A., M.F.T. (#43008)
Executive Be GLAD Officer