



2024 -2029 Charter Renewal Application

PD_2022-2023 Calendar Semester 1

(1 of 2 Pages)

Month	Date	Host	Attendees	Agenda Info			
October	5	Diana and Melissa	All Staff	Welcome and SAP			
	10	Multiple Presenters	All Staff	PSSA/Keystone Testing			
	12	Diana and Melissa	All Staff	PASA Training			
	19	Async	All Staff	PASA Training			
	26	Async	All Staff	PASA Training			
November	2	Principal	Teachers	Principal Topic			
	9	Stefanie Solominie	All Staff	Health Benefits			
	16	PSTAT	All Staff	Complete PSTAT Training			
	23	NO PD	NO PD	Thanksgiving Break			
	30	Principal	Teachers	Principal Topic/TA Training for Keystone Assessments			
December	7	Dr. Kerry Helm (PDE)	Any one with Certification thru PDE	PDE Certifications			
	14	Principal	Teachers	Principal Topic			
	21	NO PD	NO PD	Winter Break			
January	4	NO PD	All Staff	First Day Back After Break			
	11	Doug Wessels/outside presenters	All Staff	Wellness			
	18	Principal	Teachers	Principal Topic			
	25	NO PD	NO PD	End of Semester 1			
The schedule is subject to change based on the needs of the school.							



2024 -2029 Charter Renewal Application

PD_2022-2023 Calendar Semester 2

(1 of 2 Pages)



COLLECTIVE BARGAINING AGREEMENT

BETWEEN

PA VIRTUAL CHARTER SCHOOL

AND

PA VIRTUAL EDUCATION ASSOCIATION

PSEA/NEA

September 1, 2023 – June 30, 2027

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PREAMBLE:

This Agreement is made and entered into by and between the Board of Trustees Pennsylvania Virtual Charter School (hereinafter referred to as "PA Virtual" or "Employer") and the PA Virtual Education Association/PSEA/NEA (hereinafter referred to as the "Association" or "Union"). PA Virtual and the Association readily acknowledge that the success of the PA Virtual School depends upon the ability of the parties to work together. PA Virtual and the Association acknowledge and embrace their shared goal to deliver the best possible education to the students of PA Virtual Charter School. The parties affirm their commitment to work together to achieve this goal.

A. Definitions

- Bargaining Unit Member - An employee of PA Virtual whose position is subject to this Agreement, whether or not that person is an Association member.
- Teacher Work Day - Any day the Bargaining Unit is scheduled to work as a part of the established regular work year.
- Calendar Day - All 365 days of a calendar year.
- Business Day- Any day that is a scheduled workday for PA Virtual Charter Offices.

ARTICLE I. CONTRACT SECURITY

A. Term of Agreement

This agreement shall take effect as of September 1, 2023 and shall remain in full force and effect through June 30, 2027 unless otherwise explicitly agreed.

Either party may initiate negotiations over the terms of a successor agreement by written notification thereof. The Parties agree to begin negotiations for a successor agreement not earlier than January 31 of the final year of this Agreement and not later than sixty calendar days prior to its expiration. If no such notification is submitted prior to the expiration date set forth above, then all terms and conditions contained herein shall be renewed and maintained in full force and effect until such time as the parties negotiate a successor agreement. Any successor Agreement so negotiated by the Parties shall be set forth in writing prior to ratification and execution by the Parties.

B. Recognition

The Pennsylvania Virtual Charter School recognizes the PA Virtual Education Association, PSEA/NEA as the sole and exclusive representative for all full-time and regular part-time K-12 Regular Education Teachers, Special Education Teachers, ELL Teachers, and Academic Support Teachers in the bargaining unit certified by the National

Labor Relations Board, Case 06-RC120811 dated September 19, 2016, all full-time and regular part-time K-12 Guidance Counselors certified by the National Labor Relations Board, Case 04-RC-246600 dated November 7, 2019, and New Family Orientation (NFO) Teachers, Career Educators and Lead Teachers, for the purpose of collective bargaining on all matters with respect to wages, hours, and other terms and conditions of employment and the impact thereon; as well as the administration of the Agreement through the grievance procedure. This specifically excludes any and all other employees, including, but not limited to, all non-professional employees, managerial employees, supervisors, guards, “substitute teachers,” “transition coordinators,” and/or “academic program liaisons.”

C. Exclusive Rights

The rights and privileges of the Association and its representatives set forth in this Agreement shall be granted only to the Association and to no other organization which purports to represent employees in the bargaining unit.

D. Statutory Savings

This Collective Bargaining Agreement incorporates by reference such rights as may be applicable under the Public School Code of 1949, as amended, and all other state and federal laws and regulations. These rights granted to Bargaining Unit Members shall be deemed to be in addition to those provided in the Collective Bargaining Agreement.

E. Separability/Severability

If any provision of this Agreement is declared by a court of competent jurisdiction to be unlawful, invalid, or unenforceable, the remainder of the Agreement shall continue in full force and effect. The Parties agree that it is not their intention that any provision or interpretation of this Agreement be in violation of the approved Charter issued to the School.

In the event of such findings by a court of law, or an administrative decision by a duly authorized unit of government of the Commonwealth of Pennsylvania, negotiations to reach a new agreement on such matter shall commence within a reasonable time period. All understandings and agreements reached under this procedure shall be reduced to writing, signed by each party, and made part of this Agreement.

F. Modification of Agreement

This Agreement shall not be modified in whole or in part by the Parties except by an instrument in writing duly executed by the Parties. All agreements shall be reduced to language, signed by both Parties, and made a part of this Agreement.

G. Employer Provided Information

The Employer agrees to furnish the Association with information related to the financial and educational operation of the school upon request. Such information shall be furnished within ten (10) business days unless there are extenuating circumstances.

The Employer shall provide the Association President and/or designee with copies of all Bargaining Unit personnel actions after they are decided and prior to effective date, including, but not limited to, all vacancies, new positions, postings, promotions, transfers, layoffs and formal progressive disciplinary actions, and copies of job descriptions whenever they are revised.

H. Labor-Management Committee

Representatives, designated by both the Association and PA Virtual, shall meet physically and/or virtually not fewer than three (3) times per year or upon the request of either Party for the purpose of discussing and resolving any labor-management issues that may arise.

Each party shall submit to the other at least one (1) work day, except in an emergency, prior to the meeting, a tentative agenda covering matters they wish to discuss.

All meetings between the Parties shall be scheduled by mutual agreement. If, by mutual agreement, the meetings are scheduled during the workday, Bargaining Unit Member attendees shall suffer no loss of time or pay.

It is not the intent of the Parties that matters appropriate for resolution under the provisions of the Grievance Procedure be discussed at the committee established in this Article.

These meetings are not intended to bypass the Collective Bargaining Agreement nor diminish or waive either Party's rights under applicable law.

I. No Strike/Lockout

In consideration of the various provisions of this Agreement and during the life of this Agreement, the Association pledges that Bargaining Unit Members will not engage in a strike nor engage in any work stoppage, slowdown, organized work-to-rule, and/or refusal to perform normal duties which would interfere with or adversely affect the operations or the mission of PA Virtual.

The Employer pledges that it will not conduct, or cause to be conducted, a lockout during the term of this Agreement.

The Union and any Employee shall not promote, organize, support, or authorize any strike or other concerted activity prohibited by this Agreement. The Association shall use its best

efforts to prevent Employees from participating in any such prohibited activity.

No reprisals of any kind shall be taken by the Employer or its agents against any Bargaining Unit Member who engages in a lawful work stoppage that is also consistent with the terms of this Agreement.

J. Equal Employment and Anti-Discrimination

PA Virtual is an equal opportunity employer. It is PA Virtual's policy to provide an equal employment opportunity for all applicants and Bargaining Unit Members. PA Virtual is committed to treating all Bargaining Unit Members without regard to unlawful considerations of race, color, national origin, religion, gender, sex, sexual orientation, genetic information, age, disability, or veteran status, as those terms are defined by law or any other legally-protected basis, in all aspects of employment, including recruitment, hiring, training, promotion, compensation, benefits, transfer and termination. PA Virtual complies with the law regarding reasonable accommodations for disabled Bargaining Unit Members. Management is primarily responsible for seeing that PA Virtual's equal employment opportunity policies are implemented, but all members of the staff share in the responsibility for assuring that the policies are effective and apply uniformly to everyone.

ARTICLE II. GRIEVANCE PROCEDURE

A. Definitions:

"GRIEVANCE" means a dispute regarding the meaning, interpretation, or application of any provision in this Agreement, or a complaint that the employer or its agents acted in bad faith or in an arbitrary or capricious manner.

"GRIEVANT" means the person or persons or the Association making the complaint.

B. The Grievance Procedure

Purpose

The purpose of this procedure is to secure, at the lowest possible level, equitable solutions to problems which may arise affecting Bargaining Unit Members. Both parties agree that these proceedings will be kept as informal as may be appropriate at any level of the procedure.

Time Limits

It is important that grievances be processed as rapidly as possible. The number of days indicated at each level shall be the maximum, and every effort shall be made to expedite the process. The time limits specified may be extended by mutual written agreement.

Informal Conference - Principal or Immediate Supervisor

Prior to filing a grievance, the Bargaining Unit Member making the complaint, or Association Representative, shall request in writing an informal conference with their immediate supervisor (i.e. Assistant Principal) in an attempt to resolve the complaint. The Bargaining Unit Member's request shall be received by the Grievant's immediate supervisor within thirty(30) business days of the time when the Bargaining Unit Member or Association, if the Association is the Grievant, became aware of the issue that forms the basis of the complaint or reasonably should have become aware of the issue. The discussion shall include the Grievant, the Association representative and supervisor.

Level One -- Principal

If the informal conference fails to resolve the complaint, or if no decision has been rendered within ten (10) business days after receipt of the complaint by the Bargaining Unit Member's immediate supervisor, then the Association and/or Bargaining Unit Member may submit a grievance to the Principal, in writing, within five (5) business days of receipt of the informal conference decision or its due date. If the Principal also participated in the Informal Conference meeting, then the Bargaining Unit Member (or Association Representative) can waive Level One and proceed to Level Two of the process.

If the Bargaining Unit Member unilaterally submits a grievance to the Principal, then the Principal shall provide a copy to the Association. The Employer shall provide a written copy of its decision to the Association and the Bargaining Unit Member. If the grievance is not resolved at Level One or if no decision has been rendered within ten (10) business days of submission of the written grievance, the Association may submit the grievance to the Chief Academic Officer (CAO). Failure of the Grievant to appeal within the aforementioned timeline shall be considered untimely and the grievance shall not be processed any further through this Grievance Procedure.

Level Two - Chief Academic Officer

The grievance may be submitted by the Grievant to the CAO or his/her designee, within five (5) business days from the date of the receipt of the decision in Level One or its due date.

If processed to Level Two a meeting shall be held between the CAO and the Grievant if requested by the Grievant or by the CAO within ten (10) business days. The CAO shall provide a written copy of his decision to the Grievant. If the grievance is not resolved at Level Two or no decision has been rendered within ten (10) business days of submission, Grievant may submit the grievance to Level Three. Failure of the Grievant to appeal within the aforementioned timeline shall

be considered untimely and the grievance shall not be processed any further through this Grievance Procedure.

Level Three - Chief Executive Officer

The grievance shall be submitted to the Employer's Chief Executive Officer (CEO), or designee, within five (5) business days after the decision at Level Two or its due date. A meeting shall be held among the Association, the Bargaining Unit Member and the CEO, if so requested by the Association or the Bargaining Unit Member within ten (10) business days. The CEO shall provide a written copy of its decision to the Association and the Bargaining Unit Member.

If the grievance is not resolved at Level Three, or if no decision has been rendered within fifteen (15) business days of submission to the CEO, the Association in its sole discretion may submit the grievance to arbitration. Failure of the Grievant to appeal within the aforementioned timeline shall be considered untimely and the grievance shall not be processed any further through this Grievance Procedure.

Level Four - Arbitration

The grievance shall be submitted by the Association to final and binding arbitration within thirty (30) calendar days after the decision at Level Three or its due date.

Within ten (10) days after submission to arbitration, the Employer and the Association shall attempt to agree upon a mutually acceptable arbitrator. If the parties are unable to agree, an arbitrator shall be selected in accordance with procedures of the Federal Mediation and Conciliation Service (FMCS). The arbitrator shall resolve all questions relating to the arbitrability and merits of the grievance including, but not limited to, the appropriate remedy. The arbitrator shall have no power or authority to make a decision which requires an act prohibited by law, or violates the terms of this Agreement. The decision of the Arbitrator shall be final and binding upon the Parties.

Nothing contained herein shall prevent the parties from reaching a mutually agreeable resolution for a grievance that has been filed for arbitration and is pending the arbitration hearing.

Costs

The costs for the services of arbitrator, including agency fees levied in the selection process, shall be shared equally by the Employer and the Association. Any other expenses incurred shall be paid by the party incurring same.

Grievant and Association Rights

The Grievant has the right to be represented at all stages of the grievance procedure

by a person selected or approved by the Association. When a Bargaining Unit Member is not represented by the Association, the Association shall have the right to be present and to state its views at all stages of the grievance procedure.

No reprisals of any kind shall be taken by the Employer or any agent thereof against any party in interest, any representative, any member of the Association, or any other participant in the grievance procedure.

There shall be no settlement without Association approval.

Group Grievance

If in the judgment of the Association a grievance affects a group or class of Bargaining Unit Members, the Association may submit such grievance in writing directly to the CAO. The processing of such grievance shall be commenced at Level Two.

Written Decision

Decisions rendered shall be in writing and shall be transmitted promptly to all parties in interest and to the Association.

It is agreed by the Association and Employer that the following items shall be allowed to process through Level Three of the Grievance Procedure, however, shall not be subject to the Arbitration provision of this Agreement. All Level Three decisions governing the following items shall be final:

- a. Board policy and accompanying procedures;
- b. Staff Handbooks.

ARTICLE III. ASSOCIATION RIGHTS

A. Association Visitation

Duly authorized representatives of the Association may be permitted, with prior notification provided to, and prior approval of, the Employer, to transact appropriate official Association business on the Employer's property during the work day so long as there is no interference with the School's operation. Association representatives who are not employees shall be required to follow regular security procedures established by PA Virtual.

B. Association Representatives Release Time

The Association shall be granted a maximum of eight (8) Association member leave days per school year. The Association agrees to reimburse PA Virtual for the cost of any substitute if and only if a substitute is secured for the member on Association leave. Any

Employee utilizing this leave shall provide a minimum of two (2) weeks' notice, except in an extenuating circumstance, and is required to have instructional materials during the scheduled course time available to substitutes or staff covering that course or class and equivalent to the duration of each class period. Days shall be used in full or half day increments.

C. Bulletin Boards

The Association shall be entitled to use the Employer's electronic bulletin boards for Association notices. This entitlement shall not extend to any other organization purporting to represent Bargaining Unit Members.

D. Mailboxes/Mail Systems

The Association shall have the right to use the Employer's electronic mailboxes, online meeting rooms, designated phone system or its successor program, inter-school and intra-school mail systems, including PA Virtual Charter's e-mail system. This entitlement shall not extend to any other organization purporting to represent Bargaining Unit Members.

E. Equipment and Materials

The Association shall have the right to use school equipment and materials.

F. Agency Shop Fee

For those employees who execute an authorization for the agency fee, the Employer agrees to a payroll deduction of agency fees from the salaries of those employees. Any employee who previously executed an authorization may revoke at any time and the Employer will immediately cease the payroll deduction of the agency fees at the beginning of the next regularly scheduled pay period. The Employer is not responsible for the agency fee amount set by the Association. The Employer is only responsible for collecting and transmitting the fees as indicated by the executed authorization forms.

If any legal action is brought against PA Virtual as a result of any actions, it is requested to perform by the Association pursuant to this Article, the Association agrees to provide for the defense of PA Virtual at the Association's expense and through counsel selected by the Association. PA Virtual agrees to give the Association immediate notice of any such legal action brought against it and agrees to cooperate fully with the Association in the defense of the case. If PA Virtual does not fully cooperate with the Association, any obligation of the Association to provide a defense under this Article shall cease.

The Association agrees in any action so defended, to indemnify and hold PA Virtual harmless for any monetary damages PA Virtual might be liable for as a consequence of its compliance with this Article; except that it is expressly understood that this save harmless provision will not apply to any legal action which may arise as a result of any willful

misconduct by PA Virtual or as a result of PA Virtual' s failure to properly perform under this Article.

G. Association Dues and PSEA/NEA PACE Contributions

The Employer agrees to deduct annual Unified Association dues and voluntary PSEA and NEA PACE contributions from the salaries of members of the Association as they authorize.

Deductions will be made in as nearly equal pay period installments as possible during the school year. The Employer shall transmit monies collected to the Association not later than five (5) business days post-marked after the end of each pay period. Transmittal shall be in the form of a single check or direct deposit.

On or before October 1, the Association shall transmit to the Employer a list of Bargaining Unit Members who have signed payroll deduction authorizations. The authorization document shall be dated and signed by the Bargaining Unit Member and include the following statement:

“I hereby authorize deductions from my pay for annual Unified Association dues. I understand the amount deducted shall be as determined by the Association and as contractually provided. Further, I understand dues is an annual amount fully payable regardless of whether my membership or employment ends prior to the end of the membership or contract year.”

H. No Reprisals

Employees in the bargaining unit are entitled to participate in activities conducted, sponsored or authorized by the Association, as authorized by federal and state law and in accordance with this Agreement. No unlawful reprisals of any kind shall be taken by the Employer against any Employee due to participation in any such Association related-activity. Nothing contained herein prevents or limits the Employer from taking any and all disciplinary action allowable by law, up to and including dismissal, for unlawful strikes and other related activities prohibited by this Agreement or by law.

I. Use of School Buildings

With the Employer's prior written approval, the Association may be entitled to use school buildings at reasonable hours for Association meetings. Email approval shall be deemed sufficient written approval. The Association will be responsible for any extraordinary costs attributed to their usage. Said usage shall be allowed unless school buildings are needed for Employer purposes and for which reasonable accommodations cannot be made.

ARTICLE IV. BARGAINING UNIT MEMBER ASSIGNMENTS

A. Work Year

The work year for Bargaining Unit Members shall be a maximum of 192 days for Veteran Bargaining Unit Members who have completed both the New and Induction Professional Training Programs with PA Virtual Charter and 202 days for Bargaining Unit Members who have not completed both New and Induction Professional training programs with PA Virtual Charter.

Depending on time of hire, the New and Induction Professional Training Programs may be two annual August New/Induction Professional trainings, or a mid-year New Hire Professional Training and the following year's August Induction Professional training. Included in this work year shall be a maximum 185 days for newly enrolled students and 180 for returning students.

New Family Orientation Teachers shall work a maximum of fifteen (15) additional workdays. Bargaining Unit Members shall be compensated at the individual Bargaining Unit Member's per diem rate for the additional days beyond the regular work year.

Lead Teachers shall work a minimum of ten (10) workdays and a maximum of twenty (20) additional workdays.

Guidance Counselors may work an up to ten (10) additional workdays and may elect to work an additional five (5) days with the approval of their supervisor. The quantity of additional days shall be determined by the administration and shall be worked on dates that are mutually agreed upon between the applicable counselor and administrator. Bargaining Unit Members shall be compensated at the individual Bargaining Unit Member's per diem rate for the additional days beyond the regular work year. The fiscal year for both the per diem rate and distribution of additional workdays is July 1 to June 30.

Rehired employees shall return as a new employee (contracted to work 202 days) and, at the Principals/Directors discretion, may be excused for up to ten (10) August New or Induction Professional Training Program Days.

B. Workday

The workday for Bargaining Unit Members in the bargaining unit shall be 7 hours and 15 minutes. Bargaining Unit Members shall be required to report to work not earlier than 8:00 a.m. and shall end work at 4:00 p.m. Each Bargaining Unit Member shall be guaranteed a minimum forty-five (45) minute duty-free lunch occurring between 11:00 a.m. and 1:00 p.m.

Other than Graduation, which may or may not be scheduled on the weekend, the

Bargaining Unit Members' work week shall be Monday to Friday.

During the week of New Family Orientation, Bargaining Unit Members not assisting in the NFO program shall be granted one (1) blocked off self-directed day, to be scheduled by their supervisor, and there shall be no more than thirteen (13) hours of administrative directed time during that week.

The Employer in its sole discretion may choose to offer twilight courses. In this case, the Employer agrees to negotiate the terms of the position with the Association.

C. Additional Time/Duties/Expenses

PA Virtual, in its sole discretion, will determine annually the initial responsibilities and requirements for each Extra Duty/Supplemental Position. It is understood that these positions are voluntary and either additional workday, workload, or work year positions. These positions shall be posted internally via Blackboard and email for five (5) business days. The requirements and responsibilities of each position shall be outlined in the posting.

Either party reserves the right to end the assignment early with a minimum of five (5) days' written notice to the other party. Assignments that are not completed in full or start late will be prorated, based on work completed, on the next available payment date.

In the absence of a qualified interested Bargaining Unit Member, for stipend positions listed in Article I, sections A to C, PA Virtual may hire outside of the Bargaining Unit. The position shall be reposted on an annual basis when filled outside of the bargaining unit.

I. Stipend Positions

Payments for voluntary stipend assignments shall be paid in June and December with equal or near equal installments when possible. Stipends may be prorated based on the assignment start date, end date, and/or completion of written responsibilities. The Student Teacher Mentor stipends, when not compensated by the sending University, will be paid in full in the December or June payment that is closest to the end date of the assignment.

- 1. New Hire/Induction Professional/Counselor Mentor \$2,000/assignment**
Bargaining Unit Members who are assigned to mentor an employee who transfers from a non-instructional position (i.e. Counselor) to an instructional position (i.e. Teacher or Career Educator) or vice versa are eligible to receive a mentoring stipend at the \$2000/ assignment rate.

- 2. Student Teacher/Counselor Mentor**

Bargaining Unit Members who take on a student mentoring assignment, when not paid a stipend by the sending university, will be paid a stipend equal to the going rate at St. Joseph's University for a 16-week Assignment. The stipend will be prorated based on length of assignment.

3. Transition Mentor \$300/assignment

Transition Mentor is a Bargaining Unit Member who is assigned to mentor a Bargaining Unit Member who transfers from an Instructional position to another Instructional position.

4. Co-Curricular Assignments

Bargaining Unit Members interested in serving as an Advisor or Leader for Categories 1 and 2 Co-Curricular Assignments shall submit an application for approval containing the program details, goals, student interest and any additional supporting information. Approved Co-Curricular Assignments shall be classified as either a Category 1 or Category 2.

Category 1 \$1,275

- Junior National Honor Society
- National Honor Society
- Rotary Club
- Nationally affiliated Student Council/ Student Government/ Model United Nations
- The GLOBE Program
- Yearbook
- Other national or state recognized programs as approved by PA Virtual.

Category 2 \$600

- Approved Co-Curricular assignments.

5. Substitute Teacher

The Association acknowledges that situations may arise when after PA Virtual has made all reasonable attempts to manage coverage needs with substitutes outside of the established Bargaining Unit, PA Virtual may request that Bargaining Unit Members act in a role of substitute for another Bargaining Unit Member. There are two main types of substitute scenarios that may present that include Level 1 Class Coverage and Level 2 substitute. Level 1 Class Coverage situations arise when an absence occurs for which the teacher of record has been able to furnish lesson plans. The substituting Bargaining Unit Member is expected to follow the lesson plans and manage attendance. The additional responsibilities of the teacher of record continue to be managed

by the teacher of record. Level 2 Substitutes assume the role of the teacher of record for the entire or partial class load of the absent teacher/vacancy. The Level 2 substitute assumes most of the responsibilities of the absent teacher/vacancy.

Level 1 Class Coverage:

1. Monitor the absent teacher's students
2. Answer question that arise
3. Facilitate absent teacher provided lesson plans
4. Take attendance and send to the appropriate person for entry into Sapphire.
5. Grading, lesson planning, or administrative duties associated with class coverage are NOT part of the day-to-day substitute role.

Level 2 Substitute:

1. Grading, planning, and data collection for the students of the absent teacher/vacancy
2. Attendance at IEP meetings for the students of the absent teacher/vacancy
3. Quarterlies completion for the students of the absent teacher/vacancy
4. Parent-teacher conferences
5. Parent-teacher communications via phone and/or email
6. Inputting attendance
7. Planning, administering, and processing Study Island/Plato/Edmentum programs
8. Compliance tracking

Office Hours: Student support during a 50-minute office hours as well as preventative efforts to prevent student failures

The compensation for the two substituting scenarios reflects the level of responsibilities and additional time investment the role requires. The compensation will be as follows for a 40-50 minute/80-90 minute class coverage:

	Per Class 1-30 Days	Per Class 31 days and more
Level 1	\$25/\$50	N/A
Level 2	\$55/\$80	\$67/\$92; \$184
Office Hours	\$25	\$25

II. Hourly Rate

Voluntary assignments/positions/duties in this category shall be paid at the hourly rate. Payments for work compensated at the hourly rate shall be tracked via the PA Virtual Time and Attendance system. Hourly payments shall be compensated in the paycheck following the close of the pay period in which the hourly work occurred. Assignments/positions and duties in this category include but are not limited to:

- Curriculum Alignment
- After School Hours – Tutoring
- Extended School Year (after work hours during work year, day time during summer recess)

The hourly rate for each year of the collective bargaining agreement shall be \$30/hour.

III. New Family Orientation

During the week of new family orientation, prior to the first day for returning students, General Education Teachers who volunteer to assist with orientation week shall be compensated as follows:

- i. Paid hourly per section II at 2.5 hours per session.
- b. The selection process shall be as follows:
 - i. Request volunteers
 1. Select by most to least senior, subject to e.i below.
 2. If not enough, request volunteers 2nd time.
 3. Select by most to least senior, subject to e.i below.
 4. If not enough volunteers, then assign from bottom up to get necessary number of volunteers.
 - ii. Due to teacher attrition, may need to assign in summer to replace teachers who leave.
- c. Recommendation of Principal, Director of O&PD, and Admin determines placement/assignment/grade level.

A joint subcommittee with equal labor/management representation shall establish the recommendations for this section. The recommendations shall be presented to both the Board of Trustees and the Association membership for approval within an established timeline.

D. Notification of Assignment

The Employer shall strive to notify each Employee of the upcoming year's teaching assignment by June 30th. Such notice shall specify the grade level and subject area to which the Employee will be assigned.

The Association and Employer agree that enrollment fluctuations at any point in the calendar year may result in unanticipated changes in assignments and/or reductions in positions and/or increases in positions. While these decisions are solely within the discretion of the Employer to make, the Employer agrees to discuss such with the Association before any such decisions are made.

E. Planning/Preparation

Full-time Bargaining Unit Members shall receive a minimum of sixty (60) minutes per day of uninterrupted, self-directed planning and preparation time. Part-time Bargaining Unit Members who work a .5 position shall receive a minimum of thirty (30) minutes per day of uninterrupted, self-directed planning and preparation time. Any other potential part-time position (i.e., .4 or .6) shall receive a prorated planning and preparation time to the nearest minute.

It is understood that IEPs or 504 plan meetings may occur during a non-special education teacher Employee's scheduled planning and preparation time up to an average of one (1) time per week. Special education teachers shall rotate the scheduling of one regular education teacher per IEP meeting and cooperate with the appropriate principal to attend IEPs or 504 plan meetings as needed.

Guidance Counselor Scheduling

The creation and maintenance of master schedules shall be an administrative task. Guidance counselors shall assist as needed in the transition of this responsibility. The mass ordering of supplies during high volume times shall be an administrative task. Guidance counselors shall assist in the ordering process for individual and cohort supply orders.

Guidance counselors shall be responsible for the creation and management of student schedules.

The guidance counselor workday shall not include a defined planning and preparation period. It is mutually understood and agreeable that, due to the nature of their work, counselors need to block off times during workdays in order to meet the needs of students and staff at their work assignment.

Administration will allot time within a Bargaining Unit Members work schedule to complete PA Virtual mandated trainings and/or reports not part of the members normal day- to-day duties.

F. Work Location

All Bargaining Unit Members shall be reimbursed reasonable expenses for an Internet connection at their home. All Employees shall use the designated phone system and shall not be reimbursed for landline or cellphone expenses. A Bargaining Unit Member who will be working at a location other than their primary work location shall request approval from their supervisor to do so at least five (5) workdays in advance. If advanced notice is not possible, then the Bargaining Unit Member shall seek approval for working at an alternative location immediately upon occurrence. In either instance, the supervisor will not deny a request for arbitrary or capricious reasons. However, if the Internet connection at a Bargaining Unit Members' home is not sufficient to maintain a consistent and clear connection, the Bargaining Unit member shall attempt to resolve the issue with the assistance of PA Virtual's Technology Department as documented through the Employer's helpdesk ticketing system, and, if applicable, the Internet service provider.

This Agreement incorporates as if it is set forth herein in its entirety the Board-approved Employee Relocation Policy.

All Employees shall make themselves available for state-mandated test site proctoring, and attend the PA Virtual Graduation Ceremony, which shall be considered teacher workday. If any travel time required for Graduation occurs on a scheduled workday, the Bargaining Unit Member shall notify their supervisor to inform them of their need to travel during that workday. Bargaining Unit Members have the option to stay at a hotel designated by PA Virtual the night before or the night of Graduation, if they live seventy-five (75) or more miles from the Graduation location. Bargaining Unit Members who live one hundred and fifty (150) or more miles from the Graduation location have the option to stay at the hotel the night before and the night of Graduation. PA Virtual reserves the right to offer the option to stay at a hotel for Bargaining Unit Members living closer than the established miles in this section and volunteering for extra duties during Graduation and/or other scheduled events/activities during the same time period.

The Employer in its sole discretion may choose to offer on-site blended learning opportunities. In this case, the Employer agrees to negotiate the terms of the resultant positions with the Association.

If 1 on 1 or small group testing is offered at a location other than the students designated testing location, the Bargaining Unit Member will administer the testing at a mutually approved location with the family. At the request of the Bargaining Unit Member, a second employee will also be assigned to testing.

G. Work Distribution

PA Virtual agrees to make every effort to balance Bargaining Unit Members’ class roster as equitably as possible. If a member believes their class roster is inequitably assigned, the member shall notify the principal in writing of their concern.

ARTICLE V. BARGAINING UNIT MEMBER WELFARE

A. Tuition Reimbursement

Tuition reimbursement is granted per fiscal year (July 1- June 30). The annual tuition reimbursement maximum of \$2000 per Bargaining Unit Member renews each fiscal year and is not cumulative from year-to-year. Bargaining Unit Members on an approved leave of absence are eligible to receive tuition assistance.

Tuition reimbursement courses, in-service, tests, workshops, etc. must be completed outside of the normal work hours and must be job-related or relevant to professional enhancement at PA Virtual. Bargaining Unit Members must provide evidence of its satisfactory completion. Evidence of satisfactory completion includes the Certificate of Completion or Achievement for attendance at a workshop and/or transcripts demonstrating a passing grade of C or better for the test/course.

Reimbursable Costs include but are not limited to college or graduate courses, Certificate Programs, Continuing Education courses, Praxis Tests, Textbooks, Technology fees, and the PDE application fee for additional certifications.

Bargaining Unit Members must obtain written approval for the course/test/workshop from their Principal, prior to course/test/workshop registration.

As a condition of receipt of tuition reimbursement, the Bargaining Unit Member shall continue employment with PA Virtual Charter for at least one year after receipt of reimbursement. If an employee applies for tuition reimbursement while on leave, the employee shall return to PA Virtual for one school year post the semester the classes/reimbursement were in.

B. Mileage Reimbursement

The Employer agrees to reimburse Bargaining Unit Members at the rate determined allowable by the IRS for the use of personal vehicles in the performance of required work assignments or other approved Employer business including but not limited to conferences, workshops, or other required events.

Employees shall be reimbursed the IRS rate for the necessary miles traveled to and from the event. The Employer will not reimburse Bargaining Unit Members for mileage incurred for non-Employer-required “Tuition Reimbursement” activities (Article V. A).

C. Seniority

Seniority means the total length of a Bargaining Unit Member's continuous service as a PA Virtual Charter Bargaining Unit Member. The Bargaining Unit Member's first day of employment in a bargaining unit position constitutes the seniority start date.

Seniority shall accrue during layoff (reduction in force) and all approved leaves of absence.

Part-Time Bargaining Unit Members shall accrue seniority as a full-time Bargaining Unit Member.

Whenever a Bargaining Unit Member is demoted, the Bargaining Unit Member shall continue to accrue seniority as if there had been no demotion. Seniority shall be broken only for resignation, retirement, or lawful discharge.

Ties in seniority shall be broken by the use of the random sorter in Excel or a comparable sorting program. The president of the Association and the CEO of PA Virtual, or their appointees, shall witness the tie breaking procedure.

The Employer shall provide to Bargaining Unit Members through email on or before September 15 of each year a list reflecting the seniority and certification of each Bargaining Unit Member.

The Employer shall provide the Association President with an accurate seniority list annually and upon request. Any exception to this list must be filed with the Employer within sixty (60) calendar days of the posting or the list shall be considered accurate from that time forward. The seniority list shall be amended to reflect subsequent certification changes as they occur.

D. Bargaining Unit Member Evaluation

The evaluation forms and process currently used by the Employer shall remain in effect until or unless the Parties develop a mutually agreeable successor process and forms. The Parties agree to form a subcommittee for the purpose of developing a mutually agreeable process and forms and timeline for implementation.

The evaluation process is to be open and collaborative allowing for Bargaining Unit Member input in the process. Observations may not require prior notice but should be conducted with the knowledge of the Bargaining Unit Member. No recordings more than thirty (30) calendar days old shall be used to conduct an observation, and the Bargaining Unit Member shall be informed which, if any, recordings will be used for observation purposes. Recordings shall not be the sole type of observation for any Bargaining Unit Member.

The present Guidance Counselor evaluation tool shall be utilized until the parties mutually agree upon a PDE compliant replacement evaluation tool.

There shall be no improvement plan with a satisfactory rating. Unsatisfactory evaluations are not subject to the grievance process unless or until said evaluation results in discipline to the Bargaining Unit Member that results in a loss of pay and/or a termination. There shall be no waiver of rights for the Association to dispute the merits of the evaluation if a grievance is delayed until discipline as described in this paragraph.

E. Personnel File

The Employer shall maintain one (1) official confidential personnel file, in the office of Human Resources or where deemed most appropriate by the Employer, for each Bargaining Unit Member.

No material derogatory to a Bargaining Unit Member's conduct, service, character, or personality shall be placed in the personnel file unless the Bargaining Unit Member has received a copy and has had an opportunity to review the material. The Bargaining Unit Member shall have the right to submit a written answer to such material and attach it to the file copy. The Bargaining Unit Member shall have the opportunity to initial or sign all performance related materials prior to placement in the personnel file, which may be done via an electronic signature software program.

A Bargaining Unit Member shall have access to his/her official personnel file electronically via the self-service HR portal/system.

The Association shall have access to a Bargaining Unit Member's official personnel file at reasonable times during regular office hours after having given reasonable notice and having obtained express written approval from the Bargaining Unit Member.

F. Bargaining Unit Member Discipline

Just Cause means Cause for reasons that are not arbitrary or capricious.

No Bargaining Unit Member shall be discharged, disciplined, demoted, suspended with or without pay, reprimanded, adversely evaluated, rated unsatisfactory, or reduced in compensation without just cause.

All information used in forming the basis for such above action shall be made available to the Bargaining Unit Members and to the Association.

For the grievances for which arbitration is an allowable method of resolution per this

Agreement, the arbitrator shall have exclusive jurisdiction to determine whether just cause exists for the Employer's actions or whether the Employer's actions were arbitrary or capricious, and if so, the appropriate resolution.

Complaints

Employees in the bargaining unit shall receive written notice, and copies where applicable, of all complaints regarding their work performance.

Required Conferences or Hearings

Whenever any Bargaining Unit Member is required to appear before any Employer representative concerning any matter which could adversely affect the continuation of that Bargaining Unit Member in his/her office, position, or employment or the salary of any increments thereto, the Employer shall abide by the requirements of N.L.R.B. v. J. Weingarten, Inc., 420 U.S. 251, 95 S. Ct. 959, 43 L. Ed. 2d 171 (1975).

Said Bargaining Unit Member shall be given prior written notice of their right to have representation at the meeting or interview.

Progressive Discipline Procedure

The Bargaining Unit Member is entitled to Association representation at each step of the progressive discipline procedure. The progressive discipline procedure is subject to the grievance process per the terms of this Agreement. The Employer shall notify the Association of proposed changes to the discipline procedure and include the Association in the modification process.

ARTICLE VI. VACANCIES

A. Posting Vacancies

For purposes of this section, "permanent vacancy" means a full-time or part-time Bargaining Unit position, which has become available as a result of the retirement, resignation, death, or dismissal of a current Bargaining Unit Member or as result of creation of a new or additional position.

"Temporary vacancy" means a position has become available as a result of the long-term absence of a current Bargaining Unit Member on approved leave, for a period exceeding thirty (30) teacher workdays.

Whenever permanent vacancies arise or are anticipated during the school year, they shall be posted by email and made available on the school website to all Bargaining Unit Members.

Permanent and temporary vacancies shall not be filled from outside the bargaining unit until and unless all laid off and demoted Bargaining Unit Members have been recalled, provided the Bargaining Unit Member is Pennsylvania-certified for the position to which they are being recalled.

Posting of permanent vacancies shall occur within five (5) teacher workdays after the Employer became aware of the existence of the vacancy and shall be posted for a period minimally five (5) business days and at least one (1) weekend.

Vacancies that occur over a break period shall be posted for ten (10) business days.

Postings shall contain the minimum qualifications, skill requirements, salaries and job descriptions for the posted positions as determined solely by the Employer.

Posting internally and advertising externally may occur simultaneously at the Employer's discretion.

B. Bidding on Vacancies

Employees in the bargaining unit who wish to apply for a vacant position shall apply directly online through the School's applicant tracking system within the posting period. Each application shall state the position sought. All applicants who meet the position's minimum requirements shall be considered. If the number of Employees who bid on any given position exceeds five (5), the Employer may in its sole discretion limit the number of interviews it conducts to five (5) Employees. External candidates may be interviewed at the same time for a position as internal candidates.

C. Awarding Positions

Management shall have the exclusive right to fill vacancies. Unsuccessful Bargaining Unit Member applicants shall receive, within a reasonable time, written notice of the decision.

D. Involuntary Transfer

No Bargaining Unit Member shall be unilaterally transferred from one position to another, from one subject area to another, or from one grade level to another for reasons that are arbitrary or capricious. The Employer agrees to keep involuntary transfers to a minimum.

ARTICLE VII. REDUCTION IN FORCE

A. Standards for Reduction in Force

Reductions in Force shall be effected solely on account of a substantial decline in enrollment, alteration or curtailment of program, or consolidation of schools or financial hardship, the aforementioned criteria as determined solely by the Employer.

For purposes of this Agreement, "Reduction in Force" means a reduction in the number of regular full-time or part-time positions in the bargaining unit (layoff) or the partial reduction of any eligible Employee's current work schedule (demotion).

Upon request, PA Virtual shall furnish the Association with information, including copies of pertinent documents, used in making determinations relevant to Reduction in Force.

A Reduction in Force shall not be affected unless and until any subcontracted services in place shall have been terminated.

Reduction in Force shall be through straight-line reduction governed by seniority, provided the members being retained are Pennsylvania-certified for their positions.

B. Recall

Laid off and demoted Bargaining Unit Members pursuant to section A of this Article shall be recalled in order of greatest seniority, provided the member being recalled is still Pennsylvania-certified for the position to which s/he is being recalled. Bargaining Unit Members who are recalled after three (3) years from the reduction in force are subject to the Induction Program at the discretion of the Employer. For those Bargaining Unit Members who were not certified in the content area taught when furloughed, the member must show proof of attaining professional development hours similar to that required under Act 48 to maintain certification. Any recalled member who resides outside of the required seventy-five (75) ground miles of the Pennsylvania State border will be given notice of the requirement to relocate within the boundaries within six (6) months of being recalled prior to making a decision to accept the offer.

No vacancies or temporary vacancies shall be posted or bids awarded while there are suspended or demoted Bargaining Unit Members who are certified and available to fill such vacancies or who could be recalled as a result of realignment of the entire staff.

For purposes of this section, "vacancy" means a position which has become available as a result of the retirement, resignation, death, or dismissal of a current Bargaining Unit Member or as a result of creation of a new or additional position. "Temporary vacancy" means a position which has become available as a result of the absence of a current Bargaining Unit Member on approved leave for a period exceeding thirty (30) teacher workdays. Recalled Bargaining Unit Members to either a permanent or temporary vacancy shall be paid on their proper salary schedule steps with full benefits and contractual rights as follows: 1) if a Bargaining Unit Member is recalled within the same school year as the reduction in force, then they shall be paid at the same salary rate; and 2) if a Bargaining Unit Member is recalled in any subsequent school year, then they shall be placed on the salary schedule step they would have been entitled to if they had not been laid off up to a maximum of four (4) steps from placement at the time of layoff.

A Bargaining Unit Member must be notified of recall by phone and email. A suspended Employee who fails to advise the Human Resources Department in writing of their acceptance of the position being offered within fifteen (15) calendar days following the receipt of said Notice shall forfeit all his or her rights to reinstatement.

Starting in the 2024-2025 school year, laid off employees are required to notify the Human Resources Department annually by July 15 if they want to remain on the recall list. Additionally, it is the responsibility of the laid off employee to notify the employer of any changes in telephone number or email address when it occurs.

Refusal to accept recall to other than a full-time, permanent, professional position shall not constitute a waiver of recall rights or result in a break in or loss of seniority.

A recalled Bargaining Unit Member who is enrolled in a college program shall be given the option of delaying return to service until completion of the program.

ARTICLE VIII. WAGES

A. Schedule

Salaries for each year of the Agreement are divided equally over twenty-six (26) biweekly pays beginning the second pay period in August through the first pay in the subsequent August, except when the pay schedule would require twenty-seven (27) equal pay periods to ensure consistent biweekly payments to Bargaining Unit Members. *See Appendix A.*

B. Placement on Salary Schedule

The Employer in its sole discretion shall determine the starting Step of the Salary Schedule for all newly hired Employees.

After the initial placement into the salary schedule, Employees in the bargaining unit shall move one (1) step on the first scheduled pay of the school year on the salary schedule per year of service until reaching the top of the salary schedule. For the 2023-2024 school year, the Salary Schedule shall be effective as of July 1, 2023.

A Bargaining Unit Member shall not move to next step on the salary schedule if they did not work sixty-one (61) or more of the total Teacher Workdays in the prior school year, including due to leave of absence or mid-year hire.

C. Columnar Placement

Only academic credits earned post Bachelor's degree are eligible for column movement beyond the Bachelor's column. Placement in the Master's Degree column is conditional upon obtaining a Master's degree. Only graduate-level academic credits earned post

Master's degree from an accredited college or university are eligible for column movement beyond the Master's column. Employees who were advanced to the M or M+15 column prior to the 2023-2024 school year shall remain in that column.

Bargaining Unit Members shall be moved to the appropriate column in the following pay period upon receipt of an official transcript by Human Resource for the academic credits, m, or the degree program. Advancement shall not be conditional upon issuance of a degree, certificate or diploma. For column movement occurring during a school year, the salary adjustment shall be prorated based on the new column's salary and the remaining number of workdays that year.

Proration is calculated by dividing the scheduled annual salary by the number of workdays and multiplying that by the number of days worked in the work year. If all workdays for the Bargaining Unit Member's work year have been completed upon obtainment of the required credits for columnar movement, the new salary will begin the first pay of the following school year.

D. Salaries Payable

Employees in the Bargaining Unit shall be entitled to the annual salaries set forth on the salary schedule in Appendix A of this Agreement. Bargaining Unit Members who do not move a step the following school year due to already being at Step 15 of the salary schedule shall also receive a \$500 off-scale payment per school year that will be payable in the first pay period of each school year in addition to the applicable Step 15 amount for the applicable school year. PA Virtual and the Association agree to reopen the negotiations regarding the annual salaries for Bargaining Unit Members if there is a change in the current funding formula that would reduce PA Virtual's budgeted revenue by 15% or more from one school year to the next.

Salary payments are made on a bi-weekly basis in accordance with the school payroll calendar. Salaries due and payable to Bargaining Unit Members hired after the first workday of the work year shall be pro-rated. Salaries due and payable to Bargaining Unit Members whose service terminates prior to the last workday of the work year shall be pro-rated.

Proration is calculated by dividing the scheduled annual salary by the number of workdays and multiplying that by the number of days worked in the work year.

Employees who work per diem days shall be paid their earned wages in the next pay cycle.

E. Pay Periods

Pay dates are five (5) business days after the end of the pay period. All Bargaining Unit

Members are compensated with twenty-six (26) equal biweekly paychecks annually, except when the pay schedule would require twenty-seven (27) equal pay periods to ensure consistent biweekly payments to Bargaining Unit Members. The work week runs from Saturday at 12:00 am to Friday at 11:59 PM. The district shall publish the pay schedule by August 1.

F. Direct Deposit

All Bargaining Unit Members are required to enroll in the direct deposit within one (1) month of their initial hire or the ratification of this Agreement.

G. Error in Pay

Overpayment to a Bargaining Unit Member will be remedied through a mutually agreed upon schedule of payroll deductions. Said deductions shall not be less than \$50 per pay period and shall be satisfied prior to separation. Underpayment will be rectified no later than the next check date. The correction/look back period shall be limited to six (6) months for either party.

If a dispute arises that results in arbitration, this language shall not constitute a forfeiture of backpay awaiting the arbiters decision.

ARTICLE IX. HEALTH BENEFITS

A. Definitions

Full-time Employee - Employment status of 60% FTE (Full Time Equivalent) or greater

Part-time Employee - Employment status of less than 60% FTE (Full Time Equivalent)

B. Hospitalization and Prescription

At its discretion, the Employer may change providers or third-party administrators and may also implement cost-savings programs so long as: 1) the benefit coverage and costs are equivalent or the cost to the Bargaining Unit Member is reduced, and 2) a minimum of sixty (60) days' notice is given to Bargaining Unit Members of a change in plans.

The Employer shall provide full-time Bargaining Unit Members and their dependents with Independence Administrators PPO Plus 6B - \$500, Independence Administrators PPO Plus 6B - \$1500, and a high deductible plan with HSA option, benefits with prescription set forth in the plan's scope of benefits, level of benefits, design, or inherent administrative mandates shall not change during the term of this agreement except as may be mutually agreed, reduced to writing, and signed by both parties. Part-time Bargaining Unit Members are eligible for employee-only coverage.

Provisions of the healthcare plan and prescription plan shall be as set forth in the insurance contract which is attached to and made part of this agreement as Appendix B. The Employer shall supply the Association with the updated total (Employer and Bargaining Unit Member) premium costs for medical and prescription.

For the PPO \$500 and \$1500 Bargaining Unit Member premium shares divided equally over each pay period for each year of the Agreement, are as follows:

	<u>Premier</u>	<u>Standard</u>
Employee	9%	4%
Employee + children	10%	4%
Employee + spouse	14%	6%
Family	22%	10%

For the High Deductible Plan with HSA Option, the Employer shall fund the deductible for the term of the agreement at: \$750 single, \$1500 E/S, E/C, Family. Paid into the HSA Account

The Premium Shares shall be as follows:

- Employee = 2.2%
- Employee + Child (ren) = 2.5%
- Employee + Spouse = 3.1%
- Family = 4.2%

New hires are eligible for coverage on their start date.

C. Dental Care

All full-time Bargaining Unit Members shall be eligible to participate and receive individual and up to family dental insurance coverage under the Group Dental Plan. There shall be no premium share cost to Bargaining Unit Members enrolled in the “Low” dental plan. Bargaining Unit Members who elect the “High” dental plan shall be the difference between the “Low” and “High” plan premiums for their applicable coverage election in bi-weekly payroll deductions. New Bargaining Unit Members are eligible for coverage on their start date. Part-time Bargaining Unit Members are eligible for employee-only coverage. The plans summaries shall be attached hereto as Appendix C.

D. Insurance Waiver Stipend

Eligible Bargaining Unit Members who choose not to obtain medical/prescription and/or dental benefits through PA Virtual must elect his/her opt-out plan during open enrollment each year. The Employee should be actively employed during the time of issuance to be

eligible. The following monetary stipends shall be paid in two (2) equal installments, unless prorated, issued in June and December of the plan year for each year of the Agreement:

Monetary Stipend Amount: Medical and Dental \$2000, Medical only \$1750, Dental only \$250.

The Employer shall be permitted to offer waiver stipends and be permitted to deduct premium share contributions from all employees on a pre-tax basis through its section 125 Cafeteria Plan pursuant to its Section 125 written plan document.

E. Vision Care

All full-time Bargaining Unit Members shall be eligible to participate and receive individual or up to family vision insurance coverage under the Group Vision Plan. There shall be no cost to Bargaining Unit Members who elect the Metlife Vision Access discount program. Bargaining Unit Members who elect the VSP plan shall be charged 100% of the cost in bi-weekly payroll deductions. New Bargaining Unit Members are eligible for coverage from the start date. Part-time Bargaining Unit Members are eligible for employee-only coverage. The plans summaries shall be attached hereto as Appendix D.

F. Group Term Life, AD&D, and Disability Insurance

All full-time and part-time Bargaining Unit Members of PA Virtual shall be enrolled in the following insurance plans: Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance, Short Term Disability, and Long Term Disability. These benefits are available on the first day of the month following the Bargaining Unit Member's start date. Insurance elections must be completed prior to the Bargaining Unit Member's eligibility date. The Schedule of Benefits shall be attached hereto as Appendix E, F, G, and H).

G. Employee-Paid Benefits

The Employer and Association may mutually agree to offer additional voluntary, fully Employee-paid benefits (Exs: Flexible Spending Account, cancer insurance, etc.).

H. Retirement Program

The Employer shall maintain participation in PSERS.

I. Voluntary Retirement Savings Plan- 403(b)

Employees are eligible to participate in a Non-ERISA 403(b) Plan according to the guidelines set forth in the plan by the PA Virtual Board of Trustees.

ARTICLE X. LEAVES

A. Reserved Rights

Bargaining Unit Members on paid leaves of absence shall continue to receive wages, rights, and benefits set forth in this Agreement. While on paid leave, Bargaining Unit Members shall be treated as being in regular, daily, full-time or part-time attendance.

While on unpaid leave, Bargaining Unit Members shall not lose service credit for salary or seniority purposes.

Upon expiration of leave, Bargaining Unit Members shall be returned to the same position to which they were assigned prior to having taken leave.

B. Leave Accounting

Each Bargaining Unit Member shall be provided access to the self-service HR portal/system to view all credited leave not later than the opening teacher work day of each work year. Any Employee challenging the reported leave days must do so within sixty (60) calendar days of the report. Failure to do so is agreement that the Employee and the Association accept the accounting.

C. Holidays and Breaks

PA Virtual will observe the following holidays for all Bargaining Unit Members.

Labor Day

Thanksgiving Day (and following Friday and Monday)

Winter Break

Spring Break

Martin Luther King Jr. Day

Presidents' Day

Memorial Day

The agreed upon holidays and break periods listed above may change upon mutual agreement by both parties before the next year calendar is approved. Additional holidays may be added (or subsequently removed) subject to Board approval.

D. Sick Days

Bargaining Unit Members shall be granted eight (8) sick leave days per fiscal year. In the initial year of employment, the number of sick leave days is prorated according to the Bargaining Unit Member's hire date.

The Bargaining Unit Member shall utilize their sick leave days only for their own illness or injury or for the illness or injury of an immediate family member. Immediate family member shall include spouse, children, mother, father, sibling, mother-in-law or father-in-

law and any member of the household.

All accumulated sick days shall have unlimited carry over from year to year.

A pattern of questionable absences, unavailability for work, lateness, or leaving or quitting work early may be considered an excessive absence and may result in progressive discipline.

E. Payout Upon Separation

Bargaining Unit Members shall be compensated for all unused sick days and personal days upon the Bargaining Unit Member's separation from employment for any reason at the rate of \$50 per unused sick or personal day. To be eligible for the sick and personal day pay, out Bargaining Unit Members must submit fifteen (15) business days' notice of their intended resignation to the Human Resources Department during the school year or provide notice before July 15 if not returning the following school year.

F. Personal Days

Bargaining Unit Members shall be granted three (3) personal leave days for the conduct of personal business per fiscal year cumulative to a maximum of five (5) days. Days may only be taken in 1/2 or full day increments. Employees using personal days for three (3) or more consecutive days, or a personal day in August, during the last week of school, on days when standardized testing is conducted, and during the period of resignation shall give ten (10) workdays' notice when possible.

In the initial year of employment, the number of personal leave days shall be prorated according to the Bargaining Unit Member's hire date.

Unused personal days over the maximum of five (5) will be paid out at \$50 per day at the first payroll cycle following the teachers' last workday.

Students shall follow the posted lesson plan asynchronously.

G. Bereavement Leave

Bargaining Unit Members may use up to five (5) work days per occurrence for the death of the Bargaining Unit Member's spouse/domestic partner, child, stepchild, grandchild, parent, brother or sister, stepparent, or grandparent, parent-in-law, stepparent-in-law, great-grandparent, grandparent-in-law, brother-in-law or sister-in-law, or legal guardian.

Bargaining Unit Members may use up to three (3) work days per occurrence for the death of the Bargaining Unit Member's aunt, uncle, cousin, niece, or nephew.

Bargaining Unit Members may use up to one (1) work day per occurrence for the death of a PA Virtual coworker or their immediate family member. Or a PA Virtual student or the students immediate family member.

Bargaining Unit Members may use other unused but accrued time off days (sick/personal) for any other death in order to attend a funeral or service. Additionally, unused but accrued time off days (sick/personal) may be used to care for post-funeral arrangements as well.

Pay for bereavement leave shall only be made to Bargaining Unit Members for actual time spent away from work for the funeral or its arrangements. For example, if their services occur at a time when work is not scheduled, payment will not be made. If bereavement leave is needed during a time the member already has sick or personal leave time scheduled, they shall be able to rescind approved personal or sick leave time and use bereavement days instead as noted in this section. Bargaining Unit Members are not eligible to use bereavement leave during an approved Child Rearing/Adoption/Foster leave, Military leave, and any leave period where employee is receiving disability benefit payments.

Because bereavement grants are unlimited but to eliminate manual effort, the starting balance for bereavement leave shall be ninety-nine (99) accrual days each school year.

This provision shall also apply to per diem NFO and Counselors who are contracted to work additional summer workdays per the CBA prior to the beginning of the contracted work year when there would not be an opportunity to make up the additional days prior to the start of regular work year. The determination if there is time to make the days up shall be a case by case decision made by the employees supervisor, which shall not cause bereavement days to be unreasonably withheld.

H. Jury/Witness Duty Leave

Bargaining Unit Members who are summoned to jury duty shall be granted up to five (5) days paid jury duty leave per academic year provided said jury duty requires the absence of the Bargaining Unit Member from work. To qualify, the Bargaining Unit Member must provide official written notification of jury duty. The Bargaining Unit Member shall be required to sign over their service check to PA Virtual or be deducted a personal leave day or docked a day's wages for failure to sign over said check.

I. Family Medical Leave

Appendix I .

J. Military Leave

Bargaining Unit Members shall be granted leave to render regular or reserve military

service as otherwise required by state and federal law.

K. Personal Leave of Absence

Bargaining Unit Members shall be afforded the Personal Leave of Absence benefit as is provided in the Bargaining Unit Member Handbook.

Changes to the handbook will be discussed and agreed upon with both the Association and Management.

L. Child-Rearing/Adoption/Foster Leave

Bargaining Unit Members shall be granted unpaid leave of absence for up to one (1) year for the purpose of child-rearing/adoption/foster placement. Up to three (3) weeks (15 Teacher Work Days) of the Bargaining Unit Member's accrued paid sick leave days may be used. Members should exhaust all available FMLA leave, if eligible, prior to beginning Childrearing Leave.

The Employer shall be notified of the Bargaining Unit Member's intent to begin leave. The Employer shall continue to provide all fringe benefits for Bargaining Unit Members on paid leave at the current contribution rate. Employees on approved unpaid leaves will be eligible to continue all fringe benefits paid at 100% of cost by the Employee, except during FMLA leave where applicable during which time the Employee shall continue to pay at the current active employee rate. The Bargaining Unit Member shall return their employer-provided laptop during Childrearing Leave.

The Employer shall be notified of the Bargaining Unit Member's intent to end leave and return to employment at least thirty (30) calendar days prior to the date of return. Upon return from leave, the Bargaining Unit Member shall be returned to the same position as assigned prior to the leave.

This leave is available to an employee who is the natural, adoptive, or foster parent of a child and must be started within the first two years of birth or placement.

M. Floating Holidays

Two (2) floating holidays shall be allocated annually to each member to observe a holiday special to them but not recognized in the annual staff calendar. This shall be a new category of leave. Said leave shall not accumulate or roll over. One week's advance notice in writing shall be provided to the supervisor.

ARTICLE XI. MANAGEMENT RIGHTS

This Agreement does not modify and is not intended to modify any discretionary authority granted PA Virtual through federal laws and the laws of the Commonwealth of Pennsylvania, which

includes, without limitation, authority granted by the Charter School Law and provisions of the Public School Code of 1949, 24 P.S. § 1-101, et seq. (the "School Code"). This includes, without limitation, the right of PA Virtual to operate independently and consistent with applicable laws. The parties recognize that PA Virtual operates pursuant to authority granted under the Pennsylvania Charter School Law, 24 P.S. § 17-1701-A, et seq. (the "Charter School Law").

The Parties further recognize that PA Virtual operates pursuant to its current Charter issued by the Pennsylvania Department of Education. This Agreement does not modify and is not intended to modify any discretionary authority granted to PA Virtual through its Charter or the laws of the Commonwealth of Pennsylvania, which includes, without limitation, authority granted by the Charter School Law and the School Code. This includes, without limitation, the right of PA Virtual to operate consistent with applicable laws.

The Parties understand and agree that PA Virtual has the right to manage all operations of PA Virtual, including, without limitation, the right to plan, direct and control the curriculum, educational program, extracurriculars, co-curriculars, operations, facilities, equipment, and other property of PA Virtual and the right to direct the workforce except as explicitly modified by this Agreement. The Parties understand and agree that matters of inherent managerial policy are the exclusive rights of PA Virtual and are reserved exclusively to PA Virtual. These matters include, without limitation, such areas of discretion and policy as the size, organizational structure and budget of PA Virtual, the size of the workforce, the right to hire or otherwise manage and select personnel, including both certified and non-certified Employees, and to establish or control the use of PA Virtual facilities and technology. None of these managerial rights reduce or modify the provisions mutually agreed upon in this Collective Bargaining Agreement.

PA Virtual possesses the exclusive authority and discretion to adopt, develop, change or modify the mission of PA Virtual. It is within the discretion of PA Virtual to develop policies and programs to further the mission of the School. All matters of educational policy and curriculum are reserved exclusively to PA Virtual.

The Parties understand and agree that the listing of management rights in this Article XI is not exhaustive. Nothing in this Article XI shall operate to restrict, alter, or waive any managerial rights or prerogative not listed herein whether or not such rights have been exercised by the PA Virtual in the past. The Parties agree that the ability and right of PA Virtual to manage the School is limited only where a provision of this Agreement expressly limits a right of management.

ARTICLE XII. SIGNATURES

This Agreement and all herein contained (expressly Appendices A-I) is entered into this 19th day of September 2023 by and between the Board of School Directors of the PA Virtual Charter School, King of Prussia, Pennsylvania, and the PA Virtual Education Association.

All agreements contained herein shall be in effect from September 1, 2023, to and including June 30, 2027, except as otherwise expressly provided.



PA Virtual Association President

09 / 19 / 2023

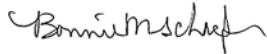
Date



PA Virtual Chief Executive Officer

09 / 20 / 2023

Date



PA Virtual School Board Director President

09 / 20 / 2023

Date

ARTICLE XIII. APPENDICES

Appendix A: Wages

Year 1			
PA Virtual Schedule 2023-2024			
Steps	B	M	M15
1	46,650.12	49,650.00	51,150.20
2	48,650.04	51,650.18	53,150.12
3	50,650.22	53,650.10	55,150.04
4	52,650.14	55,650.02	57,150.00
5	54,650.06	57,650.20	59,150.14
6	56,650.24	59,650.12	61,150.06
7	58,650.16	61,650.04	63,150.00
8	60,650.00	63,650.22	65,150.16
9	62,650.00	65,650.14	67,150.00
10	64,650.00	67,650.00	69,150.00
11	66,650.00	69,650.00	71,150.00
12	68,650.00	71,650.00	73,150.00
13	70,650.20	73,650.08	75,150.02
14	72,650.00	75,650.00	77,150.00
15	74,650.04	77,650.18	79,150.12

Year 2			
PA Virtual Schedule 2024-2025			
Steps	B	M	M15
1	47,400.12	50,400.00	51,900.20
2	49,400.04	52,400.18	53,900.12
3	51,400.22	54,400.10	55,900.04
4	53,400.14	56,400.02	57,900.00
5	55,400.06	58,400.20	59,900.14
6	57,400.24	60,400.12	61,900.06
7	59,400.16	62,400.04	63,900.00
8	61,400.00	64,400.22	65,900.16
9	63,400.00	66,400.14	67,900.00
10	65,400.00	68,400.00	69,900.00
11	67,400.00	70,400.00	71,900.00
12	69,400.00	72,400.00	73,900.00
13	71,400.20	74,400.08	75,900.02
14	73,400.00	76,400.00	77,900.00
15	75,400.04	78,400.18	79,900.12

Year 3			
PA Virtual Schedule 2025-2026			
<u>Steps</u>	B	M	M15
1	48,150.12	51,150.00	52,650.20
2	50,150.04	53,150.18	54,650.12
3	52,150.22	55,150.10	56,650.04
4	54,150.14	57,150.02	58,650.00
5	56,150.06	59,150.20	60,650.14
6	58,150.24	61,150.12	62,650.06
7	60,150.16	63,150.04	64,650.00
8	62,150.00	65,150.22	66,650.16
9	64,150.00	67,150.14	68,650.00
10	66,150.00	69,150.00	70,650.00
11	68,150.00	71,150.00	72,650.00
12	70,150.00	73,150.00	74,650.00
13	72,150.20	75,150.08	76,650.02
14	74,150.00	77,150.00	78,650.00
15	76,150.04	79,150.18	80,650.12

Year 4			
PA Virtual Schedule 2026-2027			
<u>Steps</u>	B	M	M15
1	48,900.12	51,900.00	53,400.20
2	50,900.04	53,900.18	55,400.12
3	52,900.22	55,900.10	57,400.04
4	54,900.14	57,900.02	59,400.00
5	56,900.06	59,900.20	61,400.14
6	58,900.24	61,900.12	63,400.06
7	60,900.16	63,900.04	65,400.00
8	62,900.00	65,900.22	67,400.16
9	64,900.00	67,900.14	69,400.00
10	66,900.00	69,900.00	71,400.00
11	68,900.00	71,900.00	73,400.00
12	70,900.00	73,900.00	75,400.00
13	72,900.20	75,900.08	77,400.02
14	74,900.00	77,900.00	79,400.00
15	76,900.04	79,900.18	81,400.12

Appendix B: Hospitalization and Prescription

	Premier Option (In-network)	Standard Option (In-Network)	High Deductible Health Plan (HDHP) (In-network)
Annual Deductible	\$500 - Individual \$1000 - Family	\$1500 - Individual \$3000 - Family	\$1,750 - Individual \$3,500 - Family
Prescription	\$15/\$25/\$50	\$15/\$25/\$50	\$5/\$20/\$40/\$70 RX Copays AFTER Deductible 100% covered, no deductible
Physician Services Co-Pay	\$15- Primary Care Physician \$30- Specialist	\$20- Primary Care Physician \$40- Specialist	100% covered after deductible
OB/GYN Services Co-Pay	\$15	\$20	100% covered after deductible
Physical Therapy Co-Pay	\$30	\$40	100% covered after deductible
Ambulance	100%, no deductible	100%, no deductible	100% covered after deductible
Routine Radiology/ Diagnostic	\$30 Co-pay, no deductible	\$40 Co-pay, no deductible	100% covered after deductible
MRI/MRA, CT/CTA Scan, PET Scan	\$100 Co-Pay, no deductible	\$150 Co-pay, no deductible	100% covered after deductible
Urgent Care Center	\$50 Co-pay, no deductible	\$50 Co-pay, no deductible	100% covered after deductible
Emergency Room Services	\$100 Co-pay, no deductible (Co-pay not waived if admitted)	\$150 Co-pay, no deductible (Co-pay not waived if admitted)	100% covered after deductible

Please refer to the plan summary documents from the Human Resources Department for a more detailed description of insurance coverage.

Appendix C: Dental

Low Plan		
Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of Negotiated Fee
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1000	\$1000

High Plan		
Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of Negotiated Fee
Type A	100%	100%
Type B	90%	90%
Type C	60%	60%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$2000	\$2000
Orthodontia Lifetime Maximum: Per Individual	\$2000	\$2000
	Ortho applies to Child Only (up to age 19)	

Appendix D: Vision

VSP Coverage Effective Date: 04/01/2017		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
<small>Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</small>			

Appendix E: Basic Term Life

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

Life Insurance For You

Basic Life Insurance

BENEFIT AMOUNT AND HIGHLIGHTS

For All Active Full-Time Employees.....	An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000.
Maximum Life Benefit.....	\$250,000
Non-Medical Issue Amount.....	\$250,000
Accelerated Benefit Option.....	Up to 80% of Your Basic Life amount not to exceed \$500,000.

If You Are Age 65 Or Older

If You are age 65 or older on Your effective date of insurance, the appropriate percentage from the following table will be applied to the amount of Your Basic Life Insurance on Your effective date of insurance, adjusted for any later changes in Your salary.

If You are under age 65 on Your effective date of insurance, the amounts of Your Basic Life Insurance on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of Your insurance in effect on the day before Your 65th birthday, adjusted for any later changes in Your salary.

Age of Employee	Percentage
65 but less than 70	65%
70 but less than 75	40%
75 or older	25%

Appendix F: Accidental Death and Dismemberment

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment Insurance (AD&D) for You

Full Amount for AD&D

For All Active Full-Time Employees An amount equal to Your Life Insurance

If You Are Age 65 Or Older

If You are age 65 or older on Your effective date of insurance, the appropriate percentage from the following table will be applied to the amount of Your Accidental Death and Dismemberment Insurance on Your effective date of insurance, adjusted for any later changes in Your salary.

If You are under age 65 on Your effective date of insurance, the amounts of Your Accidental Death and Dismemberment Insurance on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of Your insurance in effect on the day before Your 65th birthday, adjusted for any later changes in Your salary.

Age of Employee	Percentage
65 but less than 70	65%
70 but less than 75	40%
75 or older	25%

For All Active Full-Time Employees:

Additional Benefits:

Air Bag Benefit.....	Yes
Seat Belt Benefit.....	Yes
Child Care Benefit.....	Yes
Common Carrier Benefit.....	Yes, an amount equal to the Basic AD&D Full Amount

Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Covered Losses

Loss of life.....	100%
Loss of an arm permanently severed at or above the elbow ...	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of sight in one eye.....	50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
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Appendix G: Short Term Disability

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT	BENEFIT AMOUNT AND HIGHLIGHTS
---------	----------------------------------

Disability Income Insurance For You: Short Term Benefits

For All Active Full-Time Employees:

Weekly Benefit.....	60% of the first \$3,333 of Your Predisability Earnings, subject to the INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.
Maximum Weekly Benefit.....	\$2,000
Minimum Weekly Benefit.....	\$20 subject to the Overpayments and Rehabilitation Incentive subsection of this certificate.

If the Minimum Weekly Benefit plus benefits you receive under Workers' Compensation and/or wage loss replacement benefits under the Pennsylvania Motor Vehicle Financial Responsibility Law equals or exceeds 100% of Your Predisability Earnings in effect at the start of Your Disability, no Minimum Weekly Benefit will be paid.

Elimination Period.....	<p>For Injury</p> <ul style="list-style-type: none"> • 7 days of Disability <p>For Sickness</p> <ul style="list-style-type: none"> • 7 days of Disability
Maximum Benefit Period.....	12 weeks
Rehabilitation Incentives.....	Yes

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Appendix H: Long Term Disability

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible, and
- which You elect, if subject to election; and
- which are in effect.

BENEFIT	BENEFIT AMOUNT AND HIGHLIGHTS
----------------	--------------------------------------

Disability Income Insurance For You: Long Term Benefits

For All Active Full-Time Employees:

Monthly Benefit.....	60% of the first \$16,666 of Your Predisability Earnings, subject to the INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT section.
Maximum Monthly Benefit.....	\$10,000
Minimum Monthly Benefit.....	\$100 subject to the Overpayments and Rehabilitation Incentive subsection of this certificate.

If the Minimum Monthly Benefit plus benefits you receive under Workers' Compensation and/or wage loss replacement benefits under the Pennsylvania Motor Vehicle Financial Responsibility Law equals or exceeds 100% of Your Predisability Earnings in effect at the start of Your Disability, no Minimum Monthly Benefit will be paid.

Elimination Period..... The greater of the Short Term Disability Maximum Benefit Period or 90 days.

Maximum Benefit Period*

the later of:

- Your Normal Retirement Age;

or

- the period shown below:

Age on Date of Your Disability	Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months

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SCHEDULE OF BENEFITS

68	15 months
69 and over	12 months

*The Maximum Benefit Period is subject to the LIMITED DISABILITY BENEFITS and DATE BENEFIT PAYMENTS END sections.

Rehabilitation Incentives..... Yes

Additional Benefits:

Single Sum Payment in the Event of Your Death..... Yes

Appendix I: Family Medical Leave Act

PA Virtual grants unpaid leaves of absence to eligible Employees for medical and family-related reasons as explained below. Leaves are administered in compliance with applicable law, including the federal Family and Medical Leave Act ("FMLA"). PA Virtual will not discriminate against Employees as a result of the approved use of family or medical leave, or a proper request for such leave. Requests for family care and medical leave will be considered without regard to race, color, national origin, religion, gender, sex, sexual orientation, genetic information, age, or disability.

Eligibility Reasons

PA Virtual will provide eligible Employees a leave period of up to twelve (12) weeks of leave during a 12-month period for the following reasons:

1. The birth of an Employee's child and to care for the newborn child
 - This type of leave must be taken within twelve (12) months of the birth.
 - For purposes of this policy, a child generally is defined as a natural child, adopted child, foster child, stepchild, or a legal ward.
2. The placement and care for a newly adopted or recently-placed foster child
 - This type of leave must be taken within twelve (12) months of the placement.
 - For purposes of this policy, a child generally is defined as a biological child, adopted child, foster child, stepchild, or a legal ward.
3. To care for a spouse, child, or parent who has a serious health condition
 - This leave may be taken intermittently or on a reduced work schedule basis, but only if such schedule is medically necessary.
 - A parent is defined as the Employee's or his/her spouse's natural, adoptive, foster, or stepparent, or legal guardian. A serious health condition is generally defined as an illness, injury, impairment, or physical or mental condition involving inpatient care or continuing treatment by a health care provider. (See *Definition of a Serious Health Condition* below.)
4. An Employee's own serious health condition where the Employee is unable to perform his/her job functions
 - This leave may be taken intermittently or on a reduced work schedule basis, but only if such schedule is medically necessary.
5. Reasons related to a spouse, child, or parent's active duty or call to active duty in the Armed Forces
 - Reasons related to the call-up of service, include helping the family member prepare for the departure, or caring for children of the service member. The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave does not have to be a minor.) This type of leave would be counted toward the Employee's twelve (12) week maximum of FMLA leave in a twelve (12) month period.
6. To care for a covered service member with a serious injury or illness where the team member is the spouse, child, parent, or nearest blood relative of the covered service member
 - A "serious injury or illness" means in the case of a member of the Armed Forces, including a

member of the National Guard or Reserves, an injury or illness incurred in the line of active duty that renders the member medically unfit to perform the duties of the member's office, grade, rank, or rating.

- An Employee is entitled to up to twenty-six (26) weeks of leave for this type of FMLA leave.

Definition of a Serious Health Condition:

A. Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical facility, including any period of incapacity (defined as an inability to work, attend school, or perform regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom), or any subsequent treatment in connection with such inpatient care; or

B. Continuing treatment by a health-care provider. A serious health condition involving continuing treatment by a healthcare provider includes any one or more of the following:

(i) A period of incapacity of more than three (3) consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition

(ii) Any period of incapacity or treatment for such incapacity due to pregnancy, or for prenatal care

(iii) Any period of incapacity or treatment for such incapacity due to a chronic, serious health condition

Eligible Employees

Generally, eligible Employees include those individuals who have at least twelve (12) months of service at PA Virtual and a minimum of 1,250 hours of service over the twelve (12) months preceding commencement of the leave. PA Virtual reserves the right to request appropriate documentation verifying that the reason for a leave request is FMLA-qualifying. Should a Bargaining Unit Member seek a leave of absence for reasons other than described above, the Employer shall evaluate such a request based on the particular circumstances present at that time, including but not limited to the Bargaining Unit Member's current and anticipated work responsibilities, performance, and PA Virtual's needs. PA Virtual reserves the right to refuse such a request for non-FMLA qualifying leave at its sole discretion. Any questions about eligibility should be directed to the Executive Director of Human Resources.

Utilizing Paid Time Off

FMLA leave is unpaid, except that Employees must use all credited paid time off during FMLA leave as follows: Credited annual paid sick days must be used in the event the Employee is on FMLA leave for his/her own serious health condition; credited vacation and paid personal days must be used in the event of FMLA leave for any purpose; depending on the reason for leave, an Employee may be eligible for disability or workers' compensation benefits; and, for any period that an Employee is receiving such benefits, that time will also be designated as FMLA leave and will run concurrently with FMLA leave.

Requesting FMLA Leave

Requests for FMLA leave must be submitted, in writing, to the Executive Director of Human Resources no less than thirty (30) days in advance, if the need for leave is foreseeable to that extent. Otherwise, a request must be submitted, in writing, to the Executive Director of Human Resources as soon as possible and practical. Before leave is granted, all provisions of the leave will be explained in detail, and the Bargaining Unit Member will receive a copy of the provisions which

must be met. An Employee should make a reasonable effort to schedule the leave to assist PA Virtual in minimizing disruption of company operations.

Physician Certification/Recertification

A physician's certification shall be required for all leaves requested that involve a serious health condition. A leave request form, which includes a section specifying certification information required in connection with a leave for a serious health condition, shall be made available to Employees by the Human Resources Department.

PA Virtual reserves the right to require a second opinion from a health-care provider of PA Virtual's choice and at PA Virtual's expense, if PA Virtual has reason to doubt the validity of a medical certification. PA Virtual also reserves the right to require a third opinion, where the first two opinions differ. Any such third opinion will be obtained, at PA Virtual's expense, from a provider chosen jointly by PA Virtual and the Employee, and shall be considered final.

PA Virtual reserves the right to require recertification of a medical condition during an FMLA leave, or in connection with any request for extension of leave. As a rule, PA Virtual will require that an Employee on FMLA leave provide periodic reports of the Employee's status, and intent to return to work, with a frequency appropriate to the particular leave situation. In addition, a health-care provider's statement is required verifying the Employee's medical fitness to return to work at the end of the approved leave period, for an Employee's own serious health condition, except where the leave was taken on an intermittent or reduced schedule basis.

PA Virtual may delay leave or an extension of leave where an Employee fails to provide certification/recertification in a timely fashion. Further, an Employee's failure to provide required certification/recertification may result in the determination that the leave is not FMLA leave. An Employee who is able to return to work earlier than anticipated is responsible for promptly notifying PA Virtual of this fact. Upon completion of leave, return to work cannot occur until the Employee provides a fitness for duty certificate.

Health Insurance Benefits

During an approved FMLA leave, PA Virtual will continue to provide the same level of health insurance benefits that was available to the Employee at the start of the leave. While the Employee is on paid leave, PA Virtual will continue to make payroll deductions to collect the Employee's share of the premium (if applicable). While on unpaid leave, the Employee is responsible to continue to make this payment (if applicable). If payment is more than thirty (30) days late, the particular coverage may be dropped for the remainder of the leave after a fifteen (15) day notice has been given to the Employee. Crediting of other benefits, such as vacation, sick and personal days, will be suspended during FMLA leave and will resume upon return to active employment in an eligible classification. If the Employee does not return for a minimum of thirty (30) days upon the expiration of the leave period, the Employee is required to repay the amount that PA Virtual has paid to maintain health insurance coverage (if applicable) during the leave period, except that repayment for health insurance coverage will not be required if the Employee fails to return because of the continuation, recurrence, or onset of a serious health condition, or due to other circumstances beyond the Employee's control.

Retirement Contributions

Except for any portion of an FMLA leave which is paid leave as a consequence of the use of paid vacation, sick or personal days, employee pre-tax and corresponding matching contributions to the Public School Employees' Retirement System will be suspended during a leave, and will resume when the employee returns. Any other pension plan will be administered in accordance with plan documents, and as required by law. The leave period will be treated as continuous service for the purposes of vesting and eligibility to participate. Other forms of compensation for job performance (e.g., merit compensation) shall be prorated to reflect the leave period.

Reinstatement

According to the FMLA, a "key employee" is a salaried, FMLA-eligible employee who is among the highest-paid ten percent (10%) of PA Virtual's employees, and need not be reinstated if reinstatement would cause substantial and grievous economic injury to the operations of PA Virtual. Employees in this category who submit a written request for FMLA leave will be notified by PA Virtual, at the time the request is received, that they fall into the key employee category and, as soon thereafter as PA Virtual determines, that the person will be notified if s/he shall not be reinstated. In a situation where such notice occurs after a leave has commenced, the employee will have the option of returning upon notice. A highly-compensated employee who is not restored to employment is still considered to be on leave, and health benefits would be continued during the leave period. A key employee who received notice of non-reinstatement, and who did not return to work, may request reinstatement at the end of his/her leave period, and shall thereafter receive a written determination concerning his/her request.

Otherwise, Employees shall be restored in employment to the position they would have held had they been continuously employed. As a rule, this means an Employee returning from FMLA leave will be restored to either his/her same position prior to the leave, or an equivalent position with equivalent pay, benefits, and other conditions of employment. An employee who fails to accept reinstatement will be considered to have resigned. If, due to an Employee's own medical circumstances, s/he is no longer able to perform his/her original job, with or without reasonable accommodation, the Employer shall attempt to transfer the Employee to alternate, suitable work, if available.

Leave Period

FMLA leave shall not exceed twelve (12) weeks or twenty-six (26) weeks of leave, as applicable, within a twelve (12) month period. This period is calculated backwards from the date an Employee uses any family or medical leave. An Employee is not entitled to take more than twenty-six (26) weeks of all types of FMLA leave. If a husband and wife both work for PA Virtual and each wishes to take leave for the birth of a child, adoption, or placement of a child in foster care, or to care for a parent (but not a parent-in-law) with a serious health condition, the husband and wife may only take a combined total of twelve (12) weeks of leave. If a husband and wife both work for PA Virtual and each wishes to take leave to care for a covered, injured or ill service member, the husband and wife may only take a combined total of twenty-six (26) weeks of leave. PA Virtual reserves the right to modify how it calculates the twelve (12) month period, with proper notice.

Special rules apply to Instructional Employees requesting leave, or returning from leave, around the beginning or end of an academic term. Please see the Human Resources Department for more

details.

Notification

Employees should follow the Leave of Absence Time-Off procedures for documentation/approval of this time away from work.

Title	FINAL - CBA 090123
File name	FINAL - CBA 090123.pdf
Document ID	8e47fc40f595aa88e28cc151302d3023c09cd7c8
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Document History



09 / 19 / 2023
20:11:24 UTC

Sent for signature to Jennifer Slater (jslater@pavcsk12.org), Dr. Debra Heath-Thornton (dheath@pavcsk12.org) and Bonnie M. Schaefer (business.bonnie.1@gmail.com) from state@pavcsk12.org
IP: 70.110.134.118



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 COMPLETED	09 / 20 / 2023 17:50:45 UTC	The document has been completed.



2024 -2029 Charter Renewal Application

Evidence that staff members have training
Professional Development Calendars for 5 years



**Calendar of Professional Development Events
2018-2019**

Date	Topic	Presenter
August 15 -August 24	Planning and Prep for the SY	various
September 5	Close Reading	Diana Perney
September 19	Progress Monitoring	Lou Rocchini
October 23	Attendance Works Module 3 and Act 71	Jason Fitzpatrick Diana Perney
October 31	TDA	Diana Perney
November 14	PSSA/Keystone Online Training	Diana Perney
November 26	Diversity, Digital Citizenship, ELL, TDA	Various Presenters
December 5	School Updates	Dr. Chandler
December 12	Act 71 modules	Diana Perney
January 16	TDA	Diana Perney
January 23	PASA Test Training	Diana Perney
January 30	Aligning Eligible Content and Academic Standards	Diana Perney
February 13	Aligning Eligible Content and Academic Standards to Gradebook	Diana Perney
February 20	Constructed Response	Diana Perney
March 6	Constructed Response	Diana Perney
March 20	PSSA Site Coordinator Training	Diana Perney
April 3	PSSA Proctor Training	Diana Perney

PLEASE NOTE START TIME FOR ALL WEDNESDAY PD'S IS 3:00PM

Date	Attendees	Host	Agenda Info
Jul 31	New Teachers	Diana/Melissa	Induction
Aug 7	New Teachers	Diana/Melissa	Induction
Aug 14	All Teachers	Diana/Melissa	SWPD
Aug 21	All Teachers	Diana/Melissa	SWPD
Aug 28	All Staff	Maureen Weinberger	ELL and Homeless
	SCHEDULE	CHANGES	HIGHLIGHTED IN BLUE
Sept 4	All Staff	Jamie Shedd	Enrollment Process/ Academic Probation
Sept 11	All Staff	Dr. Chandler	Employee Survey/ Safe2Say
Sept 18	All Staff	Meredith Regel	Safety Training
Sept 25	All Teachers	Diana/Melissa	Review Close Reading/Constructed Response
Oct 2	All Teachers	SLC	TENTATIVE Curriculum Frame Work Time
Oct 9	All Teachers	Diana/Melissa	Rubrics
Oct 16	All Teachers	SLC	SLC
Oct 23	All Teachers	Lou Rocchini	Progress Monitoring
Oct 30	All Teachers	SLC	SLC
Nov 6	All Staff	HR	Benefits Presentation
Nov 13	Staff TBD	Renea/Chris	Site Coordinator Training/Online Test
Nov 20	All Teachers and Staff TBD	Site Coordinator	Proctor Training/Online Test
Nov 27		NO PD	THANKSGIVING
Dec 2	All Teachers (Monday after Thanksgiving)	Diana/Melissa/Staff	Rubrics/Peer Observation/ Guidance (Trauma)/ TENTATIVE Curriculum Framework Time
Dec 4	Keystone Testing Window	NO PD	Independent Personal PD/Curriculum Framework Time
Dec 11	Keystone Testing Window	NO PD	Independent Personal PD/Curriculum Framework Time
Dec 18	All Staff	Dr. Chandler	Dr. Chandler
Jan 8	All Teachers	Diana/Melissa	PASA Training
Jan 15	All Teachers	Diana/Melissa	Peer Observation/Rubrics
Jan 22		NO PD	Prep for semester 2; contacting parents; PM; grades
Jan 29		NO PD	Prep for semester 2; contacting parents; PM; grades

PLEASE NOTE: We reserve the right to change this schedule based on the needs of the school.

Month	Date	Agenda	Presenter	Attendees	Calendar Updated
August	12-21	August PD		All Staff	Calendar Updated 10/21/20 TDA Training add for Nov/Dec
September	2	No PD		None	Calendar Updated 11/18/20
	9	No PD		None	TDA Train the Trainer added Dec 2
	16	Best Companies Survey Presentation	Daniel Bloom	All Staff	
	23	No PD		None	
	30	No PD		None	
October	7	Progress Monitoring and Attendance	Lou Rocchini Jason Fitzpatrick	Teachers	
Columbus Day	12	Diversity and Inclusion; Title IX; Suicide Awareness; Trauma	multiple	All Staff (schedule to follow)	
	14	Self Directed		none	
	21	Homelessness/Parent Engagement	Maureen Weinbe Jen Brodhag	All Staff/Teachers	
	28	No PD--Prep for Quarter 2		none	
November	4	Benefits Presentation	Stefanie Solominie	All Staff	
	11	PSTAT-Online Keystone and PSSA Proctor Certification/Proctor Training	Chris Gilligan Renea Klukasze Site Coordinator	All Staff	
	18	TDA	Diana and Melissa	New Teachers	
	25	No PD--Early Dismissal for Thanksgiving		none	
December	2	Train the Trainer PD	Diana and Melissa	Teachers	
	9	TDA	Diana and Melissa	Teachers	
	16	TDA	Diana and Melissa	Teachers	
	23	No PD--Winter Break		none	
	30	No PD--Winter Break		none	
Month	Date	Agenda	Presenter	Attendees	Calendar Update
January	6	SLC	Principals	Teachers	Calendar Update 10/27/20
	13	TDA/Rubric	Diana and Melis: Rubric	Teachers	TDA Training
	20	SLC	Principals	Teachers	Rubric Training
	27	No PD--Prep for Q 3		none	
February	3	PASA Training	Diana and Melissa	Teachers	Calendar Updates 1/6/21
	10	PASA Training	Diana and Melissa	Teachers	PASA Training
	17	PASA Training	Diana and Melissa	Teachers	Bullying
	24	SLC	Principals	TBD	
March	3	EEM Training	Diana and Melissa	Teachers	Calendar Updates 2/4/21
	10	EEM Training	Diana and Melissa	TBD	EEM Training
	17	EEM Training	Principals	Teachers	
	24	Bullying	Rich	All Staff	Calendar Updates 3/11/21
	31	No PD--Spring Break		none	PSSA Training
April	7	Site Coordinator Training	Renea and Chris	none	No PD--Prep for Q 4 Active Shooter Training
	14	Proctor Training	Site Coordinators	Staff participating in PSSA Testing	
	21	ELL	PSSA Testing	Individuals complete ELL Training when not at a testing site	Calendar Update 4/21/21
	28	ELL	PSSA Testing	Individuals complete ELL Training when not at a testing site	Mentee/Mentor
May	5	ELL	PSSA Testig	Individuals complete ELL Training when not at a testing site	SLC
	12	Active Shooter	Rich	All Staff	
	19	Mentee/Mentor Meeting	Diana and Melissa	Mentors/Mentees	Calendar Update 5/25/21
	26	SLC	Principals	Teachers	SLC
June	2	SLC	Principals	Teachers	EOY
	9	Budget/EOY	Multiple presenters	All Staff	
	16	No PD--Teacher Last Day		None	
*This schedule is subject to change based on the needs of the organization.					

Month	Date	Agenda	Presenter		Attendees			
January	6	SLC	Principals		Teachers			Calendar Update 10/27/20
	13	TDA/Rubric	Diana and Melis: Rubric		Teachers			TDA Training
	20	SLC	Principals		Teachers			Rubric Training
	27	No PD--Prep for Q 3			none			
February	3	PASA Training	Diana and Melissa		Teachers			Calendar Updates 1/6/21
	10	PASA Training	Diana and Melissa		Teachers			PASA Training
	17	PASA Training	Diana and Melissa		Teachers			Bullying
	24	SLC	Principals		TBD			
March	3	EEM Training	Diana and Melissa		Teachers			Calendar Updates 2/4/21
	10	EEM Training	Diana and Melissa		TBD			EEM Training
	17	EEM Training	Principals		Teachers			
	24	Bullying	Rich		All Staff			Calendar Updates 3/11/21
	31	No PD--Spring Break			none			PSSA Training
April	7	Site Coordinator	Renea and Chris		none	No PD--Prep for Q 4		Active Shooter Training
	14	Proctor Training	Site Coordinators		Staff participating in PSSA Testing			
	21	ELL	PSSA Testing		Individuals complete ELL Training when not at a testing site			Calendar Update 4/21/21
	28	ELL	PSSA Testing		Individuals complete ELL Training when not at a testing site			Mentee/Mentor
May	5	ELL	PSSA Testig		Individuals complete ELL Training when not at a testing site			SLC
	12	Active Shooter	Rich		All Staff			
	19	Mentee/Mentor	Diana and Melissa	Keystone	Mentors/Mentees			Calendar Update 5/25/21
	26	SLC	Principals	Keystone	Teachers			SLC
June	2	SLC	Principals		Teachers			EOY
	9	Budget/EOY	Multiple presenters		All Staff			
	16	No PD--Teacher Last Day			None			
*This schedule is subject to change based on the needs of the organization.								

Week #	Month	Date	Host	Attendees	Agenda Info				
3	October	6	Diana and Melissa	Teachers/Principals	6 Shifts--Balncing Literature and Informational Text in all Disciplines				
4		11	Multiple Presenters	All Staff	All Staff PD--agenda to follow				
5		13	Principals	Teachers	6 Shifts--Balancing Literature and Informational Text--program specific				
6		20	Diana and Melissa	Teachers/Principals	6 Shifts--Staircase of Complexity				
7		27	Principals	Teachers	6 Shifts--Staircase of Complexity--program specific				
8	November	3	Stefanie Solominie	All Staff	Benefits Presentation				PD Session Cancelled
9		10	Stefanie Solominie	All Staff	Benefits Presentation				
10		17	Renee/Chris	All Staff	PSTAT Training for All Staff				Staff who will be a SAC will be notified
11		24	NO PD	NA	NO PD				
12	December	1	Diana and Melissa	Teachers/Principals	6 Shifts--Text Based Answers				
13		8	Principals	Teachers	6 Shifts--Text Based Answers--program specific				
14		15	Diana and Melissa	Teachers/Principals	6 Shifts--Writing from Sources				
15	January	5	Principals	Teachers	6 Shifts--Writing from Sources--program specific				
16		12	Diana and Melissa	Teachers/Principals	6 Shifts--Academic Vocabulary				
17		19	Principals	Teachers	6 Shifts--Academic Vocabulary--program specific				
18		26	NO PD	NA	NO PD				
Month	Week #	Date	Host	Attendees	Agenda Info				
February	19	2	Diana and Melissa		PASA Training				
	20	9	Diana and Melissa		PASA Training				
	21	16	Diana and Melissa		Teacher Effectiveness--Danielson Rubric				
	22	23	Principals		Teacher Effectiveness --Danielson Rubric Program Specific				
March	23	2	Diana and Melissa		Teacher Effectiveness and the Six Shifts--part 1				
	24	9	Principals		Teacher Effectiveness and Six Shifts Program Specific				
	25	16	Diana and Melissa		Teacher Effectiveness and Six Shifts--part 2				
	26	23	Principals		Teacher Effectiveness and Six Shifts Program Specific				
	27	30	Dr. Heath Thorton	Dr. Heath Thorton					
April	28	6	NO PD		NO PD	SAC Training			
	29	13	Spring Break		Spring Break				
	30	20	PSSA Proctor Training	Renea/Chris	SACs will training TAs				
	31	27	PSSA TESTING		Asynchronous PD				
May	32	4	PSSA TESTING		Asynchronous PD				
	33	11	Keystone Proctor Training		Keystone Proctor Training				
	34	18	KEYSTONE TESTING		Asynchronous PD				
	35	25	KEYSTONE TESTING		Asynchronous PD				
June	36	1	Principals		TBD				
	37	8	EOY		EOY Wrap Up				
*Calendar is subject to change based on the needs of the school.									

Month	Week #	Date	Host	Agenda Info			
February	19	2	Diana and Melissa	PASA Training			
	20	9	Diana and Melissa	PASA Training			
	21	16	Diana and Melissa	Teacher Effectiveness--Danielson Rubric			
	22	23	Principals	Teacher Effectiveness --Danielson Rubric Program Specific			
March	23	2	Diana and Melissa	Teacher Effectiveness and the Six Shifts--part 1			
	24	9	Principals	Teacher Effectiveness and Six Shifts Program Specific			
	25	16	Diana and Melissa	Teacher Effectiveness and Six Shifts--part 2			
	26	23	Principals	Teacher Effectiveness and Six Shifts Program Specific			
	27	30	Dr. Heath Thorton	Dr. Heath Thorton			
April	28	6	NO PD	NO PD	SAC Training		
	29	13	Spring Break	Spring Break			
	30	20	PSSA Proctor Training	Renea/Chris	SACs will training TAs		
	31	27	PSSA TESTING	Asynchronous PD			
May	32	4	PSSA TESTING	Asynchronous PD			
	33	11	Keystone Proctor Training	Keystone Proctor Training			
	34	18	KEYSTONE TESTING	Asynchronous PD			
	35	25	KEYSTONE TESTING	Asynchronous PD			
June	36	1	Principals	TBD			
	37	8	EOY	EOY Wrap Up			
*Calendar is subject to change based on the needs of the school.							

Month	Date	Host	Attendees	Agenda Info				
October	5	Diana and Melissa	All Staff	Welcome and SAP				
	10	Multiple Presenters	All Staff	PSSA/Keystone Testing				
	12	Diana and Melissa	All Staff	PASA Training				
	19	Async	All Staff	PASA Training				
	26	Async	All Staff	PASA Training				
November	2	Principal	Teachers	Principal Topic				
	9	Stefanie Solominie	All Staff	Health Benefits				
	16	PSTAT	All Staff	Complete PSTAT Training				
	23	NO PD	NO PD	Thanksgiving Break				
	30	Principal	Teachers	Principal Topic/TA Training for Keystone Assessments				
December	7	Dr. Kerry Helm (PDE)	Any one with Certification thru PDE	PDE Certifications				
	14	Principal	Teachers	Principal Topic				
	21	NO PD	NO PD	Winter Break				
January	4	NO PD	All Staff	First Day Back After Break				
	11	Doug Wessels/outside pre	All Staff	Wellness				
	18	Principal	Teachers	Principal Topic				
	25	NO PD	NO PD	End of Semester 1				
Month	Date	Host	Attendees	Agenda Info				
February	1	Diana/Melissa/Vicki	Teachers	What is DEI?				
	8	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms				
	15	Diana/Melissa/Vicki/Outsid	Teachers	Digital Library				
	22	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms				
March	1	Diana/Melissa/Vicki	Teachers	Implicit and Explicit Bias				
	8	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms				
	15	Diana/Melissa/Vicki	Teachers	Learning Ally				
	22	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms				
April	29	Individual/Async/Chris and	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms/SAC Training				
	5	NO PD	NO PD	Spring Break				
	12	Chris and Renee	All Staff	PSSA/Keystone Testing				
	19	Chris and Renee	All Staff	Make Up Day/TA Keystone Training				
May	26	Async	Teachers	DEI Topics				
	3	Async	Teachers	DEI Topics				
	10	Async	Teachers	DEI Topics				
	17	Async	Teachers	DEI Topics			Keystone Testing begins 5/16	
	24	Async	Teachers	DEI Topics				
June	31	Principal	Teachers	DEI Topics				
	7	Multiple Presenters	All Staff	End of Year Wrap Up				

Month	Date	Host	Attendees	Agenda Info					
	The schedule is subject to change based on the needs of the school.								

Month	Date	Host	Attendees	Agenda Info					
February	1	Diana/Melissa/Vicki	Teachers	What is DEI?					
	8	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms					
	15	Diana/Melissa/Vicki/Outsid	Teachers	Digital Library					
March	22	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms					
	1	Diana/Melissa/Vicki	Teachers	Implicit and Explicit Bias					
	8	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms					
	15	Diana/Melissa/Vicki	Teachers	Learning Ally					
	22	Individual/Async	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms					
April	29	Individual/Async/Chris and	Teachers	PDE Course--Self-Awareness and Reflective Practices for Equitable Classrooms/SAC Training					
	5	NO PD	NO PD	Spring Break					
	12	Chris and Renee	All Staff	PSSA/Keystone Testing					
	19	Chris and Renee	All Staff	Make Up Day/TA Keystone Training					
	26	Async	Teachers	DEI Topics					
	May	3	Async	Teachers	DEI Topics				
10		Async	Teachers	DEI Topics					
17		Async	Teachers	DEI Topics				Keystone Testing begins 5/16	
24		Async	Teachers	DEI Topics					
June	31	Principal	Teachers	DEI Topics					
	7	Multiple Presenters	All Staff	End of Year Wrap Up					
The schedule is subject to change based on the needs of the school.									



2023 -2024 Charter Renewal Application

Records of entering/uploading ACT 48 credits

(1 of 3 Pages)



2023 -2024 Charter Renewal Application

Records of entering/uploading ACT 48 credits
DEI

(1 of 5 Pages)

*****	Lorriene	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Kellene	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Robin	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	April	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Bethany	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Jenna	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Alyssa	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Natalie	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Jillian	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2
*****	Crystal	X	Intro to DEI and Equitable School Systems	Act 48 Professional Development Activity	Act 48 Professional Development	2	02/08/2023	03/29/2023	2



2024 -2029 Charter Renewal Application

Records of Inductees' Mentoring Experiences

Mentee Log Form

Use this form to record interactions between mentors and mentees

General Info

User **Sean DeBiase**
 Building PA VCS Grades 9 - 12
 Department High School 9-12
 Submitted 6/1/2023 4:01 pm
 Marked Complete 6/1/2023 4:01 pm
 Dates 6/1/2023 to 6/1/2023
 Reference ID D12306-A0-L116569329

Interaction

Interaction Type Mentee Log Submitted 6/1/2023
 (meeting, phone call, email, task, etc.)

#	Date	Time	Location
1.	Thu Jun 1, 2023	3:00 pm to 4:00 pm	Location: Ring Central
Total Time Met (.5, .75, 1 etc)		1.00	

Interaction Details

Was this a scheduled interaction? YES
 NO
 Which Category Does Your Meeting Fall Under
 Interaction Description Mentee Log Submission - covering activities from 06/01/2023 Through 06/01/2023.
 Indicate the items that need to be followed up on (if any)

Finish

Administrator's Section

Approval Summary

Administrator	Approval Type	Status	Date
Alcaro, Melissa	FINAL	COMPLETE	6/5/2023 12:51 pm

Log Summary

Start Date	6/1/2023 3:00 pm
End Date	6/1/2023 4:00 pm
Total Hours	1.00

Log Detail

	Date	Times	Activity Info	Hours
1.	06/01/2023	3:00 pm to 4:00 pm	Phone Call We spoke about the upcoming CDT schedule, finals and how the finals are going. We talked about how students have progressed throughout the year, and how motivation is declining from students as Summer approaches. We lastly spoke about the end of the year checklist, and when we will complete the listed items.	1.00

Expenses

Description	Requested	Approved	Final
Registration Fee	\$0.00	-----	\$0.00
Travel	\$0.00	-----	\$0.00
Meals	\$0.00	-----	\$0.00
Lodging	\$0.00	-----	\$0.00
Other Expenses	\$0.00	-----	\$0.00
Car	\$0.00	-----	\$0.00
Ground	\$0.00	-----	\$0.00
Totals	\$0.00	\$0.00	\$0.00

Mentee Log Form

Use this form to record interactions between mentors and mentees

General Info

User **Caley Glisan**
 Building PA VCS Grades 5-8
 Department Middle School 5-8
 Submitted 2/4/2023 1:57 pm
 Marked Complete 2/4/2023 1:57 pm
 Dates 2/3/2023 to 2/3/2023
 Reference ID D12306-A0-L114003382

Interaction

Interaction Type Mentee Log Submitted 2/4/2023
 (meeting, phone call, email,
 task, etc.)

#	Date	Time	Location
1.	Fri Feb 3, 2023	8:00 am to 9:00 am	Location: Home Office
Total Time Met (.5, .75, 1 etc)		2.00	

Interaction Details

Was this a scheduled
 interaction? YES
 NO

Which Category Does Your
 Meeting Fall Under

Interaction Description Mentee Log Submission - covering activities from 01/27/2023 Through 02/03/2023.

Indicate the items that need to
 be followed up on (if any)

Finish**Administrator's Section****Approval Summary**

Administrator	Approval Type	Status	Date
Alcaro, Melissa	FINAL	COMPLETE	2/9/2023 11:45 am

Log Summary

Start Date 1/27/2023 8:00 am
 End Date 2/3/2023 9:00 am
 Total Hours 2.00

Log Detail

	Date	Times	Activity Info	Hours
1.	01/27/2023	8:00 am to 9:00 am	Ring Video Call We talked about decision making based on CDT data. I shared with my mentor about my Mid-Year Observation and some of the data Lou talked to me about in our Mid-Year Observation meeting. We discussed Jigsaw issues. We discussed how to get students to complete multi-step problems. We talked about poor study habits and how to help students learn what's important and keep track of notes/complete assignments.	1.00
2.	02/03/2023	8:00 am to 9:00 am	Ring Video Call During our meeting, we discussed having students use Nearpod to show their work in math. At times using Nearpod can be very challenging, so if they use PowerPoints first to write in, they can then take a snip and put it in Nearpod. We also talked about the Jigsaw issues that have been disrupting our classes and how we've been dealing with those. Personal days and expense reports were also discussed. We talked about getting student motivation up and how important wait time is.	1.00

Expenses

Description	Requested	Approved	Final
Registration Fee	\$0.00	-----	\$0.00
Travel	\$0.00	-----	\$0.00
Meals	\$0.00	-----	\$0.00
Lodging	\$0.00	-----	\$0.00
Other Expenses	\$0.00	-----	\$0.00
Car	\$0.00	-----	\$0.00
Ground	\$0.00	-----	\$0.00
Totals	\$0.00	\$0.00	\$0.00

Mentee Log Form

Use this form to record interactions between mentors and mentees

General Info

User **Margaret Major**
 Building PA VCS Grades 9 - 12
 Department High School 9-12
 Submitted 11/18/2022 2:00 pm
 Marked Complete 11/18/2022 2:00 pm
 Dates 11/18/2022 to 11/18/2022
 Reference ID D12306-A0-L112634580

Interaction

Interaction Type Mentee Log Submitted 11/18/2022
 (meeting, phone call, email,
 task, etc.)

#	Date	Time	Location
1.	Fri Nov 18, 2022	12:00 pm to 2:00 pm	Location: Ring Central
Total Time Met (.5, .75, 1 etc)		2.00	

Interaction Details

Was this a scheduled
 interaction? YES
 NO

Which Category Does Your
 Meeting Fall Under

Interaction Description Mentee Log Submission - covering activities from 11/18/2022 Through 11/18/2022.

Indicate the items that need to
 be followed up on (if any)

Finish

Administrator's Section**Approval Summary**

Administrator	Approval Type	Status	Date
Alcaro, Melissa	FINAL	COMPLETE	11/22/2022 9:21 am

Log Summary

Start Date 11/18/2022 12:00 pm
 End Date 11/18/2022 2:00 pm
 Total Hours 2.00

Log Detail

	Date	Times	Activity Info	Hours
1.	11/18/2022	12:00 pm to 2:00 pm	Meeting We discussed the PAVCS organization, curriculum mapping, data and how it is used at PAVCS, Special Education leadership and meetings, the interaction of the board of trustees with curricular decisions, the chain of command and instructional leadership at PAVCS, progress monitoring, IEP expectations, ideas for improving instruction, instructional goals, and PAVCS vision.	2.00

Expenses

Description	Requested	Approved	Final
Registration Fee	\$0.00	-----	\$0.00
Travel	\$0.00	-----	\$0.00
Meals	\$0.00	-----	\$0.00
Lodging	\$0.00	-----	\$0.00
Other Expenses	\$0.00	-----	\$0.00
Car	\$0.00	-----	\$0.00
Ground	\$0.00	-----	\$0.00
Totals	\$0.00	\$0.00	\$0.00

Mentee Log Form

Use this form to record interactions between mentors and mentees

General Info

User **Jenny McMann**
 Building PA VCS Grades K - 4
 Department Elementary School K-4
 Submitted 11/16/2022 2:55 pm
 Marked Complete 11/16/2022 2:55 pm
 Dates 11/2/2022 to 11/2/2022
 Reference ID D12306-A0-L112582810

Interaction

Interaction Type Mentee Log Submitted 11/16/2022
 (meeting, phone call, email, task, etc.)

#	Date	Time	Location
1.	Wed Nov 2, 2022	2:00 pm to 3:15 pm	Location: Google Meet
Total Time Met (.5, .75, 1 etc)		3.25	

Interaction Details

Was this a scheduled interaction? YES
 NO
 Which Category Does Your Meeting Fall Under
 Interaction Description Mentee Log Submission - covering activities from 10/26/2022 Through 11/16/2022.
 Indicate the items that need to be followed up on (if any)

Finish

Administrator's Section

Approval Summary

Administrator	Approval Type	Status	Date
Alcaro, Melissa	FINAL	COMPLETE	11/21/2022 3:06 pm

Log Summary

Start Date	10/26/2022 2:00 pm
End Date	11/16/2022 3:00 pm
Total Hours	3.25

Log Detail

	Date	Times	Activity Info	Hours
1.	10/26/2022	2:00 pm to 3:00 pm	Google Meet Introductions, where to find notes in Sapphire and Educlimber, class readers, quarterly reports, breakout rooms in Jigsaw and Jamboard backgrounds.	1.00
2.	11/02/2022	2:00 pm to 3:15 pm	Meeting We talked about expense reports, the Read and Write program for students and where to find the form on Blackboard. How to add students to IXL, and setting up IEP meetings. We went over sending emails to parents and using the BCC option on emails for a meet-the-teacher letter.	1.25
3.	11/16/2022	2:00 pm to 3:00 pm	Google Meet We went over sending invitations to IEP meetings and logging the notification attempts. We sent the PSNs to parents. We also talked about EpicPen and how it can be used while teaching. We also talked about the PD for today.	1.00

Expenses

Description	Requested	Approved	Final
Registration Fee	\$0.00	-----	\$0.00
Travel	\$0.00	-----	\$0.00
Meals	\$0.00	-----	\$0.00
Lodging	\$0.00	-----	\$0.00
Other Expenses	\$0.00	-----	\$0.00
Car	\$0.00	-----	\$0.00
Ground	\$0.00	-----	\$0.00
Totals	\$0.00	\$0.00	\$0.00

Mentee Log Form

Use this form to record interactions between mentors and mentees

General Info

User **Melissa Yoest**
 Building PA VCS Grades 5-8
 Department Middle School 5-8
 Submitted 10/18/2022 5:29 pm
 Marked Complete 10/18/2022 5:29 pm
 Dates 10/11/2022 to 10/11/2022
 Reference ID D12306-A0-L111705113

Interaction

Interaction Type Mentee Log Submitted 10/18/2022
 (meeting, phone call, email, task, etc.)

#	Date	Time	Location
1.	Tue Oct 11, 2022	9:45 am to 11:00 am	Location: Ring Central
Total Time Met (.5, .75, 1 etc)		1.25	

Interaction Details

Was this a scheduled interaction? YES
 NO
 Which Category Does Your Meeting Fall Under
 Interaction Description Mentee Log Submission - covering activities from 10/11/2022 Through 10/11/2022.
 Indicate the items that need to be followed up on (if any)

Finish

Administrator's Section

Approval Summary

Administrator	Approval Type	Status	Date
Alcaro, Melissa	FINAL	COMPLETE	10/27/2022 11:39 am

Log Summary

Start Date	10/11/2022 9:45 am
End Date	10/11/2022 11:00 am
Total Hours	1.25

Log Detail

	Date	Times	Activity Info	Hours
1.	10/11/2022	9:45 am to 11:00 am	Meeting How to "align" Standards to assignments within BB, running BB reports (Class Performance), troubleshooting BB when reports aren't running, discussed Standards and Curriculum, IEP Reporting and Quarterlies	1.25

Expenses

Description	Requested	Approved	Final
Registration Fee	\$0.00	-----	\$0.00
Travel	\$0.00	-----	\$0.00
Meals	\$0.00	-----	\$0.00
Lodging	\$0.00	-----	\$0.00
Other Expenses	\$0.00	-----	\$0.00
Car	\$0.00	-----	\$0.00
Ground	\$0.00	-----	\$0.00
Totals	\$0.00	\$0.00	\$0.00

MENTORING AT PA VIRTUAL



WHY DO I NEED A MENTOR?



MENTORING SUPPORT OFFERED

Instructional support such as:

- Classroom management
- Standards-based instructional planning and implementation
- Standards-aligned teaching strategies
- Differentiated instruction and supports for struggling students
- Observations and conferencing with the beginning teacher
- Instruction for diverse learners in inclusive settings, including ELLs and students with IEPs
- Data-informed decision making

Professional support such as:

- Information about school policies and procedures
- Student formative and summative assessments and evaluation
- Educator Effectiveness in accordance with Act 82 of 2012 (22 Pa. Code §19.1)
- Information about quality professional development opportunities

Personal support such as:

- Introductions to other faculty and administrators
- Personal encouragement within the context of a confidential relationship
- Liaison to referral to other key people and resources**

**As outline in PDE's Educator's Induction Plan Guidelines

QUALITIES OF A SUCCESSFUL MENTEE

- Personal commitment to be involved with another person for an extended time.
- Flexibility. Successful mentees recognize that relationships take time to develop and that communication is a two-way street.
- Ability to recognize that mentoring is only ONE development tool.
- Openness. The mentee has to know and be able to discuss their needs and objectives with their mentor.
- Ability to listen and to accept different points of view.

PA VIRTUAL MENTORING PROGRAM OVERVIEW

- Veteran and New Teachers will be matched
- Weekly Meetings with Mentor
 - Submit Frontline Logs of Weekly Mentoring Meetings
 - 30 hours of Mentoring = Induction



TOPICS TO BE DISCUSSED

Topics
Code of Professional Practice and Conduct for Educators
Assessments
Best Instructional Practices
Safe and Supportive Schools
Standards
Curriculum
Instruction
Accommodations and Adaptations for diverse learners
Data informed decision making
Materials and Resources for Instruction

FRONTLINE LOGS

- 30 hours needed for induction
 - Can have more/Can't have less
 - 36 weeks of school
 - An hour a week
 - Built in time for PSSA/Keystone testing
- Submit hours at the end of each meeting
 - DO NOT WAIT until the end to submit the logs
 - Quarterly Updates will be provided

TRAINING

LinkedIn Learning

- **Being a Good Mentee (1 hour)**

Complete by August 26

Upload completed certificate to the Google Folder

https://drive.google.com/drive/folders/1eMPVdZP_I8480krLWm3yeqCc_d-YRkj?usp=sharing

Mentee Instructions:

<https://drive.google.com/file/d/1yz3x0xb66R1n1SSKLuIkE8eNb2H0OuPB/view?usp=sharing>

MENTORING AUGUST 18, 2022

The mediocre mentor tells.
The good mentor explains.
The superior mentor
demonstrates.
The greatest mentors
inspire!

- Lucia Ballas Traynor



REMEMBER...

The delicate balance of mentoring someone is not creating them in your own image, but giving them the opportunity to create themselves. ~Steven Spielberg

The qualities of effective mentors – as identified by participants in mentoring programs nationwide – may be organized into four general categories: attitude and character; professional competence and experience; communication skills; and interpersonal skills. Together with a willingness to serve and a vote of confidence by colleagues, these characteristics comprise guidelines for selecting mentors.

MENTORING SUPPORT OFFERED

Instructional support such as:

- Classroom management
- Standards-based instructional planning and implementation
- Standards-aligned teaching strategies
- Differentiated instruction and supports for struggling students
- Observations and conferencing with the beginning teacher
- Instruction for diverse learners in inclusive settings, including ELLs and students with IEPs
- Data-informed decision making

Professional support such as:

- Information about school policies and procedures
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TOPICS TO BE DISCUSSED

Topics
Code of Professional Practice and Conduct for Educators
Assessments
Best Instructional Practices
Safe and Supportive Schools
Standards
Curriculum
Instruction
Accommodations and Adaptations for diverse learners
Data informed decision making
Materials and Resources for Instruction

FRONTLINE LOGS

- 30 hours needed for induction
- Can have more/Can't have less
- 36 weeks of school
 - *An hour a week*
 - *Built in time for PSSA/Keystone testing*
- Submit hours at the end of each meeting
 - DO NOT WAIT until the end to submit the logs
 - Quarterly Updates will be provided

Mentor Instructions:

https://drive.google.com/file/d/1Tj_PuFMueXyPrs22kJLxZYqo4gUKbez/view?usp=sharing

Tips for Mentors

Make a special effort to be available to your mentee at least once every two months, away from the distractions of your work, if at all possible.

Interact and share – share your mistakes and struggles, as well as your successes.

Share your specific expectations for the relationship up-front with your mentee.

Invest time in learning about the aspiration, attributes and preferences of your mentee, the better you know your mentee the more detailed guidance you can provide.

Periodically identify special learning opportunities in your organization or in professional networks for your mentee.

Actively assist the mentee in developing his/her own personal network of professional contacts.

Honor any commitments to and confidences of your mentee.

Be clear about purpose and boundaries.

Periodically validate with your mentee the value of the information and counsel you are providing.

Provide honest, caring, regular, and diplomatic feedback to your mentee.

Listen deeply and ask powerful questions.

Maintain and respect privacy, honesty and integrity.

Accept that the relationship is temporary, but be alert for the possibility that it may exceed for a longer time frame, this should be a mutual agreement as to how you wish to proceed

Believe in your ability to mentor.

Make a list – preparing for your first meeting make a list of things that you would have wanted to know when you were in the position of the student you will be mentoring. List should include information about yourself (as the mentor) about the organization you work for and your position there, expectations concerning the mentor-mentee relationship.

Create an agenda to include: 1. Getting to know each other, 2. Logistics, 3. Goals and expectations, 4. Concerns that might interfere with meeting again, 5. Initial impressions, 6. Questions to ask the mentee, 7. Why you think you can be a worthy mentor etc.

Listening is Never Easy - Statements

Statements that help us to do this		Examples
<u>Statements that reflect back</u>		
Show that you understand how the person feels	Reflect the speaker's basic feelings	<i>"You seem very upset."</i>
Help the person think about his/her feelings after hearing them expressed by someone else		<i>"You sound rather cross."</i>
<u>Statements that summarise</u>		
Review progress	Restate major ideas expressed, including feelings	<i>"These seem to be the key ideas you have expressed..."</i>
Pull together important ideas and facts		<i>"What you seem to be saying is..."</i>
Establish a basis for further discussion		
<u>Statements that appreciation</u>		
Show you value the speaker	Acknowledge the importance of their concerns and feelings	<i>"I appreciate your willingness to talk about this."</i>
	Show appreciation for their efforts and actions	<i>"I'm glad you told me."</i>

More examples

Reflective statements: Verbally reflect back what your partner has just said. This helps you to check whether or not you understood your partner, and helps your partner feel understood.

For example:

- "So it seems that you're overwhelmed with your workload."
- "It seems that you are concerned about starting this tutorial on the new software because of the age of your computer."

Summarizing statements: Select main points from a conversation and bring them together in a complete statement. This helps to ensure that the message is received correctly.

For example, "Let me tell you what I heard, so I can be sure that I understand you. You said that the main thing bothering you today is a headache that won't go away and is worse at night. Is that right?"

Appreciation statements: Share your appropriate personal feelings, attitudes, opinions, and experiences to increase the intimacy of communication.

For example, "I can relate to your difficult situation, I have experienced something similar and recall being very frustrated. Hopefully I can assist you to figure out how to move forward."

Additional Types of Questions Used by Mentors

Type of Question	Purpose of Question	Examples
Reflective	Get mentee to say more about an issue and to explore it in more depth	"You said ... can you explain in more detail how you mean this?"
Hypothetical	Introduction of new ideas on the part of the mentor; making suggestions	"What about...?" "What if...?"
Justifying	Obtaining further information on reasons, attitudes, feelings	"Can you elaborate on what makes you think that?"
Probing	Discovering motivations, feelings and hidden concerns	"What would you perceive as the cause of this?" "When did you first experience that?"
Checking	Establishing whether the mentee has understood clearly	"Are you sure about that?" "Why do you feel this way?"

TRAINING

New Mentors

LinkedIn Learning

- How to be a Mentor (1 hour)
- Upload completed certificate to the Google Folder

https://drive.google.com/drive/folders/1yWMUqODJ_buJPtoaaeWXxvVICrTmeOWc?usp=sharing

Returning Mentors

- Complete this reflection survey (1 hour)

https://docs.google.com/forms/d/e/1FAIpQLSfPePVumXrG8c61JhHrFw6mKucDIJDOryZHf-fQTTvyZcprTQ/viewform?usp=sf_link

- After completing the survey and reflecting on your responses. In a brief Response typed in a word document, identify one mentoring strength and one mentoring challenge. Tell why and how to you use your strength to overcome your challenge. Upload your response into the Google Folder

https://drive.google.com/drive/folders/1yWMUqODJ_buJPtoaaeWXxvVICrTmeOWc?usp=sharing

Completed by the end of August, 2022

SAMPLE RESPONSE

After completing the survey and reflecting on my response, one of the strengths I identified is seeing the potential in others. This is a strength because I have worked with a new teacher who others has given up on; but I saw glimmers of potential. Through patience and more patience, this teacher gained confidence and was successful. One of my challenges is being a good listener. I often interrupt others when they are speaking and I listen to respond to understand. To improve my listening skills, I am going to deploy a timer on my phone and not respond to a speaker until the timer runs out.

Short to the point-6 sentences

NEXT STEPS

- Mentor/Mentee Meet and Greet
 - Thursday, August 19 from 11:45 – 12:45
 - Go to PD Org; Go to Collaborate Ultra; Go to Course Room
- Complete your training
- Begin working with your Mentee(s)
- Questions?
- Exit Ticket
- https://docs.google.com/forms/d/e/1FAIpQLScQHeAVL_Qotr2YIp9UREPgU1d4aW3d24CZiZ91KQUXKWXOCw/viewform?usp=sf_link





2024 -2029 Charter Renewal Application

Mentor List

First Name	Last Name	Program	Specific Job Responsibility
Leigh Ann	Allison	ES	K-2 Async
Katie	Barnett	ES	1
Lisa	Steen	ES	K
Jacquiene	Sieber	ES	4
Janae	Claar	ES	K
Kristen	Donaldson	HS	SPED LS Math
Pamela	Slater	HS	English
Zachary	Mehal	HS	Chemistry
Codie	McGeever	HS	English
Andrea	Wasil	HS	History
Jennifer	Slater	HS	Orientation
Jennifer	Burke	HS	Science
Sigrid	Gulbis	HS	Math
Stephen	Scholl	HS	PE
Patrick	Matusz	HS	Geography
Stacie	Steighner	HS	Math
Crystal	Widmann	HS	Guidance
Christina	Cheng	HS	Science
Cynthia	Willits	MS	6
Karen	Maddix	MS	Science
Lauren	Pepe	MS	Science
Debra	Adamo	MS	English
Robin	Elder	MS	Math/AS
Paula	Ramos	MS	AS 7/8
Kayla	Swarmer	MS	Sped 7/8
Sonja	Verton	ELL	K-12
Elise	Onjak	ES	Sped
Karen	Rockwell	MS	5
April	Oberholtzer	HS	Spanish
Mariane	Ferrantino	HS	Sped
Emily	Firko	MS	6th grade



2024 -2029 Charter Renewal Application

Annual Audits

(1 of 127 of Pages)



KING OF PRUSSIA, PENNSYLVANIA

FINANCIAL STATEMENTS

JUNE 30, 2017

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
JUNE 30, 2017

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INDEPENDENT AUDITOR'S REPORT

December 12, 2017

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Directors
Pennsylvania Virtual Charter School

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Pennsylvania Virtual Charter School as of June 30, 2017, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Pennsylvania Virtual Charter School's 2016 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated November 17, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2016 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 12, 2017 on our consideration of the School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control over financial reporting and compliance.


BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2017 AND 2016**

	2017	2016
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 8,766,222	\$ 8,428,863
Accounts receivable, net	3,280,224	2,889,042
Intergovernmental receivables	843,031	964,036
Prepaid expenses	228,727	288,594
Total Current Assets	13,118,204	12,570,535
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	3,999,840	3,982,551
Furniture and equipment	1,913,042	1,772,904
Computer equipment	1,811,538	2,010,000
Less: Accumulated depreciation	(2,719,750)	(3,899,981)
Property and Equipment, Net	5,923,562	4,784,366
Security deposits	36,691	43,238
TOTAL ASSETS	\$ 19,078,457	\$ 17,398,139
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 2,344,547	\$ 1,757,800
Other liabilities	541,139	768,110
Due to K-12, Inc.	698,837	669,788
Current portion of capital lease payable	553,525	55,833
Total Current Liabilities	4,138,048	3,251,531
NONCURRENT LIABILITIES:		
Capital lease payable	654,167	-
Compensated absences	57,145	47,144
Total Noncurrent Liabilities	711,312	47,144
Total Liabilities	4,849,360	3,298,675
NET ASSETS:		
Unrestricted	14,229,097	14,099,464
Total Net Assets	14,229,097	14,099,464
TOTAL LIABILITIES AND NET ASSETS	\$ 19,078,457	\$ 17,398,139

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2017
(With Summarized Totals for 2016)**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Totals</u>	
			<u>2017</u>	<u>2016</u>
PUBLIC SUPPORT AND REVENUE				
Public support:				
Operating subsidy	\$ 27,997,641	\$ -	\$ 27,997,641	\$ 28,929,005
Federal grants	-	1,076,906	1,076,906	1,086,652
Other income	28,213	-	28,213	37,740
Total Public Support	<u>28,025,854</u>	<u>1,076,906</u>	<u>29,102,760</u>	<u>30,053,397</u>
Net assets released from restriction:				
Satisfaction of program restrictions	1,076,906	(1,076,906)	-	-
TOTAL PUBLIC SUPPORT AND REVENUE	<u>29,102,760</u>	<u>-</u>	<u>29,102,760</u>	<u>30,053,397</u>
 EXPENSES				
Program services:				
Instruction	15,431,767	-	15,431,767	16,022,229
Operation of noninstructional services	4,445	-	4,445	5,651
IDEA	392,394	-	392,394	442,390
Title I grant	608,747	-	608,747	543,727
Title II grant	75,765	-	75,765	100,535
Total Program Services	<u>16,513,118</u>	<u>-</u>	<u>16,513,118</u>	<u>17,114,532</u>
Support services	12,460,009	-	12,460,009	12,218,159
TOTAL EXPENSES	<u>28,973,127</u>	<u>-</u>	<u>28,973,127</u>	<u>29,332,691</u>
 CHANGE IN NET ASSETS	129,633	-	129,633	720,706
 NET ASSETS, BEGINNING OF YEAR	<u>14,099,464</u>	<u>-</u>	<u>14,099,464</u>	<u>13,378,758</u>
 NET ASSETS, END OF YEAR	<u>\$ 14,229,097</u>	<u>\$ -</u>	<u>\$ 14,229,097</u>	<u>\$ 14,099,464</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2017
(With Summarized Totals for 2016)**

	Program Services					Total Program Services	Total Support Services	Totals	
	Instruction	Operation of Noninstructional Services	IDEA	Title I	Title II			2017	2016
Salaries	\$ 3,165,649	\$ -	\$ -	\$ 368,635	\$ -	\$ 3,534,284	\$ 6,376,110	\$ 9,910,394	\$ 9,888,901
Benefits and payroll taxes	2,057,669	-	-	229,612	-	2,287,281	3,386,234	5,673,515	5,098,337
Total Salaries and Related Expenses	5,223,318	-	-	598,247	-	5,821,565	9,762,344	15,583,909	14,987,238
Advertising expense	-	-	-	-	-	-	285,993	285,993	197,132
Depreciation and amortization	609,359	-	-	-	-	609,359	220,410	829,769	911,417
Dues and fees	1,451	-	-	-	-	1,451	60,050	61,501	87,434
Insurance	-	-	-	-	-	-	98,445	98,445	109,505
Instructional software	4,422,791	-	-	5,100	-	4,427,891	-	4,427,891	4,711,680
Interest expense	-	-	-	-	-	-	76,485	76,485	9,316
Legal services	-	-	-	-	-	-	343,127	343,127	446,594
Books and materials	2,138,481	-	-	-	-	2,138,481	815	2,139,296	2,421,790
Miscellaneous	-	-	-	-	-	-	17,696	17,696	8,961
Occupancy	-	-	-	-	-	-	400,887	400,887	415,343
Postage	87,224	-	-	-	-	87,224	36,576	123,800	184,721
Professional services	207,829	-	-	5,400	75,765	288,994	161,628	450,622	552,112
Rental expense	878	-	-	-	-	878	52,943	53,821	51,075
Repairs and maintenance	-	-	-	-	-	-	72,820	72,820	105,950
Special education services	1,711,599	-	392,394	-	-	2,103,993	-	2,103,993	1,974,702
Supplies and small equipment	466,771	-	-	-	-	466,771	377,525	844,296	1,030,178
Telephone and internet	499,432	-	-	-	-	499,432	273,311	772,743	827,841
Travel and entertainment	62,634	4,445	-	-	-	67,079	218,954	286,033	299,702
TOTAL EXPENSES	\$ 15,431,767	\$ 4,445	\$ 392,394	\$ 608,747	\$ 75,765	\$ 16,513,118	\$ 12,460,009	\$ 28,973,127	\$ 29,332,691

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2017 AND 2016**

	<u>2017</u>	<u>2016</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 129,633	\$ 720,706
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	829,769	911,417
(Increase) Decrease in:		
Accounts receivable	(391,182)	226,995
Intergovernmental receivables	121,005	(101,029)
Prepaid expenses	59,867	146,390
Increase (Decrease) in:		
Accounts payable	586,747	(183,774)
Other liabilities	(226,971)	337,280
Due to K-12, Inc.	29,049	(19,638)
Compensated absences	10,001	(9,584)
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>1,147,918</u>	<u>2,028,763</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of capital assets	(157,427)	(41,455)
Security deposits refunded (paid)	6,547	(16,840)
NET CASH USED BY INVESTING ACTIVITIES	<u>(150,880)</u>	<u>(58,295)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Capital lease payments	(659,679)	(670,000)
NET CASH USED BY FINANCING ACTIVITIES	<u>(659,679)</u>	<u>(670,000)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	337,359	1,300,468
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>8,428,863</u>	<u>7,128,395</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 8,766,222</u>	<u>\$ 8,428,863</u>
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 76,485</u>	<u>\$ 9,316</u>
Capital assets acquired through capital lease	<u>\$ 1,811,538</u>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2016, from which the summarized information was derived.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2017, the carrying amount of the School's deposits totaled \$8,766,222, and the bank balance was \$9,373,161. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$9,123,161 was exposed to custodial credit risk because it was uninsured and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2017 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 4,012,696
Other receivables	69
Less: Allowance for doubtful accounts	<u>(732,541)</u>
TOTAL	<u>\$ 3,280,224</u>

NOTE 5 INTERGOVERNMENTAL RECEIVABLES

Intergovernmental receivables consisted of the following at June 30, 2017:

Federal receivables	<u>\$ 843,031</u>
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PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance July 1, 2016	Additions	Deletions	Balance June 30, 2017
Land	\$ 918,892	\$ -	\$ -	\$ 918,892
Buildings and improvements	3,982,551	17,289	-	3,999,840
Furniture and equipment	1,772,904	140,138	-	1,913,042
Computer equipment	2,010,000	1,811,538	2,010,000	1,811,538
	<u>8,684,347</u>	<u>1,968,965</u>	<u>2,010,000</u>	<u>8,643,312</u>
Accumulated depreciation	<u>(3,899,981)</u>	<u>(829,769)</u>	<u>(2,010,000)</u>	<u>(2,719,750)</u>
Total Property and Equipment, Net	<u>\$ 4,784,366</u>	<u>\$ 1,139,196</u>	<u>\$ -</u>	<u>\$ 5,923,562</u>

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2019. Under this agreement, the School has purchased online curricula, instructional tools, materials, and other products totaling \$6,516,242 for the year ended June 30, 2017.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2017 was \$698,837.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$1,811,538 of computers under a capital lease agreement with monthly payments of \$56,624 commencing August 1, 2016 and expiring July 1, 2019. The leased computers are amortized over their estimated productive lives. Amortization of the computers under the capital lease is included in depreciation expense. At June 30, 2017, the School recorded \$553,525 of depreciation on the computers.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 8 CAPITAL LEASE OBLIGATION (cont'd)

Aggregate future minimum lease payments under the capital lease obligation as of June 30, 2017 are as follows:

<u>Year Ending June 30,</u>	
2018	\$ 622,860
2019	679,484
2020	<u>56,624</u>
Total future minimum lease payments	1,358,968
Less amount representing interest	<u>(151,276)</u>
Present value of future minimum lease payments	<u>\$ 1,207,692</u>

NOTE 9 OPERATING LEASES

The School leases office space at various locations throughout Pennsylvania. The lease terms range from three to four years, and rental payments increase annually. Lease expense for the year ended June 30, 2017 was \$316,891 and is included in occupancy in the statement of functional expenses.

The following is a schedule of minimum future rental payments under non-cancelable operating leasing arrangements having remaining terms in excess of one year as of June 30, 2017:

<u>For the Year Ending June 30,</u>	
2018	\$ 329,591
2019	<u>54,024</u>
	<u>\$ 383,615</u>

NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and certain healthcare insurance premium assistance to plan members and beneficiaries. The

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2017

NOTE 10 PENSION PLAN (cont'd)

Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended) provides the authority to establish and amend benefit provisions. The PSERS issues a comprehensive annual financial report that includes financial statements and required supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 17108-0125.

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2017, the rate of employer contribution was 30.03, allocated 29.20 percent to pensions and 0.83 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2017, 2016, and 2015 was \$2,754,165, \$2,310,494, and \$1,923,231, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

NOTE 12 SUBSEQUENT EVENTS

The School has evaluated all subsequent events through December 12, 2017, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION

INDEPENDENT AUDITOR'S
REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED
ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

December 12, 2017

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School, King of Prussia, Pennsylvania, ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 12, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

To the Board of Directors
Pennsylvania Virtual Charter School

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP

INDEPENDENT AUDITOR'S
REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTRC
OVER COMPLIANCE REQUIRED BY
THE UNIFORM GUIDANCE

December 12, 2017

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for the Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the School's major federal program for the year ended June 30, 2017. The School's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the School's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the School's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the School's major federal program. However, our audit does not provide a legal determination of the School's compliance.

To the Board of Directors
Pennsylvania Virtual Charter School

Opinion on the Major Program

In our opinion, the School complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2017.

Report on Internal Control Over Compliance

Management of the School is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the School's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the School's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2017**

<u>FEDERAL GRANTOR/PROJECT TITLE</u>	<u>SOURCE CODE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NUMBER</u>	<u>GRANT PERIOD BEGINNING/ ENDING DATES</u>	<u>GRANT AMOUNT</u>	<u>TOTAL RECEIVED FOR YEAR</u>	<u>ACCRUED (DEFERRED) REVENUE 07/01/2016</u>	<u>REVENUE RECOGNIZED</u>	<u>EXPENDITURES</u>	<u>ACCRUED (DEFERRED) REVENUE 06/30/2017</u>	<u>PASSED THROUGH TO SUB-RECIPIENTS</u>
U.S. DEPARTMENT OF EDUCATION											
Passed through Montgomery County I.U.											
IDEA	I	84.027	062-16-0025	07/01/15 - 06/30/16	\$ 442,390	\$ 442,390	\$ 442,390	\$ -	\$ -	\$ -	\$ -
IDEA	I	84.027	062-17-0025	07/01/16 - 06/30/17	392,394	-	-	392,394	392,394	392,394	-
Total CFDA #84.027						<u>442,390</u>	<u>442,390</u>	<u>392,394</u>	<u>392,394</u>	<u>392,394</u>	<u>-</u>
Passed through Pennsylvania Department of Education											
Title I Grants - Improving Basic Programs	I	84.010	013-161018	12/01/15 - 09/30/16	543,727	338,984	338,984	-	-	-	-
Title I Grants - Improving Basic Programs	I	84.010	013-171018	10/18/16 - 09/30/17	608,747	208,466	-	608,747	608,747	400,281	-
Total CFDA #84.010						<u>547,450</u>	<u>338,984</u>	<u>608,747</u>	<u>608,747</u>	<u>400,281</u>	<u>-</u>
Title II - Improving Teacher Quality	I	84.367	020-161018	12/01/15 - 09/30/16	77,322	46,323	46,323	-	-	-	-
Title II - Improving Teacher Quality	I	84.367	020-171018	10/18/16 - 09/30/17	75,765	25,409	-	75,765	75,765	50,356	-
Total CFDA #84.367						<u>71,732</u>	<u>46,323</u>	<u>75,765</u>	<u>75,765</u>	<u>50,356</u>	<u>-</u>
TOTAL U.S. DEPARTMENT OF EDUCATION						<u>1,061,572</u>	<u>827,697</u>	<u>1,076,906</u>	<u>1,076,906</u>	<u>843,031</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS						<u>\$ 1,061,572</u>	<u>\$ 827,697</u>	<u>\$ 1,076,906</u>	<u>\$ 1,076,906</u>	<u>\$ 843,031</u>	<u>\$ -</u>

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2017, there were no indirect costs included in the schedule of expenditures of federal awards.

**SCHEDULE OF
FINDINGS AND RECOMMENDATIONS**

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes _____ No
- Significant deficiency(ies) identified? _____ Yes _____ X None reported
- Noncompliance material to financial statements noted? _____ Yes _____ X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes _____ X No
- Significant deficiency(ies) identified? _____ Yes _____ X None reported

Type of auditor's report issued on compliance for major programs [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

_____ Yes _____ X No

Identification of major program:

CFDA Number

Name of Federal Program or Cluster

84.010

Title I Grants to Local Educational Agencies

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

_____ X Yes _____ No

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



KING OF PRUSSIA, PENNSYLVANIA

FINANCIAL STATEMENTS

JUNE 30, 2018

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
JUNE 30, 2018

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INDEPENDENT AUDITOR'S REPORT

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December 19, 2018

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of the Pennsylvania Virtual Charter School, a nonprofit organization, which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Directors
Pennsylvania Virtual Charter School

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Pennsylvania Virtual Charter School as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Pennsylvania Virtual Charter School's June 30, 2017 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated December 12, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 19, 2018, on our consideration of Pennsylvania Virtual Charter School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Pennsylvania Virtual Charter School's internal control over financial reporting and compliance.

Barbacane, Thornton & Company LLP

BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2018 AND 2017**

	2018	2017
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 7,313,168	\$ 8,766,222
Accounts receivable, net	4,337,737	3,280,224
Intergovernmental receivables	953,778	843,031
Prepaid expenses	281,327	228,727
Total Current Assets	12,886,010	13,118,204
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	4,027,275	3,999,840
Furniture and equipment	2,033,266	1,913,042
Computer equipment	1,811,538	1,811,538
Less: Accumulated depreciation Property and Equipment, Net	(3,543,783) 5,247,188	(2,719,750) 5,923,562
Security deposits	32,691	36,691
TOTAL ASSETS	\$ 18,165,889	\$ 19,078,457
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 1,868,233	\$ 2,344,547
Other liabilities	1,545,229	541,139
Due to K-12, Inc.	605,125	698,837
Current portion of capital lease payable	553,525	553,525
Total Current Liabilities	4,572,112	4,138,048
NONCURRENT LIABILITIES:		
Capital lease payable	50,321	654,167
Compensated absences	102,345	57,145
Total Noncurrent Liabilities	152,666	711,312
Total Liabilities	4,724,778	4,849,360
NET ASSETS:		
Unrestricted	13,441,111	14,229,097
Total Net Assets	13,441,111	14,229,097
TOTAL LIABILITIES AND NET ASSETS	\$ 18,165,889	\$ 19,078,457

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2018
(With Summarized Totals for 2017)**

	Unrestricted	Temporarily Restricted	Totals
	2018		2017
PUBLIC SUPPORT AND REVENUE			
Public support:			
Operating subsidy	\$ 29,583,922	-	\$ 29,583,922
Federal grants	-	1,173,096	1,173,096
Other income	323,907	-	323,907
Total Public Support	29,907,829	1,173,096	29,102,760
Net assets released from restriction:			
Satisfaction of program restrictions	1,173,096	(1,173,096)	-
TOTAL PUBLIC SUPPORT AND REVENUE	31,080,925	-	29,102,760
EXPENSES			
Program services:			
Instruction	18,115,614	-	18,115,614
Operation of noninstructional services	631	-	631
IDEA	391,018	-	391,018
Title I grant	685,615	-	685,615
Title II grant	81,378	-	81,378
Title IV grant	15,085	-	15,085
Total Program Services	19,289,341	-	19,289,341
Support services	12,579,570	-	12,579,570
TOTAL EXPENSES	31,868,911	-	28,973,127
CHANGE IN NET ASSETS	(787,986)	-	129,633
NET ASSETS, BEGINNING OF YEAR	14,229,097	-	14,099,464
NET ASSETS, END OF YEAR	\$ 13,441,111	\$ -	\$ 14,229,097

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2018
(With Summarized Totals for 2017)**

	Program Services						Total Support Services	Totals	
	Instruction	Operation of Noninstructional Services	IDEA	Title I	Title II	Title IV		Total Program Services	2018
Salaries	\$ 4,629,848	-	\$ -	\$ 538,530	\$ -	\$ -	\$ 6,229,082	\$ 11,397,460	\$ 9,910,394
Benefits and payroll taxes	3,456,997	-	-	139,485	-	-	3,729,678	7,326,160	5,673,515
Total Salaries and Related Expenses	8,086,845	-	-	678,015	-	-	9,958,760	18,723,620	15,583,909
Advertising expense	-	-	-	-	-	-	488,544	488,544	285,993
Depreciation and amortization	603,846	-	-	-	-	-	220,187	824,033	829,769
Dues and fees	1,706	-	-	1,706	-	-	77,494	79,200	61,501
Insurance	-	-	-	-	-	-	92,255	92,255	98,445
Instructional software	4,277,958	-	-	-	-	-	-	4,277,958	4,427,891
Interest expense	-	-	-	-	-	-	75,638	75,638	76,485
Legal services	-	-	-	-	-	-	197,087	197,087	343,127
Books and materials	2,118,167	-	-	-	-	-	84	2,118,251	2,139,296
Miscellaneous	-	-	-	-	-	-	3,121	3,121	17,696
Occupancy	-	-	-	-	-	-	383,305	383,305	400,887
Postage	80,256	-	-	-	-	-	34,289	114,545	123,800
Professional services	231,406	-	-	7,600	81,378	15,085	159,132	494,601	450,622
Rental expense	5,415	-	-	-	-	-	45,454	50,869	53,821
Repairs and maintenance	-	-	-	-	-	-	54,897	54,897	72,820
Special education services	1,476,646	-	391,018	-	-	-	-	1,867,664	2,103,993
Supplies and small equipment	614,173	-	-	-	-	-	392,474	1,006,647	844,296
Telephone and internet	573,346	-	-	-	-	-	257,081	830,427	772,743
Travel and entertainment	45,850	631	-	-	-	-	139,768	186,249	286,033
TOTAL EXPENSES	\$ 18,115,614	\$ 631	\$ 391,018	\$ 685,615	\$ 81,378	\$ 15,085	\$ 12,579,570	\$ 31,868,911	\$ 28,973,127

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (787,986)	\$ 129,633
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	824,033	829,769
(Increase) Decrease in:		
Accounts receivable	(1,057,513)	(391,182)
Intergovernmental receivables	(110,747)	121,005
Prepaid expenses	(52,600)	59,867
Increase (Decrease) in:		
Accounts payable	(476,314)	586,747
Other liabilities	1,004,090	(226,971)
Due to K-12, Inc.	(93,712)	29,049
Compensated absences	45,200	10,001
NET CASH (USED) PROVIDED BY OPERATING ACTIVITIES	<u>(705,549)</u>	<u>1,147,918</u>
 CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of capital assets	(147,659)	(157,427)
Security deposits refunded (paid)	4,000	6,547
NET CASH USED BY INVESTING ACTIVITIES	<u>(143,659)</u>	<u>(150,880)</u>
 CASH FLOWS FROM FINANCING ACTIVITIES:		
Capital lease payments	(603,846)	(659,679)
NET CASH USED BY FINANCING ACTIVITIES	<u>(603,846)</u>	<u>(659,679)</u>
 NET CHANGE IN CASH AND CASH EQUIVALENTS	(1,453,054)	337,359
 CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>8,766,222</u>	<u>8,428,863</u>
 CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 7,313,168</u>	<u>\$ 8,766,222</u>
 SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 75,638</u>	<u>\$ 76,485</u>
 Capital assets acquired through capital lease	<u>\$ -</u>	<u>\$ 1,811,538</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick and vacation days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2017, from which the summarized information was derived.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2018, the carrying amount of the School's deposits totaled \$7,313,168, and the bank balance was \$7,833,512. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$7,583,512 was exposed to custodial credit risk because it was uninsured and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2018 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 5,070,208
Less: Allowance for doubtful accounts	<u>(732,471)</u>
 TOTAL	 <u>\$ 4,337,737</u>

NOTE 5 INTERGOVERNMENTAL RECEIVABLES

Intergovernmental receivables consisted of the following at June 30, 2018:

Federal receivables	<u>\$ 953,778</u>
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PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance July 1, 2017	Additions	Deletions	Balance June 30, 2018
Land	\$ 918,892	\$ -	\$ -	\$ 918,892
Buildings and improvements	3,999,840	27,435	-	4,027,275
Furniture and equipment	1,913,042	120,224	-	2,033,266
Computer equipment	1,811,538	-	-	1,811,538
	<u>8,643,312</u>	<u>147,659</u>	<u>-</u>	<u>8,790,971</u>
Accumulated depreciation	<u>(2,719,750)</u>	<u>(824,033)</u>	<u>-</u>	<u>(3,543,783)</u>
Total Property and Equipment, Net	<u>\$ 5,923,562</u>	<u>\$ (676,374)</u>	<u>\$ -</u>	<u>\$ 5,247,188</u>

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2019. Under this agreement, the School has purchased online curricula, instructional tools, materials, and other products totaling \$6,587,784 for the year ended June 30, 2018.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2018 was \$605,125.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$1,811,538 of computers under a capital lease agreement with monthly payments of \$56,624 commencing August 1, 2016 and expiring July 1, 2019. The leased computers are amortized over their estimated productive lives. Amortization of the computers under the capital lease is included in depreciation expense. At June 30, 2018, the School recorded \$553,525 of depreciation on the computers.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 8 CAPITAL LEASE OBLIGATION (cont'd)

Aggregate future minimum lease payments under the capital lease obligation as of June 30, 2018 are as follows:

<u>Year Ending June 30,</u>	
2019	\$ 622,860
2020	56,624
Total future minimum lease payments	<u>679,484</u>
Less amount representing interest	<u>(75,638)</u>
Present value of future minimum lease payments	<u>\$ 603,846</u>

NOTE 9 OPERATING LEASES

The School leases office space at various locations throughout Pennsylvania. The lease terms range from three to four years, and rental payments increase annually. Lease expense for the year ended June 30, 2018 was \$277,140 and is included in occupancy in the statement of functional expenses.

The following is a schedule of minimum future rental payments under non-cancelable operating leasing arrangements having remaining terms in excess of one year as of June 30, 2018:

For the Year Ending June 30,

2019	\$ 110,976
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NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and certain healthcare insurance premium assistance to plan members and beneficiaries. The Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended)

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018

NOTE 10 PENSION PLAN (cont'd)

provides the authority to establish and amend benefit provisions. The PSERS issues a comprehensive annual financial report that includes financial statements and required supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 17108-0125.

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2018, the rate of employer contribution was 32.57, allocated 31.74 percent to pensions and 0.83 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2018, 2017, and 2016 was \$3,539,206, \$2,754,165, and \$2,310,494, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

NOTE 12 SUBSEQUENT EVENTS

The School has evaluated all subsequent events through December 19, 2018, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION

INDEPENDENT AUDITOR'S
REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED
ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

December 19, 2018

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 19, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

To the Board of Directors
Pennsylvania Virtual Charter School

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP

INDEPENDENT AUDITOR'S
REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY
THE UNIFORM GUIDANCE

December 19, 2018

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for the Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the School's major federal program for the year ended June 30, 2018. The School's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the School's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the School's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the School's major federal program. However, our audit does not provide a legal determination of the School's compliance.

To the Board of Directors
Pennsylvania Virtual Charter School

Opinion on the Major Program

In our opinion, the Pennsylvania Virtual Charter School complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2018.

Report on Internal Control Over Compliance

Management of the School is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the School's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the School's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of This Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2018**

<u>FEDERAL GRANTOR/PROJECT TITLE</u>	<u>SOURCE</u>	<u>FEDERAL</u>	<u>PASS-</u>	<u>GRANT PERIOD</u>	<u>GRANT</u>	<u>TOTAL</u>	<u>ACCRUED</u>	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>ACCRUED</u>	<u>PASSED</u>
<u>U.S. DEPARTMENT OF EDUCATION</u>	<u>CODE</u>	<u>CFDA</u>	<u>THROUGH</u>	<u>BEGINNING/</u>	<u>AMOUNT</u>	<u>RECEIVED</u>	<u>(DEFERRED)</u>	<u>RECOGNIZED</u>	<u>REVENUE</u>	<u>(DEFERRED)</u>	<u>THROUGH</u>
<u>Passed through Montgomery County I.U.</u>		<u>NUMBER</u>	<u>GRANTOR'S</u>	<u>ENDING DATES</u>		<u>FOR YEAR</u>	<u>REVENUE</u>		<u>EXPENDITURES</u>	<u>REVENUE</u>	<u>TO SUB-</u>
			<u>NUMBER</u>				<u>07/01/2017</u>			<u>06/30/2018</u>	<u>RECIPIENTS</u>
IDEA	I	84.027	062-17-0025	07/01/16 - 06/30/17	\$392,394	\$ 392,394	\$ 392,394	\$ -	\$ -	\$ -	\$ -
IDEA	I	84.027	062-18-0025	07/01/17 - 06/30/18	391,018	-	-	391,018	391,018	391,018	-
Total CFDA #84.027						<u>392,394</u>	<u>392,394</u>	<u>391,018</u>	<u>391,018</u>	<u>391,018</u>	<u>-</u>
Passed through Pennsylvania Department of Education											
Title I Grants - Improving Basic Programs	I	84.010	013-17-1018	10/18/16 - 09/30/17	608,747	400,281	400,281	-	-	-	-
Title I Grants - Improving Basic Programs	I	84.010	013-18-1018	08/29/17 - 09/30/18	685,615	192,073	-	685,615	685,615	493,542	-
Total CFDA #84.010						<u>592,354</u>	<u>400,281</u>	<u>685,615</u>	<u>685,615</u>	<u>493,542</u>	<u>-</u>
Title II - Improving Teacher Quality	I	84.367	020-17-1018	10/18/16 - 09/30/17	75,765	50,356	50,356	-	-	-	-
Title II - Improving Teacher Quality	I	84.367	020-18-1018	08/29/17 - 09/30/18	81,378	22,935	-	81,378	81,378	58,443	-
Total CFDA #84.367						<u>73,291</u>	<u>50,356</u>	<u>81,378</u>	<u>81,378</u>	<u>58,443</u>	<u>-</u>
Title IV - Student Support and Academic Enrichment	I	84.424	144-18-1018	08/29/17 - 09/30/18	15,085	4,310	-	15,085	15,085	10,775	-
TOTAL U.S. DEPARTMENT OF EDUCATION						<u>1,062,349</u>	<u>843,031</u>	<u>1,173,096</u>	<u>1,173,096</u>	<u>953,778</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS						<u>\$ 1,062,349</u>	<u>\$ 843,031</u>	<u>\$ 1,173,096</u>	<u>\$ 1,173,096</u>	<u>\$ 953,778</u>	<u>\$ -</u>

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2018, there were no indirect costs included in the schedule of expenditures of federal awards.

**SCHEDULE OF
FINDINGS AND RECOMMENDATIONS**

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X None reported
- Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X None reported

Type of auditor's report issued on compliance for major program [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

_____ Yes X No

Identification of major program:

CFDA Number
84.027

Name of Federal Program or Cluster
IDEA

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

 X Yes _____ No

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



PAVIRTUAL

CHARTER SCHOOL

A COMMUNITY OF PARTNERSHIP, LEARNING & ACHIEVEMENT

KING OF PRUSSIA PENNSYLVANIA

FINANCIAL STATEMENTS

JUNE 30, 2019

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
JUNE 30, 2019

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INDEPENDENT AUDITOR'S REPORT

November 26, 2019

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of the Pennsylvania Virtual Charter School, a nonprofit organization, which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation

To the Board of Directors
Pennsylvania Virtual Charter School

and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Pennsylvania Virtual Charter School as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2019, Pennsylvania Virtual Charter School, Inc. adopted the provisions of Financial Accounting Standards Board Accounting Standards Update 2016-14. Our opinion is not modified with respect to this matter.

Report on Summarized Comparative Information

We have previously audited the Pennsylvania Virtual Charter School's June 30, 2018 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated December 19, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

To the Board of Directors
Pennsylvania Virtual Charter School

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 26, 2019, on our consideration of Pennsylvania Virtual Charter School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Pennsylvania Virtual Charter School's internal control over financial reporting and compliance.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 7,294,236	\$ 7,313,168
Accounts receivable, net	3,761,224	4,337,737
Grants receivables	965,998	953,778
Prepaid expenses	295,892	281,327
Total Current Assets	<u>12,317,350</u>	<u>12,886,010</u>
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	4,312,258	4,027,275
Furniture and equipment	2,244,506	2,033,266
Computer equipment	1,811,538	1,811,538
Less: Accumulated depreciation	(4,423,800)	(3,543,783)
Property and Equipment, Net	<u>4,863,394</u>	<u>5,247,188</u>
Security deposits	<u>13,227</u>	<u>32,691</u>
TOTAL ASSETS	<u>\$ 17,193,971</u>	<u>\$ 18,165,889</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable	\$ 2,293,971	\$ 1,868,233
Other liabilities	1,803,302	1,545,229
Due to K-12, Inc.	607,639	605,125
Current portion of capital lease payable	-	553,525
Total Current Liabilities	<u>4,704,912</u>	<u>4,572,112</u>
NONCURRENT LIABILITIES:		
Capital lease payable	-	50,321
Compensated absences	113,930	102,345
Total Noncurrent Liabilities	<u>113,930</u>	<u>152,666</u>
Total Liabilities	<u>4,818,842</u>	<u>4,724,778</u>
NET ASSETS:		
Without donor restrictions	<u>12,375,129</u>	<u>13,441,111</u>
Total Net Assets	<u>12,375,129</u>	<u>13,441,111</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 17,193,971</u>	<u>\$ 18,165,889</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019
(With Summarized Totals for 2018)**

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2019	2018
PUBLIC SUPPORT AND REVENUE				
Public support:				
Operating subsidy	\$ 30,153,326	\$ -	\$ 30,153,326	\$ 29,406,311
Federal grants	-	1,224,027	1,224,027	1,173,096
State grants	-	178,483	178,483	177,611
Other income	150,866	-	150,866	323,907
Total Public Support	<u>30,304,192</u>	<u>1,402,510</u>	<u>31,706,702</u>	<u>31,080,925</u>
Net assets released from restriction:				
Satisfaction of program restrictions	1,402,510	(1,402,510)	-	-
TOTAL PUBLIC SUPPORT AND REVENUE	<u>31,706,702</u>	<u>-</u>	<u>31,706,702</u>	<u>31,080,925</u>
EXPENSES				
Program services:				
Instruction	19,040,513	-	19,040,513	18,115,614
Operation of noninstructional services	-	-	-	631
IDEA	405,802	-	405,802	391,018
Title I	691,940	-	691,940	685,615
Title II	76,712	-	76,712	81,378
Title IV	49,573	-	49,573	15,085
Total Program Services	<u>20,264,540</u>	<u>-</u>	<u>20,264,540</u>	<u>19,289,341</u>
Support services	12,508,144	-	12,508,144	12,579,570
TOTAL EXPENSES	<u>32,772,684</u>	<u>-</u>	<u>32,772,684</u>	<u>31,868,911</u>
CHANGE IN NET ASSETS	(1,065,982)	-	(1,065,982)	(787,986)
NET ASSETS, BEGINNING OF YEAR	<u>13,441,111</u>	<u>-</u>	<u>13,441,111</u>	<u>14,229,097</u>
NET ASSETS, END OF YEAR	<u>\$ 12,375,129</u>	<u>\$ -</u>	<u>\$ 12,375,129</u>	<u>\$ 13,441,111</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
(With Summarized Totals for 2018)**

	Program Services					Total Program Services	Support Services	Totals	
	Instruction	IDEA	Title I	Title II	Title IV			2019	2018
	Salaries	\$ 4,846,949	\$ -	\$ 533,003	\$ 76,712			\$ 45,823	\$ 5,502,487
Benefits and payroll taxes	3,568,433	-	156,984	-	-	3,725,417	4,099,562	7,824,979	7,326,160
Total Salaries and Related Expenses	8,415,382	-	689,987	76,712	45,823	9,227,904	10,305,089	19,532,993	18,723,620
Advertising expense	41,801	-	-	-	-	41,801	589,464	631,265	488,544
Depreciation and amortization	859,554	-	-	-	-	859,554	20,463	880,017	824,033
Dues and fees	2,177	-	1,953	-	-	4,130	123,334	127,464	79,200
Insurance	-	-	-	-	-	-	65,089	65,089	92,255
Instructional software	1,163,738	-	-	-	3,750	1,167,488	-	1,167,488	4,277,958
Interest expense	-	-	-	-	-	-	75,638	75,638	75,638
Legal services	-	-	-	-	-	-	167,758	167,758	197,087
Books and materials	6,097,087	-	-	-	-	6,097,087	-	6,097,087	2,118,251
Miscellaneous	-	-	-	-	-	-	32,877	32,877	3,121
Occupancy	-	-	-	-	-	-	263,177	263,177	383,305
Postage	3,732	-	-	-	-	3,732	125,725	129,457	114,545
Professional services	417,646	-	-	-	-	417,646	198,113	615,759	494,601
Rental expense	3,979	-	-	-	-	3,979	32,155	36,134	50,869
Repairs and maintenance	-	-	-	-	-	-	128,890	128,890	54,897
Special education services	1,512,636	405,802	-	-	-	1,918,438	-	1,918,438	1,867,664
Supplies and small equipment	252,818	-	-	-	-	252,818	-	252,818	1,006,647
Telephone and internet	225,472	-	-	-	-	225,472	252,639	478,111	830,427
Travel and entertainment	44,491	-	-	-	-	44,491	127,733	172,224	186,249
TOTAL EXPENSES	\$ 19,040,513	\$ 405,802	\$ 691,940	\$ 76,712	\$ 49,573	\$ 20,264,540	\$ 12,508,144	\$ 32,772,684	\$ 31,868,911

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (1,065,982)	\$ (787,986)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization	880,017	824,033
(Increase) Decrease in:		
Accounts receivable	576,513	(1,057,513)
Intergovernmental receivables	(12,220)	(110,747)
Prepaid expenses	(14,565)	(52,600)
Increase (Decrease) in:		
Accounts payable	425,738	(476,314)
Other liabilities	258,073	1,004,090
Due to K-12, Inc.	2,514	(93,712)
Compensated absences	11,585	45,200
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	<u>1,061,673</u>	<u>(705,549)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of capital assets	(496,223)	(147,659)
Security deposits refunded	19,464	4,000
NET CASH USED BY INVESTING ACTIVITIES	<u>(476,759)</u>	<u>(143,659)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Capital lease payments	(603,846)	(603,846)
NET CASH USED BY FINANCING ACTIVITIES	<u>(603,846)</u>	<u>(603,846)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(18,932)	(1,453,054)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>7,313,168</u>	<u>8,766,222</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 7,294,236</u>	<u>\$ 7,313,168</u>
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 75,638</u>	<u>\$ 75,638</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts and Grants Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

assessment of the current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick and vacation days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Expenses are allocated to program and supporting services based upon employees' time for each function, purpose of each expenditure, and service provided for each program.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Implementation of FASB ASU 2016-14

During the year ended June 30, 2019, the School implemented Financial Accounting Standards Board Accounting Standards Update 2016-14 ("FASB ASU 2016-14"). FASB ASU 2016-14 provides new and expanded guidance for financial reporting for not-for-profit entities. The implementation of FASB ASU 2016-14 has resulted in multiple changes to the School's financial reporting. Net assets are now categorized in two categories: net assets with donor restriction and net assets without donor restriction. In addition, the School has added disclosures related to its financial liquidity and the availability of financial assets for general expenditure within one year from each statement of financial position date.

This accounting guidance has been implemented retrospectively; however, the implementation of this guidance did not require restatement of prior accounting period balances.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2019, the carrying amount of the School's deposits totaled \$7,294,236, and the bank balance was \$7,586,280. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$7,336,280 was exposed to custodial credit risk because it was uninsured and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2019 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 4,493,696
Less: Allowance for doubtful accounts	<u>(732,472)</u>
TOTAL	<u>\$ 3,761,224</u>

NOTE 5 GRANTS RECEIVABLES

Grants receivables consisted of the following at June 30, 2019:

School Health Annual Reimbursement System (SHARRS)	\$ 42,145
Federal receivables	<u>923,853</u>
TOTAL	<u>\$ 965,998</u>

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance July 1, 2018	Additions	Deletions	Balance June 30, 2019
Land	\$ 918,892	\$ -	\$ -	\$ 918,892
Buildings and improvements	4,027,275	284,983	-	4,312,258
Furniture and equipment	2,033,266	211,240	-	2,244,506
Computer equipment	1,811,538	-	-	1,811,538
	<u>8,790,971</u>	<u>496,223</u>	-	<u>9,287,194</u>
Accumulated depreciation	(3,543,783)	(880,017)	-	(4,423,800)
Total Property and Equipment, Net	<u>\$ 5,247,188</u>	<u>\$ (383,794)</u>	\$ -	<u>\$ 4,863,394</u>

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2019. Under this agreement, the

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 7 DUE TO K-12, INC. (cont'd)

School has purchased online curricula, instructional tools, materials, and other products totaling \$6,097,087 for the year ended June 30, 2019.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2019 was \$607,639.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$1,811,538 of computers under a capital lease agreement with monthly payments of \$56,624 commencing August 1, 2016 and expiring July 1, 2019. The leased computers are amortized over their estimated productive lives. Amortization of the computers under the capital lease is included in depreciation expense. For the year ended June 30, 2019, the School recorded \$603,846 of depreciation on the computers. In the year ended June 30, 2019, the School paid off the capital lease in its entirety.

NOTE 9 OPERATING LEASES

The School leased office space at various locations throughout Pennsylvania. Lease expense for the year ended June 30, 2019 was \$103,569 and is included in occupancy in the statement of functional expenses.

NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 10 PENSION PLAN (cont'd)

certain healthcare insurance premium assistance to plan members and beneficiaries. The Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended) provides the authority to establish and amend benefit provisions. The PSERS issues a comprehensive annual financial report that includes financial statements and required supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 17108-0125.

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2019, the rate of employer contribution was 33.43, allocated 32.60 percent to pensions and 0.83 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2019, 2018, and 2017 was \$3,636,351, \$3,539,206, and \$2,754,165, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

NOTE 12 LIQUIDITY AND AVAILABILITY OF RESOURCES

The School's financial assets consist of cash and cash equivalents, accounts receivable, grants receivable, and prepaid expenses.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

NOTE 12 LIQUIDITY AND AVAILABILITY OF RESOURCES (cont'd)

The following reflects the School's financial assets as of June 30, 2019, reduced by amounts not available for general use within one year of the statement of financial position date.

Financial assets, at year-end	<u>\$12,317,350</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$12,317,350</u>

The School utilizes grant funding and funding from school districts for major capital expenditures and utilizes an annual budget and, therefore, does not include depreciation expense when evaluating operating expenses for liquidity purposes. The School has a policy to structure its financial assets to be available as its general expenses, liabilities, and other obligations come due.

NOTE 13 SUBSEQUENT EVENTS

In July 2019, the School entered into a capital lease agreement for student computers. The lease amounts to \$2,384,760, with \$783,984 due at signing and \$783,984 due on July 8 for each year of the lease. The lease will begin on July 8, 2019 and end on July 8, 2022.

The School has evaluated all subsequent events through November 26, 2019, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION



INDEPENDENT AUDITOR'S REPORT ON
INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

November 26, 2019

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 26, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

To the Board of Directors
Pennsylvania Virtual Charter School

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP



INDEPENDENT AUDITOR'S REPORT ON
COMPLIANCE FOR EACH MAJOR PROGRAM AND
ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

November 26, 2019

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for the Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the School's major federal program for the year ended June 30, 2019. The School's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the School's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the School's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

To the Board of Directors
Pennsylvania Virtual Charter School

We believe that our audit provides a reasonable basis for our opinion on compliance for the School's major federal program. However, our audit does not provide a legal determination of the School's compliance.

Opinion on the Major Program

In our opinion, the Pennsylvania Virtual Charter School complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2019.

Report on Internal Control Over Compliance

Management of the School is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the School's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the School's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of This Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2019**

<u>FEDERAL GRANTOR/PROJECT TITLE</u>	<u>SOURCE CODE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NUMBER</u>	<u>GRANT PERIOD BEGINNING/ ENDING DATES</u>	<u>GRANT AMOUNT</u>	<u>TOTAL RECEIVED FOR YEAR</u>	<u>ACCRUED (DEFERRED) REVENUE 07/01/2018</u>	<u>REVENUE RECOGNIZED</u>	<u>EXPENDITURES</u>	<u>ACCRUED (DEFERRED) REVENUE 06/30/2019</u>	<u>PASSED THROUGH TO SUB-RECIPIENTS</u>
<u>U.S. DEPARTMENT OF EDUCATION</u>											
<u>Passed through Montgomery County I.U.</u>											
IDEA	I	84.027	062-18-0025	07/01/17 - 06/30/18	391,018	391,018	391,018	-	-	-	\$ -
IDEA	I	84.027	062-19-0023	07/01/18 - 06/30/19	405,802	-	-	405,802	405,802	405,802	-
Total CFDA #84.027						<u>391,018</u>	<u>391,018</u>	<u>405,802</u>	<u>405,802</u>	<u>405,802</u>	<u>-</u>
<u>Passed through Pennsylvania Department of Education</u>											
Title I - Grants to Local Education Agencies	I	84.010	013-181018	08/29/17 - 09/30/18	685,615	493,542	493,542	-	-	-	-
Title I - Grants to Local Education Agencies	I	84.010	013-191018	08/31/18 - 09/30/19	691,940	253,937	-	691,940	691,940	438,003	-
Total CFDA #84.010						<u>747,478</u>	<u>493,542</u>	<u>691,940</u>	<u>691,940</u>	<u>438,003</u>	<u>-</u>
Title II - Improving Teacher Quality	I	84.367	020-181018	08/29/17 - 09/30/18	81,378	58,443	58,443	-	-	-	-
Title II - Improving Teacher Quality	I	84.367	020-191018	08/31/18 - 09/30/19	76,712	28,532	-	76,712	76,712	48,180	-
Total CFDA #84.367						<u>86,976</u>	<u>58,443</u>	<u>76,712</u>	<u>76,712</u>	<u>48,180</u>	<u>-</u>
Title IV - Student Support & Academic Enrichment	I	84.424	144-181018	08/29/17 - 09/30/18	15,085	10,775	10,775	-	-	-	-
Title IV - Student Support & Academic Enrichment	I	84.424	144-191018	08/31/18 - 09/30/19	49,573	17,705	-	49,573	49,573	31,868	-
Total CFDA #84.424						<u>28,480</u>	<u>10,775</u>	<u>49,573</u>	<u>49,573</u>	<u>31,868</u>	<u>-</u>
TOTAL U.S. DEPARTMENT OF EDUCATION						<u>1,253,952</u>	<u>953,778</u>	<u>1,224,027</u>	<u>1,224,027</u>	<u>923,853</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS						<u>\$ 1,253,952</u>	<u>\$ 953,778</u>	<u>\$ 1,224,027</u>	<u>\$ 1,224,027</u>	<u>\$ 923,853</u>	<u>\$ -</u>

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2019, there were no indirect costs included in the schedule of expenditures of federal awards.

**SCHEDULE OF
FINDINGS AND RECOMMENDATIONS**

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None reported
- Noncompliance material to financial statements noted? Yes No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes No
- Significant deficiency(ies) identified? Yes None reported

Type of auditor's report issued on compliance for major program [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

Yes No

Identification of major program:

CFDA Number _____

84.010

Name of Federal Program or Cluster _____

Title I – Grants to Local Educational Agencies

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

Yes No

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



KING OF PRUSSIA, PENNSYLVANIA

FINANCIAL STATEMENTS

JUNE 30, 2020

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
JUNE 30, 2020

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INDEPENDENT AUDITOR'S REPORT

December 1, 2020

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of the Pennsylvania Virtual Charter School, a nonprofit organization, which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

To the Board of Directors
Pennsylvania Virtual Charter School

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Pennsylvania Virtual Charter School as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Pennsylvania Virtual Charter School's June 30, 2019 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated November 26, 2019. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2019 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

To the Board of Directors
Pennsylvania Virtual Charter School

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 1, 2020, on our consideration of Pennsylvania Virtual Charter School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Pennsylvania Virtual Charter School's internal control over financial reporting and compliance.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 10,434,329	\$ 7,294,236
Accounts receivable, net	2,878,763	3,761,224
Grants receivables	1,003,488	965,998
Prepaid expenses	210,242	295,892
Total Current Assets	<u>14,526,822</u>	<u>12,317,350</u>
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	4,366,579	4,312,258
Furniture and equipment	2,244,506	2,244,506
Computer equipment	2,384,760	1,811,538
Less: Accumulated depreciation	<u>(3,778,469)</u>	<u>(4,423,800)</u>
Property and Equipment, Net	<u>6,136,268</u>	<u>4,863,394</u>
Security deposits	<u>737</u>	<u>13,227</u>
TOTAL ASSETS	<u>\$ 20,663,827</u>	<u>\$ 17,193,971</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable	\$ 2,604,246	\$ 2,293,971
Other liabilities	2,097,642	1,803,302
Due to K-12, Inc.	-	607,639
Current portion of capital lease payable	671,705	-
Total Current Liabilities	<u>5,373,593</u>	<u>4,704,912</u>
NONCURRENT LIABILITIES:		
Capital lease payable	928,676	-
Compensated absences	160,097	113,930
Notes payable	2,727,941	-
Total Noncurrent Liabilities	<u>3,816,714</u>	<u>113,930</u>
Total Liabilities	<u>9,190,307</u>	<u>4,818,842</u>
NET ASSETS:		
Without donor restrictions	<u>11,473,520</u>	<u>12,375,129</u>
Total Net Assets	<u>11,473,520</u>	<u>12,375,129</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 20,663,827</u>	<u>\$ 17,193,971</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2020
(With Summarized Totals for 2019)**

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2020	2019
PUBLIC SUPPORT AND REVENUE				
Public support:				
Operating subsidy	\$ 30,847,099	\$ -	\$ 30,847,099	\$ 30,153,326
Federal grants	-	1,190,348	1,190,348	1,224,027
State grants	-	177,518	177,518	178,483
Other income	1,143,769	-	1,143,769	150,866
Total Public Support	<u>31,990,868</u>	<u>1,367,866</u>	<u>33,358,734</u>	<u>31,706,702</u>
Net assets released from restriction:				
Satisfaction of program restrictions	1,367,866	(1,367,866)	-	-
TOTAL PUBLIC SUPPORT AND REVENUE	<u>33,358,734</u>	<u>-</u>	<u>33,358,734</u>	<u>31,706,702</u>
 EXPENSES				
Program services:				
Instruction	19,344,775	-	19,344,775	19,040,513
IDEA	393,402	-	393,402	405,802
Title I	678,759	-	678,759	691,940
Title II	66,400	-	66,400	76,712
Title IV	51,787	-	51,787	49,573
Total Program Services	<u>20,535,123</u>	<u>-</u>	<u>20,535,123</u>	<u>20,264,540</u>
Support services	13,725,220	-	13,725,220	12,508,144
TOTAL EXPENSES	<u>34,260,343</u>	<u>-</u>	<u>34,260,343</u>	<u>32,772,684</u>
 CHANGE IN NET ASSETS	(901,609)	-	(901,609)	(1,065,982)
 NET ASSETS, BEGINNING OF YEAR	<u>12,375,129</u>	<u>-</u>	<u>12,375,129</u>	<u>13,441,111</u>
 NET ASSETS, END OF YEAR	<u>\$ 11,473,520</u>	<u>\$ -</u>	<u>\$ 11,473,520</u>	<u>\$ 12,375,129</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2020
(With Summarized Totals for 2019)**

	Program Services					Total Program Services	Support Services	Totals	
	Instruction	IDEA	Title I	Title II	Title IV			2020	2019
Salaries	\$ 5,108,231	\$ -	\$ 646,763	\$ 66,400	\$ 51,787	\$ 5,873,181	\$ 6,508,124	\$12,381,305	\$11,708,014
Benefits and payroll taxes	3,872,997	-	31,321	-	-	3,904,318	4,612,095	8,516,413	7,824,979
Total Salaries and Related Expenses	8,981,228	-	678,084	66,400	51,787	9,777,499	11,120,219	20,897,718	19,532,993
Advertising expense	-	-	-	-	-	-	890,775	890,775	631,265
Depreciation	1,166,207	-	-	-	-	1,166,207	-	1,166,207	880,017
Dues and fees	4,977	-	675	-	-	5,652	136,114	141,766	127,464
Insurance	-	-	-	-	-	-	55,238	55,238	65,089
Instructional software	5,280,349	-	-	-	-	5,280,349	-	5,280,349	5,374,478
Interest expense	-	-	-	-	-	-	112,875	112,875	75,638
Legal services	-	-	-	-	-	-	-	-	167,758
Materials and books	1,514,836	-	-	-	-	1,514,836	-	1,514,836	1,890,097
Miscellaneous	-	-	-	-	-	-	10,057	10,057	32,877
Occupancy	-	-	-	-	-	-	72,372	72,372	263,177
Postage	2,419	-	-	-	-	2,419	147,594	150,013	129,457
Professional services	15,200	-	-	-	-	15,200	7,153	22,353	615,759
Rental expense	-	-	-	-	-	-	-	-	36,134
Repairs and maintenance	-	-	-	-	-	-	77,426	77,426	128,890
Special education services	2,080,007	393,402	-	-	-	2,473,409	-	2,473,409	1,918,438
Supplies and small equipment	181,271	-	-	-	-	181,271	-	181,271	252,818
Telephone and internet	89,682	-	-	-	-	89,682	985,254	1,074,936	478,111
Travel and entertainment	28,599	-	-	-	-	28,599	110,143	138,742	172,224
TOTAL EXPENSES	\$19,344,775	\$ 393,402	\$ 678,759	\$ 66,400	\$ 51,787	\$20,535,123	\$13,725,220	\$34,260,343	\$32,772,684

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (901,609)	\$ (1,065,982)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,166,207	880,017
(Increase) Decrease in:		
Accounts receivable	882,461	576,513
Grants receivable	(37,490)	(12,220)
Prepaid expenses	85,650	(14,565)
Increase (Decrease) in:		
Accounts payable	310,275	425,738
Other liabilities	294,340	258,073
Due to K-12, Inc.	(607,639)	2,514
Compensated absences	46,167	11,585
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>1,238,362</u>	<u>1,061,673</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	(54,321)	(496,223)
Security deposits refunded	12,490	19,464
NET CASH USED BY INVESTING ACTIVITIES	<u>(41,831)</u>	<u>(476,759)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from notes payable	2,727,941	-
Capital lease payments	(784,379)	(603,846)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	<u>1,943,562</u>	<u>(603,846)</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	3,140,093	(18,932)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>7,294,236</u>	<u>7,313,168</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 10,434,329</u>	<u>\$ 7,294,236</u>
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 112,875</u>	<u>\$ 75,638</u>
Capital assets acquired through capital lease	<u>\$ 2,384,760</u>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts and Grants Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through an assessment of the current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after management has used reasonable collection efforts are

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick and vacation days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Expenses are allocated to program and supporting services based upon employees' time for each function, purpose of each expenditure, and service provided for each program.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2019, from which the summarized information was derived.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2020, the carrying amount of the School's deposits totaled \$10,434,329, and the bank balance was \$11,116,195. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$10,866,195 was exposed to custodial credit risk because it was uninsured, and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2020 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 3,611,235
Less: Allowance for doubtful accounts	<u>(732,472)</u>
TOTAL	<u>\$ 2,878,763</u>

NOTE 5 GRANTS RECEIVABLES

Grants receivables consisted of the following at June 30, 2020:

School Health Annual Reimbursement System (SHARS)	\$ 42,143
Federal receivables	<u>961,345</u>
TOTAL	<u>\$ 1,003,488</u>

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance July 1, 2019	Additions	Deletions	Balance June 30, 2020
Land	\$ 918,892	\$ -	\$ -	\$ 918,892
Buildings and improvements	4,312,258	54,321	-	4,366,579
Furniture and equipment	2,244,506	-	-	2,244,506
Computer equipment	1,811,538	2,384,760	(1,811,538)	2,384,760
	<u>9,287,194</u>	<u>2,439,081</u>	<u>(1,811,538)</u>	<u>9,914,737</u>
Accumulated depreciation	(4,423,800)	(1,166,207)	1,811,538	(3,778,469)
Total Property and Equipment, Net	<u>\$ 4,863,394</u>	<u>\$ 1,272,874</u>	<u>\$ -</u>	<u>\$ 6,136,268</u>

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2024. Under this agreement, the School has purchased online curricula, instructional tools, materials, and other products totaling \$6,290,418 for the year ended June 30, 2020.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2020 was \$0.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$2,384,760 of computers under a capital lease agreement with payments due yearly on July 8 commencing July 8, 2019 and expiring July 8, 2022. The leased computers are depreciated over their estimated productive lives. Depreciation of the computers under the capital lease is included in depreciation expense. For the year ended June 30, 2020, the School recorded \$784,379 of depreciation on the computers. The table on the following page describes the future amounts due under the lease.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 8 CAPITAL LEASE OBLIGATION (cont'd)

<u>Year Ending June 30,</u>	<u>Principal Maturities</u>	<u>Interest Maturities</u>	<u>Total Maturities</u>
2021	\$ 671,705	\$ 63,678	\$ 735,383
2022	718,818	18,949	737,767
2023	209,858	1,229	211,087
	<u>\$ 1,600,381</u>	<u>\$ 83,856</u>	<u>\$ 1,684,237</u>

NOTE 9 SUBSCRIPTION AGREEMENT

In the current year, the School entered into a subscription agreement with Ring Central to provide monthly telephone and conferencing services. Subscription expense for the year ended June 30, 2020 was \$36,208 and is included in telephone and internet in the statement of functional expenses.

Future payments under this subscription agreement are as follows:

<u>Year Ending June 30,</u>	
2021	\$ 52,883
2022	52,883
2023	22,034
	<u>\$ 127,800</u>

NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and certain healthcare insurance premium assistance to plan members and beneficiaries. The Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended) provides the authority to establish and amend benefit provisions. The PSERS issues a comprehensive annual financial report that includes financial statements and required supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 17108-0125.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 10 PENSION PLAN (cont'd)

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2020, the rate of employer contribution was 34.29, allocated 33.36 percent to pensions, 0.09 percent to Act 5 defined contribution, and 0.84 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2020, 2019, and 2018 was \$4,163,940, \$3,636,351, and \$3,539,206, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

NOTE 12 UNCERTAINTIES

COVID-19 Pandemic

As a result of the spread of the COVID-19 coronavirus which was ongoing at June 30 2020, economic and operational uncertainties have arisen which may impact the School in fiscal year 2021. The extent of the potential impact is unknown as the COVID-19 pandemic continues to develop.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2020

NOTE 13 LIQUIDITY AND AVAILABILITY OF RESOURCES

The School's financial assets consist of cash and cash equivalents, accounts receivable, and grants receivable.

The following reflects the School's financial assets as of June 30, 2020, reduced by amounts not available for general use within one year of the statement of financial position date.

Financial assets, at year-end	<u>\$14,316,580</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$14,316,580</u>

The School utilizes grant funding and funding from school districts for major capital expenditures and utilizes an annual budget and, therefore, does not include depreciation expense when evaluating operating expenses for liquidity purposes. The School has a policy to structure its financial assets to be available as its general expenses, liabilities, and other obligations come due.

NOTE 14 PAYCHECK PROTECTION PROGRAM LOAN

On April 23, 2020, the Organization was granted a loan ("the Loan") from TD Bank in the aggregate amount of (\$2,723,402), pursuant to the Paycheck Protection Program ("the PPP") under Division A, Title I of the CARES Act, which was enacted March 27, 2020.

The Loan, which was in the form of a Note dated April 23, 2020 issued by the Organization, matures on April 23, 2022 and bears interest at a rate of one percent per annum, payable monthly commencing in February 2021 if not forgiven. The Note may be prepaid by the Organization at any time prior to maturity with no prepayment penalties. Funds from the Loan may only be used for payroll costs, costs used to continue group health care benefits, mortgage payments, rent, utilities, and interest on other debt obligations. The Organization intends to use the entire Loan amount for qualifying expenses. Under the terms of the PPP, certain amounts of the Loan may be forgiven if they are used for qualifying expenses as described in the CARES Act.

NOTE 15 SUBSEQUENT EVENTS

The School has evaluated all subsequent events through December 1, 2020, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION



INDEPENDENT AUDITOR'S REPORT ON
INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

December 1, 2020

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 1, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

To the Board of Directors
Pennsylvania Virtual Charter School

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP



INDEPENDENT AUDITOR'S REPORT ON
COMPLIANCE FOR EACH MAJOR PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

December 1, 2020

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for the Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the School's major federal program for the year ended June 30, 2020. The School's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the School's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the School's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

To the Board of Directors
Pennsylvania Virtual Charter School

We believe that our audit provides a reasonable basis for our opinion on compliance for the School's major federal program. However, our audit does not provide a legal determination of the School's compliance.

Opinion on the Major Program

In our opinion, the Pennsylvania Virtual Charter School complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2020.

Report on Internal Control Over Compliance

Management of the School is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the School's internal control over compliance with the types of requirements that could have a direct and material effect on its major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for its major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the School's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of This Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Barbacane, Thornton & Company LLP

BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2020**

FEDERAL GRANTOR/PROJECT TITLE	SOURCE CODE	FEDERAL CFDA NUMBER	PASS-THROUGH GRANTOR'S NUMBER	GRANT PERIOD BEGINNING/ENDING DATES	GRANT AMOUNT	TOTAL RECEIVED FOR YEAR	ACCRUED REVENUE 07/01/2019	REVENUE RECOGNIZED	EXPENDITURES	ACCRUED REVENUE 06/30/2020	PASSED THROUGH TO SUB-RECIPIENTS
U.S. DEPARTMENT OF EDUCATION											
Passed through Montgomery County I.U.											
IDEA	I	84.027	062-19-0023	07/01/18 - 06/30/19	\$405,802	\$ 405,802	\$ 405,802	\$ -	\$ -	\$ -	\$ -
IDEA	I	84.027	062-20-0023	07/01/19 - 06/30/20	393,402	-	-	393,402	393,402	393,402	-
Total CFDA #84.027						<u>405,802</u>	<u>405,802</u>	<u>393,402</u>	<u>393,402</u>	<u>393,402</u>	<u>-</u>
Passed through Pennsylvania Department of Education											
Title I - Grants to Local Education Agencies	I	84.010	013-19-1018	08/31/18 - 09/30/19	691,940	438,003	438,003	-	-	-	-
Title I - Grants to Local Education Agencies	I	84.010	013-20-1018	08/19/19 - 09/30/20	678,759	194,083	-	678,759	678,759	484,676	-
Total CFDA #84.010						<u>632,086</u>	<u>438,003</u>	<u>678,759</u>	<u>678,759</u>	<u>484,676</u>	<u>-</u>
Title II - Improving Teacher Quality	I	84.367	020-19-1018	08/31/18 - 09/30/19	76,712	48,180	48,180	-	-	-	-
Title II - Improving Teacher Quality	I	84.367	020-20-1018	08/19/19 - 09/30/20	66,400	20,124	-	66,400	66,400	46,276	-
Total CFDA #84.367						<u>68,304</u>	<u>48,180</u>	<u>66,400</u>	<u>66,400</u>	<u>46,276</u>	<u>-</u>
Title IV - Student Support and Academic Enrichment	I	84.424	144-19-1018	08/31/18 - 09/30/19	49,573	31,868	31,868	-	-	-	-
Title IV - Student Support and Academic Enrichment	I	84.424	144-20-1018	08/19/19 - 09/30/20	51,787	14,796	-	51,787	51,787	36,991	-
Total CFDA #84.424						<u>46,664</u>	<u>31,868</u>	<u>51,787</u>	<u>51,787</u>	<u>36,991</u>	<u>-</u>
TOTAL U.S. DEPARTMENT OF EDUCATION						<u>1,152,856</u>	<u>923,853</u>	<u>1,190,348</u>	<u>1,190,348</u>	<u>961,345</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS						<u>\$ 1,152,856</u>	<u>\$ 923,853</u>	<u>\$ 1,190,348</u>	<u>\$ 1,190,348</u>	<u>\$ 961,345</u>	<u>\$ -</u>

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2020, there were no indirect costs included in the schedule of expenditures of federal awards.

**SCHEDULE OF
FINDINGS AND RECOMMENDATIONS**

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes X No
- Significant deficiency(ies) identified? Yes X None reported
- Noncompliance material to financial statements noted? Yes X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes X No
- Significant deficiency(ies) identified? Yes X None reported

Type of auditor's report issued on compliance for major program [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

 Yes X No

Identification of major program:

CFDA Number

Name of Federal Program or Cluster

84.010

Title I – Grants to Local Educational Agencies

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

 X Yes No

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



KING OF PRUSSIA, PENNSYLVANIA

FINANCIAL STATEMENTS

JUNE 30, 2021

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
JUNE 30, 2021

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INDEPENDENT AUDITOR'S REPORT

February 22, 2022

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of the Pennsylvania Virtual Charter School, a nonprofit organization, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

To the Board of Directors
Pennsylvania Virtual Charter School

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Pennsylvania Virtual Charter School as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Pennsylvania Virtual Charter School's June 30, 2020 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated December 1, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matter

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

To the Board of Directors
Pennsylvania Virtual Charter School

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 22, 2022, on our consideration of Pennsylvania Virtual Charter School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Pennsylvania Virtual Charter School's internal control over financial reporting and compliance.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2021 AND 2020**

	2021	2020
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 14,283,626	\$ 10,434,329
Accounts receivable, net	3,365,180	2,878,763
Grants receivables	1,661,633	1,003,488
Prepaid expenses	145,471	210,242
Total Current Assets	19,455,910	14,526,822
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	4,376,323	4,366,579
Furniture and equipment	2,326,797	2,244,506
Computer equipment	2,865,726	2,384,760
Less: Accumulated depreciation	(5,044,819)	(3,778,469)
Property and Equipment, Net	5,442,919	6,136,268
Security deposits	-	737
TOTAL ASSETS	\$ 24,898,829	\$ 20,663,827
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 830,928	\$ 2,604,246
Other liabilities	3,605,885	2,097,642
Due to K-12, Inc.	537,929	-
Current portion of capital lease payable	241,255	671,705
Total Current Liabilities	5,215,997	5,373,593
NONCURRENT LIABILITIES:		
Capital lease payable	41,706	928,676
Compensated absences	179,972	160,097
Notes payable	-	2,727,941
Total Noncurrent Liabilities	221,678	3,816,714
Total Liabilities	5,437,675	9,190,307
NET ASSETS:		
Without donor restrictions	19,461,154	11,473,520
Total Net Assets	19,461,154	11,473,520
TOTAL LIABILITIES AND NET ASSETS	\$ 24,898,829	\$ 20,663,827

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2021
(With Summarized Totals for 2020)**

	Without Donor Restrictions	With Donor Restrictions	Totals	
			2021	2020
PUBLIC SUPPORT AND REVENUE				
Public support:				
Operating subsidy	\$ 44,139,976	\$ -	\$ 44,139,976	\$ 30,847,099
Federal grants	-	1,942,691	1,942,691	1,190,348
State grants	-	171,607	171,607	177,518
Other income	2,813,811	-	2,813,811	1,143,769
Total Public Support	<u>46,953,787</u>	<u>2,114,298</u>	<u>49,068,085</u>	<u>33,358,734</u>
Net assets released from restriction:				
Satisfaction of program restrictions	2,114,298	(2,114,298)	-	-
TOTAL PUBLIC SUPPORT AND REVENUE	<u>49,068,085</u>	<u>-</u>	<u>49,068,085</u>	<u>33,358,734</u>
 EXPENSES				
Program services:				
Instruction	21,220,070	-	21,220,070	19,344,775
IDEA	381,001	-	381,001	393,402
Title I	860,847	-	860,847	678,759
Title II	91,872	-	91,872	66,400
Title IV	51,476	-	51,476	51,787
ESSER	557,495	-	557,495	-
Total Program Services	<u>23,162,761</u>	<u>-</u>	<u>23,162,761</u>	<u>20,535,123</u>
Support services	17,917,690	-	17,917,690	13,725,220
TOTAL EXPENSES	<u>41,080,451</u>	<u>-</u>	<u>41,080,451</u>	<u>34,260,343</u>
 CHANGE IN NET ASSETS	7,987,634	-	7,987,634	(901,609)
 NET ASSETS, BEGINNING OF YEAR	<u>11,473,520</u>	<u>-</u>	<u>11,473,520</u>	<u>12,375,129</u>
 NET ASSETS, END OF YEAR	<u>\$ 19,461,154</u>	<u>\$ -</u>	<u>\$ 19,461,154</u>	<u>\$ 11,473,520</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2021
(With Summarized Totals for 2020)**

	Program Services						Total Program Services	Support Services	Totals	
	Instruction	IDEA	Title I	Title II	Title IV	ESSER			2021	2020
	Salaries	\$ 5,447,578	\$ -	\$ 816,206	\$ 91,872	\$ 51,476			\$ 225,656	\$ 6,632,788
Benefits and payroll taxes	4,513,425	-	42,958	-	-	-	4,556,383	5,778,858	10,335,241	8,516,413
Total Salaries and Related Expenses	9,961,003	-	859,164	91,872	51,476	225,656	11,189,171	15,159,945	26,349,116	20,897,718
Advertising expense	-	-	-	-	-	-	-	865,738	865,738	890,775
Depreciation	1,026,541	-	-	-	-	-	1,026,541	239,809	1,266,350	1,166,207
Dues and fees	3,796	-	1,683	-	-	-	5,479	173,707	179,186	141,766
Insurance	-	-	-	-	-	-	-	69,355	69,355	55,238
Instructional software	5,600,282	-	-	-	-	261,958	5,862,240	-	5,862,240	5,280,349
Interest expense	-	-	-	-	-	-	-	107,503	107,503	112,875
Legal services	-	-	-	-	-	-	-	2,160	2,160	-
Materials and books	1,973,692	-	-	-	-	-	1,973,692	-	1,973,692	1,514,836
Miscellaneous	-	-	-	-	-	-	-	60	60	10,057
Occupancy	-	-	-	-	-	-	-	431,254	431,254	72,372
Postage	10,345	-	-	-	-	-	10,345	162,943	173,288	150,013
Professional services	27,787	-	-	-	-	-	27,787	13,076	40,863	22,353
Rental expense	-	-	-	-	-	-	-	-	-	-
Repairs and maintenance	-	-	-	-	-	-	-	115,372	115,372	77,426
Special education services	2,166,482	381,001	-	-	-	-	2,547,483	-	2,547,483	2,473,409
Supplies and small equipment	143,803	-	-	-	-	59,556	203,359	-	203,359	181,271
Telephone and internet	302,083	-	-	-	-	10,325	312,408	517,472	829,880	1,074,936
Travel and entertainment	4,256	-	-	-	-	-	4,256	59,296	63,552	138,742
TOTAL EXPENSES	\$ 21,220,070	\$ 381,001	\$ 860,847	\$ 91,872	\$ 51,476	\$ 557,495	\$ 23,162,761	\$ 17,917,690	\$ 41,080,451	\$ 34,260,343

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 7,987,634	\$ (901,609)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,266,350	1,166,207
Paycheck Protection Program loan forgiveness	(2,727,941)	-
(Increase) Decrease in:		
Accounts receivable	(486,417)	882,461
Grants receivable	(658,145)	(37,490)
Prepaid expenses	64,771	85,650
Increase (Decrease) in:		
Accounts payable	(1,773,318)	310,275
Other liabilities	1,508,243	294,340
Due to K-12, Inc.	537,929	(607,639)
Compensated absences	19,875	46,167
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>5,738,981</u>	<u>1,238,362</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	(92,035)	(54,321)
Security deposits refunded	737	12,490
NET CASH USED BY INVESTING ACTIVITIES	<u>(91,298)</u>	<u>(41,831)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from notes payable	-	2,727,941
Capital lease payments	(1,798,386)	(784,379)
NET CASH (USED) PROVIDED BY FINANCING ACTIVITIES	<u>(1,798,386)</u>	<u>1,943,562</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	3,849,297	3,140,093
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>10,434,329</u>	<u>7,294,236</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 14,283,626</u>	<u>\$ 10,434,329</u>
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 107,503</u>	<u>\$ 112,875</u>
Capital assets acquired through capital lease	<u>\$ 480,966</u>	<u>\$ 2,384,760</u>
Paycheck Protection Program loan forgiveness	<u>\$ 2,727,941</u>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts and Grants Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through an assessment of the current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick and vacation days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Expenses are allocated to program and supporting services based upon employees' time for each function, purpose of each expenditure, and service provided for each program.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2020, from which the summarized information was derived.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2021, the carrying amount of the School's deposits totaled \$14,283,626, and the bank balance was \$14,705,708. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$14,455,708 was exposed to custodial credit risk because it was uninsured, and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2021 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 4,097,652
Less: Allowance for doubtful accounts	<u>(732,472)</u>
TOTAL	<u>\$ 3,365,180</u>

NOTE 5 GRANTS RECEIVABLES

Grants receivables consisted of the following at June 30, 2021:

School Health Annual Reimbursement System (SHARS)	\$ 38,706
Federal receivables	<u>1,622,927</u>
TOTAL	<u>\$ 1,661,633</u>

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance July 1, 2020	Additions	Deletions	Balance June 30, 2021
Land	\$ 918,892	\$ -	\$ -	\$ 918,892
Buildings and improvements	4,366,579	9,744	-	4,376,323
Furniture and equipment	2,244,506	82,291	-	2,326,797
Computer equipment	2,384,760	480,966	-	2,865,726
	9,914,737	573,001	-	10,487,738
Accumulated depreciation	(3,778,469)	(1,266,350)	-	(5,044,819)
Total Property and Equipment, Net	<u>\$ 6,136,268</u>	<u>\$ (693,349)</u>	<u>\$ -</u>	<u>\$ 5,442,919</u>

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2024. Under this agreement, the School has purchased online curricula, instructional tools, materials, and other products totaling \$5,702,116 for the year ended June 30, 2021.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2021 was \$537,929.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$2,384,760 of computers under a capital lease agreement with payments due yearly on July 8, commencing on July 8, 2019 and expiring on July 8, 2022. The School also acquired \$240,483 of computers under capital lease with payments due on yearly on August 1, commencing on August 1, 2021 and expiring on August 1, 2022. Additionally, the School acquired \$480,966 of computers under capital lease with payments due on yearly on August 1, commencing on August 1, 2021 and expiring on August 1, 2022. The leased

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
 NOTES TO FINANCIAL STATEMENTS
 JUNE 30, 2021

NOTE 8 CAPITAL LEASE OBLIGATION (cont'd)

computers are depreciated over their estimated productive lives. Depreciation of the computers under the capital lease is included in depreciation expense. For the year ended June 30, 2021, the School recorded \$784,379 of depreciation on the computers. The table below describes the future amounts due under the lease.

Year Ending June 30,	Principal Maturities	Interest Maturities	Total Maturities
2022	\$ 241,255	\$ 34,607	\$ 275,862
2023	41,706	3,294	45,000
	\$ 282,961	\$ 37,901	\$ 320,862

NOTE 9 SUBSCRIPTION AGREEMENT

In the current year, the School entered into a subscription agreement with Ring Central to provide monthly telephone and conferencing services. Subscription expense for the year ended June 30, 2021 was \$52,883 and is included in telephone and internet in the statement of functional expenses.

Future payments under this subscription agreement are as follows:

Year Ending June 30,	
2022	\$ 52,883
2023	22,034
	\$ 74,917

NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and certain healthcare insurance premium assistance to plan members and beneficiaries. The Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended) provides the authority to establish and amend benefit provisions. The PSERS issues an annual comprehensive financial report that includes financial statements and required

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 10 PENSION PLAN (cont'd)

supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 17108-0125.

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2021, the rate of employer contribution was 34.51, allocated 33.51 percent to pensions, 0.18 percent to Act 5 defined contribution, and 0.82 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2021, 2020, and 2019 was \$5,038,506, \$4,163,940, and \$3,636,351, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

NOTE 12 UNCERTAINTIES

COVID-19 Pandemic

As a result of the spread of the COVID-19 coronavirus which is ongoing at June 30, 2021, economic and operational uncertainties have arisen which could impact the School in fiscal year 2022. The extent of the potential impact is unknown as the COVID-19 pandemic continues to develop.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 13 LIQUIDITY AND AVAILABILITY OF RESOURCES

The School's financial assets consist of cash and cash equivalents, accounts receivable, and grants receivable.

The following reflects the School's financial assets as of June 30, 2021, reduced by amounts not available for general use within one year of the statement of financial position date.

Financial assets, at year-end	<u>\$19,310,439</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$19,310,439</u>

The School utilizes grant funding and funding from school districts for major capital expenditures and utilizes an annual budget and, therefore, does not include depreciation expense when evaluating operating expenses for liquidity purposes. The School has a policy to structure its financial assets to be available as its general expenses, liabilities, and other obligations come due.

NOTE 14 PAYCHECK PROTECTION PROGRAM LOAN

On April 23, 2020, the School was granted a loan ("the Loan") from TD Bank in the aggregate amount of (\$2,723,402), pursuant to the Paycheck Protection Program ("the PPP") under Division A, Title I of the CARES Act, which was enacted on March 27, 2020. During the year ended June 30, 2020, the School accrued interest of \$4,539 on the loan.

The Loan, which was in the form of a Note dated April 23, 2020 issued by the School, matures on April 23, 2022 and bears interest at a rate of one percent per annum, payable monthly installments. If the School fails to apply for loan forgiveness or if partial forgiveness is granted, the School will be obligated to repay the Lender the principal sum which remains outstanding, including principal and accrued interest, on a payment schedule to be provided by the Lender. The outstanding principal and all accrued and unpaid interest thereon shall be due and payable on April 23, 2022.

The loan was forgiven in full (including interest) on June 16, 2021. The total forgiven amount was \$2,723,402. Accrued interest was not included in the forgiveness amount, but was written off by the School upon forgiveness.

NOTE 15 SUBSEQUENT EVENTS

The School has evaluated all subsequent events through February 22, 2022, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION



INDEPENDENT AUDITOR'S REPORT ON
INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

February 22, 2022

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 22, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

To the Board of Directors
Pennsylvania Virtual Charter School

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.


BARBACANE, THORNTON & COMPANY LLP



INDEPENDENT AUDITOR'S REPORT ON
COMPLIANCE FOR EACH MAJOR PROGRAM AND
ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

February 22, 2022

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for Each Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements described in the OMB *Compliance Supplement* that could have a direct and material effect on the School's major federal programs for the year ended June 30, 2021. The School's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the School's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the School's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

To the Board of Directors
Pennsylvania Virtual Charter School

We believe that our audit provides a reasonable basis for our opinion on compliance for the School's major federal programs. However, our audit does not provide a legal determination of the School's compliance.

Opinion on Each Major Program

In our opinion, the Pennsylvania Virtual Charter School complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each major federal program for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of the School is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the School's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the School's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Purpose of This Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2021**

<u>FEDERAL GRANTOR/PROJECT TITLE</u>	<u>SOURCE CODE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NUMBER</u>	<u>GRANT PERIOD BEGINNING/ ENDING DATES</u>	<u>GRANT AMOUNT</u>	<u>TOTAL RECEIVED FOR YEAR</u>	<u>ACCRUED REVENUE 07/01/2020</u>	<u>REVENUE RECOGNIZED</u>	<u>EXPENDITURES</u>	<u>ACCRUED REVENUE 06/30/2021</u>	<u>AMOUNT PASSED THROUGH TO SUB-RECIPIENTS</u>
<u>U.S. DEPARTMENT OF EDUCATION</u>											
<u>Passed through Montgomery County I.U.</u>											
IDEA	I	84.027	062-20-0023	07/01/19 - 06/30/20	\$ 393,402	\$ 393,402	\$ 393,402	\$ -	\$ -	\$ -	\$ -
IDEA	I	84.027	062-21-0000	07/01/20 - 06/30/21	381,001	-	-	381,001	381,001	381,001	-
Total CFDA # 84.027					<u>393,402</u>	<u>393,402</u>	<u>393,402</u>	<u>381,001</u>	<u>381,001</u>	<u>381,001</u>	<u>-</u>
Total IDEA					<u>393,402</u>	<u>393,402</u>	<u>393,402</u>	<u>381,001</u>	<u>381,001</u>	<u>381,001</u>	<u>-</u>
<u>Passed through Pennsylvania Department of Education</u>											
CARES ACT I - ESSER FUND	I	84.425D	FA-200-20-1018	03/13/20 - 09/30/21	557,495	146,709	-	557,495	557,495	410,786	-
Total CARES ACT I - ESSER FUND					<u>146,709</u>	<u>146,709</u>	<u>-</u>	<u>557,495</u>	<u>557,495</u>	<u>410,786</u>	<u>-</u>
<u>Passed through Pennsylvania Department of Education</u>											
Title I Grants - Improving Basic Programs	I	84.010	013-20-1018	08/19/19 - 09/30/20	678,759	484,676	484,676	-	-	-	-
Title I Grants - Improving Basic Programs	I	84.010	013-21-1018	08/28/20 - 09/30/21	860,847	147,131	-	860,847	860,847	713,716	-
Total CFDA # 84.010					<u>631,807</u>	<u>631,807</u>	<u>484,676</u>	<u>860,847</u>	<u>860,847</u>	<u>713,716</u>	<u>-</u>
Total Title I					<u>631,807</u>	<u>631,807</u>	<u>484,676</u>	<u>860,847</u>	<u>860,847</u>	<u>713,716</u>	<u>-</u>
Title II - Improving Teacher Quality	I	84.367	020-20-1018	08/19/19 - 09/30/20	66,400	46,276	46,276	-	-	-	-
Title II - Improving Teacher Quality	I	84.367	020-21-1018	08/28/20 - 09/30/21	91,872	14,893	-	91,872	91,872	76,979	-
Total CFDA # 84.367					<u>61,169</u>	<u>61,169</u>	<u>46,276</u>	<u>91,872</u>	<u>91,872</u>	<u>76,979</u>	<u>-</u>
Total Title II					<u>61,169</u>	<u>61,169</u>	<u>46,276</u>	<u>91,872</u>	<u>91,872</u>	<u>76,979</u>	<u>-</u>
Title IV - Student Support & Academic Enrichment	I	84.424	144-20-1018	08/19/19 - 09/30/20	51,787	36,991	36,991	-	-	-	-
Title IV - Student Support & Academic Enrichment	I	84.424	144-21-1018	08/28/20 - 09/30/21	51,476	11,031	-	51,476	51,476	40,445	-
Total CFDA # 84.424					<u>48,022</u>	<u>48,022</u>	<u>36,991</u>	<u>51,476</u>	<u>51,476</u>	<u>40,445</u>	<u>-</u>
Total Title IV					<u>48,022</u>	<u>48,022</u>	<u>36,991</u>	<u>51,476</u>	<u>51,476</u>	<u>40,445</u>	<u>-</u>
TOTAL U.S. DEPARTMENT OF EDUCATION						<u>1,281,109</u>	<u>961,345</u>	<u>1,942,691</u>	<u>1,942,691</u>	<u>1,622,927</u>	<u>-</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS						<u>\$ 1,281,109</u>	<u>\$ 961,345</u>	<u>\$ 1,942,691</u>	<u>\$ 1,942,691</u>	<u>\$ 1,622,927</u>	<u>\$ -</u>

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2021, there were no indirect costs included in the schedule of expenditures of federal awards.

SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? Yes X No
- Significant deficiency(ies) identified? Yes X None reported
- Noncompliance material to financial statements noted? Yes X No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? Yes X No
- Significant deficiency(ies) identified? Yes X None reported

Type of auditor's report issued on compliance for major programs [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

 Yes X No

Identification of major programs:

CFDA Numbers	Name of Federal Program or Cluster
84.010	Title I Grants - Improving Basic Programs
84.425D	Elementary and Secondary School Emergency Relief Fund

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee? X Yes No

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



2024 -2029 Charter Renewal Application

2022 Annual Financial Statement

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FINANCIAL STATEMENTS

JUNE 30, 2022

PENNSYLVANIA VIRTUAL CHARTER SCHOOL JUNE 30, 2022

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INDEPENDENT AUDITOR'S REPORT

February 6, 2023

To the Board Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Pennsylvania Virtual Charter School, which comprise the statements of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Pennsylvania Virtual Charter School as of June 30, 2022, and the changes in their net assets and their cash flows

for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pennsylvania Virtual Charter School and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the

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To the Board of Directors
Pennsylvania Virtual Charter School

design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pennsylvania Virtual Charter School’s ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pennsylvania Virtual Charter School's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pennsylvania Virtual Charter School's ability to continue as a going concern for a reasonable period of time.

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To the Board of Directors
Pennsylvania Virtual Charter School

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Report on Summarized Comparative Information

We have previously audited Pennsylvania Virtual Charter School's June 30, 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated February 22, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"), and is not a required part of the financial statements. Such information is the responsibility of management and was derived

from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 6, 2023, on our consideration of Pennsylvania Virtual Charter School's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Pennsylvania Virtual Charter School's internal control over financial reporting and compliance.

Barbacane, Thornton & Company LLP
BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2022 AND 2021**

	2022	2021
<u>ASSETS</u>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 18,649,867	\$ 14,283,626
Accounts receivable, net	3,035,328	3,365,180
Grants receivables	3,840,779	1,661,633
Prepaid expenses	<u>711,568</u>	<u>145,471</u>
Total Current Assets	<u>26,237,542</u>	<u>19,455,910</u>
NONCURRENT ASSETS:		
Land	918,892	918,892
Buildings and improvements	4,366,579	4,376,323
Furniture and equipment	2,354,473	2,326,797
Computer equipment	3,478,107	2,865,726
Less: Accumulated depreciation	<u>(6,815,256)</u>	<u>(5,044,819)</u>
Property and Equipment, Net	<u>4,302,795</u>	<u>5,442,919</u>
Security deposits	<u>8,250</u>	<u>-</u>
TOTAL ASSETS	<u>\$ 30,548,587</u>	<u>\$ 24,898,829</u>
 <u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Accounts payable	\$ 952,532	\$ 830,928
Other liabilities	2,720,980	3,605,885
Due to K-12, Inc.	675,315	537,929
Current portion of capital lease payable	<u>41,706</u>	<u>241,255</u>
Total Current Liabilities	<u>4,390,533</u>	<u>5,215,997</u>
NONCURRENT LIABILITIES:		
Capital lease payable	-	41,706
Compensated absences	<u>211,865</u>	<u>179,972</u>
Total Noncurrent Liabilities	<u>211,865</u>	<u>221,678</u>
Total Liabilities	<u>4,602,398</u>	<u>5,437,675</u>
NET ASSETS:		

Without donor restrictions	<u>25,946,189</u>	<u>19,461,154</u>
Total Net Assets	<u>25,946,189</u>	<u>19,461,154</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 30,548,587</u>	<u>\$ 24,898,829</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2022
(With Summarized Totals for 2021)**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Totals</u>	
			<u>2022</u>	<u>2021</u>
PUBLIC SUPPORT AND REVENUE				
Public support:				
Operating subsidy	\$ 50,887,768	\$ -	\$ 50,887,768	\$ 44,139,976
Federal grants	-	5,185,223	5,185,223	1,942,691
State grants	-	206,546	206,546	171,607
Other income	<u>29,826</u>	<u>-</u>	<u>29,826</u>	<u>2,813,811</u>
Total Public Support	50,917,594	5,391,769	56,309,363	49,068,085
Net assets released from restriction:				
Satisfaction of program restrictions	<u>5,391,769</u>	<u>(5,391,769)</u>	<u>-</u>	<u>-</u>
TOTAL PUBLIC SUPPORT AND REVENUE	<u>56,309,363</u>	<u>-</u>	<u>56,309,363</u>	<u>49,068,085</u>
EXPENSES				
Program services:				
Instruction	28,121,817	-	28,121,817	21,220,070
IDEA	638,523	-	638,523	381,001
Title I	1,265,579	-	1,265,579	860,847
Title II	116,547	-	116,547	91,872
Title IV	64,736	-	64,736	51,476
ESSER	<u>3,099,838</u>	<u>-</u>	<u>3,099,838</u>	<u>557,495</u>
Total Program Services	33,307,040	-	33,307,040	23,162,761
Support services	<u>16,507,544</u>	<u>-</u>	<u>16,507,544</u>	<u>17,917,690</u>
TOTAL EXPENSES	<u>49,814,584</u>	<u>-</u>	<u>49,814,584</u>	<u>41,080,451</u>
OTHER FINANCING SOURCES (USES)				
Loss on disposal of fixed assets	<u>(9,744)</u>	<u>-</u>	<u>(9,744)</u>	<u>-</u>
TOTAL OTHER FINANCING SOURCES (USES)	<u>(9,744)</u>	<u>-</u>	<u>(9,744)</u>	<u>-</u>
CHANGE IN NET ASSETS	6,485,035	-	6,485,035	7,987,634
NET ASSETS, BEGINNING OF YEAR	<u>19,461,154</u>	<u>-</u>	<u>19,461,154</u>	<u>11,473,520</u>

NET ASSETS, END OF YEAR

	<u>\$ 25,946,189</u>	<u>\$ -</u>	<u>\$ 25,946,189</u>	<u>\$ 19,461,154</u>
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The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022
(With Summarized Totals for 2021)**

	Program Services							Support Services	Totals	
	Instruction	IDEA	Title I	Title II	Title IV	ESSER	Total Program Services		2022	2021
	Salaries	\$ 6,966,884	\$ -	\$ 1,200,452	\$ 116,547	\$ 64,736	\$ 1,602,505		\$ 9,951,124	\$ 9,451,183
Benefits and payroll taxes	<u>7,438,368</u>	-	<u>63,279</u>	-	-	<u>990,819</u>	<u>8,492,466</u>	<u>4,086,626</u>	<u>12,579,092</u>	<u>8,516,413</u>
Total Salaries and Related Expenses	14,405,252	-	1,263,731	116,547	64,736	2,593,324	18,443,590	13,537,809	31,981,399	20,897,718
Advertising expense	-	-	-	-	-	-	-	844,302	844,302	890,775
Depreciation	1,545,721	-	-	-	-	-	1,545,721	243,441	1,789,162	1,166,207
Dues and fees	70	-	1,848	-	-	-	1,918	199,179	201,097	141,766
Insurance	-	-	-	-	-	-	-	71,465	71,465	55,238
Instructional software	1,493,151	-	-	-	-	399,849	1,893,000	-	1,893,000	5,280,349
Interest expense	-	-	-	-	-	-	-	19,860	19,860	112,875
Materials and books	7,305,819	-	-	-	-	-	7,305,819	-	7,305,819	1,514,836
Miscellaneous	-	-	-	-	-	-	-	56,677	56,677	10,057
Occupancy	-	-	-	-	-	-	-	379,436	379,436	72,372

Postage	2,087	-	-	-	-	-	2,087	140,501	142,588	150,013
Professional services	28,083	-	-	-	-	-	28,083	13,216	41,299	22,353
Repairs and maintenance	-	-	-	-	-	-	-	552,599	552,599	77,426
Special education services	1,746,319	638,523	-	-	-	-	2,384,842	-	2,384,842	2,473,409
Supplies and small equipment	750,832	-	-	-	-	90,905	841,737	-	841,737	181,271
Telephone and internet	829,061	-	-	-	-	15,760	844,821	282,751	1,127,572	1,074,936
Travel and entertainment	<u>15,422</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>15,422</u>	<u>166,308</u>	<u>181,730</u>	<u>138,742</u>
TOTAL EXPENSES	<u>\$ 28,121,817</u>	<u>\$ 638,523</u>	<u>\$ 1,265,579</u>	<u>\$ 116,547</u>	<u>\$ 64,736</u>	<u>\$ 3,099,838</u>	<u>\$ 33,307,040</u>	<u>\$ 16,507,544</u>	<u>\$ 49,814,584</u>	<u>\$ 34,260,343</u>

The accompanying notes are an integral part of these financial statements.

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2022 AND 2021**

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 6,485,035	\$ 7,987,634
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	1,789,162	1,266,350
Paycheck Protection Program loan forgiveness	-	(2,727,941)
Loss on disposal of fixed assets	9,744	-
(Increase) Decrease in:		
Accounts receivable	329,852	(486,417)
Grants receivable	(2,179,146)	(658,145)
Prepaid expenses	(566,097)	64,771
Increase (Decrease) in:		
Accounts payable	121,604	(1,773,318)
Other liabilities	(884,905)	1,508,243
Due to K-12, Inc.	137,386	537,929
Compensated absences	31,893	19,875
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	5,274,528	5,738,981
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	(658,782)	(9,035)
Security deposit (increase) decrease	(8,250)	737
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(667,032)	(8,298)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Capital lease payments	(241,255)	(1,798,386)
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	(241,255)	(1,798,386)
NET CHANGE IN CASH AND CASH EQUIVALENTS	4,366,241	3,849,297
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	14,283,626	10,434,329
CASH AND CASH EQUIVALENTS, END OF YEAR		
SUPPLEMENTAL DISCLOSURES:		
Interest paid	<u>\$ 19,860</u>	<u>\$ 107,503</u>
	<u>\$ 18,649,867</u>	<u>\$ 14,283,626</u>

Fixed assets acquired through capital lease
Paycheck Protection Program loan forgiveness

<u>\$ 658,782</u>	<u>\$ 480,966</u>
<u>\$ -</u>	<u>\$ 2,727,941</u>

The accompanying notes are an integral part of these financial statements.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS JUNE
30, 2022

NOTE 1 NATURE OF THE ORGANIZATION

The mission of the Pennsylvania Virtual Charter School ("the School") is to provide Pennsylvania students with an excellent education, grounded in high academic standards, which will help them achieve their full academic and social potential. The School is organized as a nonprofit corporation in Pennsylvania to operate a charter school in accordance with Act 22 of 1997.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the School have been prepared using the accrual basis of accounting.

Financial Statement Presentation

In accordance with the portion of the Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") regarding financial statements of not-for-profit organizations, the School is required to report information regarding its financial position and activities according to two classes of net assets: net assets with donor restrictions and net assets without donor restrictions. In addition, the School is required to present a statement of cash flows.

Income Tax Status

The School is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. The School has been classified as an organization that is not a private foundation under Sections 509(a)(1) and 170(b)(1)(a)(iv) of the Internal Revenue Code. The School did not engage in any unrelated business activities during the fiscal year. Management believes more likely than not that its tax-exempt status and tax positions will be sustained if examined by authorities.

Cash and Cash Equivalents

The School considers all short-term highly liquid investments with an original maturity of three months or less to be cash equivalents.

Accounts and Grants Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through an assessment of the current status of individual receivables from grants, contracts, and others. Balances that are still outstanding after

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS JUNE
30, 2022

management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the applicable accounts receivable.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Property and Equipment

Acquisitions of property and equipment in excess of \$1,000 are capitalized. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend the life of the asset are not capitalized. Depreciation is recognized over the estimated useful life of the assets utilizing the straight-line method, as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	3 - 7 years
Computer equipment	3 years

Compensated Absences

School policies permit employees to accumulate earned but unused sick and vacation days. The policies limit the number of days employees may be paid out to five. The liabilities for these compensated absences are recorded as a liability in the financial statements.

Advertising Expense

The School is required to accept students from throughout the Commonwealth of Pennsylvania. Accordingly, the School advertises to ensure citizens of the Commonwealth are informed of the School's mission. The School expenses the production cost of advertising when incurred.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Expenses are allocated to program and supporting services based upon employees' time for each function, purpose of each expenditure, and service provided for each program.

Use of Estimates in the Preparation of Financial Statements

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
 NOTES TO FINANCIAL STATEMENTS JUNE
 30, 2022

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Prior Year Financial Statements

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the School's financial statements for the year ended June 30, 2021, from which the summarized information was derived.

NOTE 3 CASH AND CASH EQUIVALENTS

Custodial credit risk is the risk that in the event of a bank failure, the School's deposits may not be returned. The School maintains five bank accounts at TD Bank, NA. Accounts at this institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. At June 30, 2022, the carrying amount of the School's deposits totaled \$18,649,867, and the bank balance was \$19,482,628. Of the bank balance, \$250,000 was covered by federal depository insurance, and \$19,232,628 was exposed to custodial credit risk because it was uninsured, and the collateral held by the depository's agent was not in the School's name. However, the exposed deposits were collateralized in accordance with Act 72 of the Commonwealth of Pennsylvania.

NOTE 4 ACCOUNTS RECEIVABLE

Accounts receivable at June 30, 2022 consisted of the following:

Due from school districts and Pennsylvania:	
Department of Education	\$ 3,767,800
Less: Allowance for doubtful accounts	<u>(732,472)</u>
TOTAL	<u>\$ 3,035,328</u>

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
 NOTES TO FINANCIAL STATEMENTS JUNE
 30, 2022

NOTE 5 GRANTS RECEIVABLES

Grants receivables consisted of the following at June 30, 2022:

School Health Annual Reimbursement System (SHARS)	\$	54,458
Federal receivables		3,786,321

TOTAL		\$ 3,840,779

NOTE 6 PROPERTY AND EQUIPMENT

A summary of changes in property and equipment is as follows:

	Balance <u>July 1, 2021</u>	Additions	Deletions	Balance <u>June 30, 2022</u>
Land	\$ 918,892	\$ -	-	\$ 918,892
Buildings and improvements	4,376,323	-	(9,744)	4,366,579
Furniture and equipment	2,326,797	46,401	(18,725)	2,354,473
Computer equipment	<u>2,865,726</u>	<u>612,381</u>	-	<u>3,478,107</u>
	10,487,738	658,782		- 11,118,051
Accumulated depreciation	<u>(5,044,819)</u>	<u>(1,789,162)</u>	<u>18,725</u>	<u>(6,815,256)</u>
Total Property and Equipment, Net	<u>\$ 5,442,919</u>	<u>\$(1,130,380)</u>	<u>\$ (9,744)</u>	<u>\$ 4,302,795</u>

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
 NOTES TO FINANCIAL STATEMENTS JUNE
 30, 2022

NOTE 7 DUE TO K-12, INC.

In June 2009, the School entered into an agreement with K-12, Inc. to provide online curricula, instructional tools, materials, and other products through June 2024. Under this agreement, the School has purchased online curricula, instructional tools, materials, and other products totaling \$9,350,900 for the year ended June 30, 2022.

K-12, Inc. is not a division or any part of the School. The School is a body corporate authorized under Pennsylvania Charter School Law and is not a division or a part of K-12, Inc. The relationship between the parties was developed and entered into through arms-length negotiations and is based solely on the terms of this agreement and those of any other agreements that may exist from time to time between the parties.

The line item "Due to K-12, Inc." shown on the statement of financial position represents amounts payable and due to K-12, Inc. for curriculum materials. The amount due as of June 30, 2022 was \$675,315.

NOTE 8 CAPITAL LEASE OBLIGATION

The School acquired \$2,384,760 of computers under a capital lease agreement with payments due yearly on July 8, commencing on July 8, 2019 and expiring on July 8, 2022. The School also acquired \$240,483 of computers under capital lease with payments due on yearly on August 1, commencing on August 1, 2021 and expiring on August 1, 2022. Additionally, the School acquired \$240,483 of computers under capital lease with payments due on yearly on November 1, commencing on November, 2020 and expiring on November 1, 2022. The leased

NOTE 8 CAPITAL LEASE OBLIGATION (cont'd)

computers are depreciated over their estimated productive lives. Depreciation of the computers under the capital lease is included in depreciation expense. For the year ended June 30, 2022, the School recorded \$1,545,721 of depreciation on the computers. The table below describes the future amounts due under the lease.

Year Ending June 30,	Principal Maturities	Interest Maturities	Total Maturities
2023	\$ 41,706	\$ 3,294	\$ 45,000
	\$ 41,706	\$ 3,294	\$ 45,000

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS JUNE
30, 2022

NOTE 9 SUBSCRIPTION AGREEMENT

In the current year, the School entered into a subscription agreement with Ring Central to provide monthly telephone and conferencing services. Subscription expense for the year ended June 30, 2022 was \$52,883 and is included in telephone and internet in the statement of functional expenses.

Future payments under this subscription agreement are as follows:

Year Ending June 30,

2023	\$ 22,034
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	\$ 22,034
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NOTE 10 PENSION PLAN

Plan Description

The School contributes to the Public School Employees' Retirement System ("PSERS"), a governmental cost-sharing multiple-employer defined benefit pension plan administered by the Commonwealth of Pennsylvania Public School Employees' Retirement System. The PSERS provides retirement and disability, legislative-mandated *ad hoc* cost-of-living adjustments, and certain healthcare insurance premium assistance to plan members and beneficiaries. The Public School Employees' Retirement Code (Act No. 96 of October 2, 1975, as amended) provides the authority to establish and amend benefit provisions. The PSERS issues an annual comprehensive financial report that includes financial statements and required

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS JUNE
30, 2022

NOTE 10 PENSION PLAN (cont'd)

supplementary information for the plan. A copy of the report may be obtained by writing to the Public School Employees' Retirement System, P. O. Box 125, Harrisburg, Pennsylvania 171080125.

Funding Policy

The contribution policy is established in the Public School Employees' Retirement Code and requires contributions by active members, employers, and the Commonwealth. Eligible active members contribute at 7.5 percent of their qualifying compensation. Contributions required of employers are based upon an actuarial valuation. For the fiscal year ended June 30, 2022, the rate of employer contribution was 34.94, allocated 33.99 percent to pensions, 0.15 percent to Act 5 defined contribution, and 0.80 percent to health insurance. The School's contribution to PSERS for the years ended June 30, 2022, 2021, and 2020 was \$6,300,508, \$5,038,506, and \$4,163,940, respectively, equal to the required contribution.

NOTE 11 COMMITMENTS AND CONTINGENCIES

The School is subject to various claims, legal proceedings, and investigations covering a wide range of matters that arise in the normal course of business. In the opinion of management, all such matters are adequately covered by insurance, and if not so covered are without merit or are of such kind, or involve such amounts, as would not have a significant effect on the financial position or results of activities of the School if disposed of unfavorably.

NOTE 12 UNCERTAINTIES

COVID-19 Pandemic

As a result of the spread of the COVID-19 coronavirus which is ongoing at June 30, 2022, economic and operational uncertainties have arisen which could impact the School in fiscal year 2023. The extent of the potential impact is unknown as the COVID-19 pandemic continues to develop.

Grants

The School receives financial assistance from federal and state agencies in the form of grants. The disbursement of funds received under these programs generally requires compliance with terms and conditions specified in the grant agreements and are subject to audits by the grantors or their representatives. Any disallowed claims resulting from such audits could become a liability of the School. Management believes such disallowance, if any, would be immaterial.

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
NOTES TO FINANCIAL STATEMENTS JUNE
30, 2022

NOTE 13 LIQUIDITY AND AVAILABILITY OF RESOURCES

The School's financial assets consist of cash and cash equivalents, accounts receivable, and grants receivable.

The following reflects the School's financial assets as of June 30, 2022, reduced by amounts not available for general use within one year of the statement of financial position date.

Financial assets, at year-end	<u>\$25,525,974</u>	Financial assets available to meet	
cash needs		for general expenditures within one year	<u>\$25,525,974</u>

The School utilizes grant funding and funding from school districts for major capital expenditures and utilizes an annual budget and, therefore, does not include depreciation expense when evaluating operating expenses for liquidity purposes. The School has a policy to structure its financial assets to be available as its general expenses, liabilities, and other obligations come due.

NOTE 14 SUBSEQUENT EVENTS

The School has evaluated all subsequent events through February 6, 2023, the date the financial statements were available to be issued.

SINGLE AUDIT INFORMATION



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

February 6, 2023

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the Pennsylvania Virtual Charter School ("the School"), a nonprofit organization, which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 6, 2023.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the School's internal control over financial reporting ("internal control") as a basis for designing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control. Accordingly, we do not express an opinion on the effectiveness of the School's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the School's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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To the Board of Directors
Pennsylvania Virtual Charter School

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the School's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the School's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the School's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Barbacane, Thornton & Company LLP

BARBACANE, THORNTON & COMPANY LLP



INDEPENDENT AUDITOR'S REPORT ON
COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE

February 6, 2023

To the Board of Directors
Pennsylvania Virtual Charter School
King of Prussia, Pennsylvania

Report on Compliance for Major Federal Program

Opinion on Major Federal Program

We have audited the Pennsylvania Virtual Charter School's ("the School") compliance with the types of compliance requirements identified as subject to audit in the OMB Compliance Supplement that could have a direct and material effect on the School's major federal program for the year ended June 30, 2022. The School's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and recommendations.

In our opinion, the School compiled, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America ("GAAS"); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States ("*Government Auditing Standards*"); and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the School and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence

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Board of Directors
Collegium Charter School

we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for its major federal program. Our audit does not provide a legal determination of the School's compliance with the compliance requirements referred to above.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the School's compliance.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the School's federal program.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the School's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the School's compliance with the requirements of its major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the School's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of the School's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the School's internal control over compliance. Accordingly, no such opinion is expressed.

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Board of Directors
Collegium Charter School

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Barbacane, Thornton & Company LLP

BARBACANE, THORNTON & COMPANY LLP

**PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2022**

FEDERAL GRANTOR/PROJECT TITLE U.S. DEPARTMENT OF EDUCATION Passed through Montgomery County I.U.	SOURCE	CFDA	FEDERAL THROUGH GRANTOR'S	PASS- THROUGH GRANT PERIOD	GRANT BEGINNING/ ENDING DATES	AMOUNT GRANT	TOTAL RECEIVED FOR YEAR	UNEARNED REVENUE 07/01/2021	UNEARNED REVENUE RECOGNIZED	UNEARNED REVENUE EXPENDITURES	UNEARNED REVENUE 06/30/2022	AMOUNT PASSED	
												THROUGH	TO SUB-
												RECIPIENTS	
IDEA	I	84.027	062-21-0000	07/01/20 - 06/30/21	\$ 381,001	\$ 381,001	\$ 381,001	\$ -	\$ -	\$ -	\$ -		
IDEA	I	84.027	062-22-0035	07/01/21 - 06/30/22	638,523	517,204	-	638,523	638,523	121,319	-		
Total CFDA # 84.027						898,205	381,001	638,523	638,523	121,319	-		
Total IDEA						898,205	381,001	638,523	638,523	121,319	-		
Passed through Pennsylvania Department of Education													
Elementary and Secondary School Emergency Relief Fund	I	84.425D	FA-200-20-1018	03/13/20 - 09/30/21	557,495	410,786	410,786	-	-	-	-		
Elementary and Secondary School Emergency Relief Fund	I	84.425D	FA-200-21-1018	03/13/20 - 09/30/23	3,178,842	295,706	-	1,652,875	1,652,875	1,357,169	-		
Total CFDA # 84.425D						706,492	410,786	1,652,875	1,652,875	1,357,169	-		
American Rescue Plan - Elementary and Secondary School Emergency Relief Fund	I	84.425U	FA-200-22-1018	03/13/20 - 09/30/23	6,429,877	350,721	-	1,446,963	1,446,963	1,096,242	-		
Total CFDA # 84.425U						350,721	-	1,446,963	1,446,963	1,096,242	-		
Total Elementary and Secondary School Emergency Relief Fund						1,057,213	410,786	3,099,838	3,099,838	2,453,411	-		
Passed through Pennsylvania Department of Education													
Title I Grants - Improving Basic Programs	I	84.010	013-21-1018	08/28/20 - 09/30/21	860,847	713,716	713,716	-	-	-	-		
Title I Grants - Improving Basic Programs	I	84.010	013-22-1018	08/28/21 - 09/30/22	1,265,579	201,639	-	1,265,579	1,265,579	1,063,940	-		
Total CFDA # 84.010						915,355	713,716	1,265,579	1,265,579	1,063,940	-		
Total Title I						915,355	713,716	1,265,579	1,265,579	1,063,940	-		
Title II - Improving Teacher Quality	I	84.367	020-21-1018	08/28/20 - 09/30/21	91,872	76,979	76,979	-	-	-	-		
Title II - Improving Teacher Quality	I	84.367	020-22-1018	08/28/21 - 09/30/22	116,547	19,768	-	116,547	116,547	96,779	-		
Total CFDA # 84.367						96,747	76,979	116,547	116,547	96,779	-		
Total Title II						96,747	76,979	116,547	116,547	96,779	-		
Title IV - Student Support & Academic Enrichment	I	84.424	144-21-1018	08/28/20 - 09/30/21	51,476	40,445	40,445	-	-	-	-		
Title IV - Student Support & Academic Enrichment	I	84.424	144-22-1018	08/28/21 - 09/30/22	64,736	13,864	-	64,736	64,736	50,872	-		

Total CFDA # 84.424							54,309	40,445	64,736	64,736	50,872	-	
Total Title IV							54,309	40,445	64,736	64,736	50,872	-	
TOTAL U.S. DEPARTMENT OF EDUCATION	3,021,829	1,622,927	5,185,223	5,185,223	3,786,321		TOTAL EXPENDITURES OF FEDERAL AWARDS \$	3,021,829 \$	1,622,927 \$	5,185,223 \$	5,185,223 \$	3,786,321 \$	-

SOURCE CODE:

I - Indirect Funding

PENNSYLVANIA VIRTUAL CHARTER SCHOOL

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE A REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal award programs of the Pennsylvania Virtual Charter School. Federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included on the schedule.

NOTE B BASIS OF ACCOUNTING

The accompanying schedule of expenditures of federal awards is presented using the accrual basis of accounting.

NOTE C INDIRECT COST RATE

The School has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. For the year ended June 30, 2022, there were no indirect costs included in the schedule of expenditures of federal awards.

SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PENNSYLVANIA VIRTUAL CHARTER SCHOOL
SCHEDULE OF FINDINGS AND RECOMMENDATIONS

PART A - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X None reported
- Noncompliance material to financial statements noted? _____ Yes X No

Federal Awards

Internal control over major program:

- Material weakness(es) identified? _____ Yes X No
- Significant deficiency(ies) identified? _____ Yes X None reported

Type of auditor's report issued on compliance for major program [*unmodified, qualified, adverse, or disclaimer*]:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance?

_____ Yes X No

Identification of major program:

CFDA Numbers

Name of Federal Program or Cluster

84.425D, 84.425U

Education Stabilization Fund Under the
Coronavirus Aid, Relief, and Economic Security
Act

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 750,000

Auditee qualified as low-risk auditee?

 X Yes

 No

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PENNSYLVANIA VIRTUAL CHARTER SCHOOL

SCHEDULE OF FINDINGS AND RECOMMENDATIONS (CONT'D)

PART B - FINDINGS RELATED TO FINANCIAL STATEMENTS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.

PART C - FINDINGS RELATED TO FEDERAL AWARDS

STATUS OF PRIOR YEAR FINDINGS

None.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

None.



2024 -2029 Charter Renewal Application

Adopted Budget for Current Year

(1 of 2 of Pages)

<u>ITEM</u>	<u>AMOUNT</u>
Estimated Beginning Unreserved Fund Balance Available for Appropriation and Reserves Scheduled For Liquidation During The Fiscal Year	
0810 Nonspendable Fund Balance	4,770,076
0820 Restricted Fund Balance	
0830 Committed Fund Balance	11,784,961
0840 Assigned Fund Balance	
0850 Unassigned Fund Balance	10,272,441
Total Estimated Beginning Unreserved Fund Balance Available for Appropriation and Reserves Scheduled For Liquidation During The Fiscal Year	<u>\$22,057,402</u>
Estimated Revenues And Other Financing Sources	
6000 Revenue from Local Sources	49,214,459
7000 Revenue from State Sources	178,339
8000 Revenue from Federal Sources	3,881,621
9000 Other Financing Sources	
Total Estimated Revenues And Other Financing Sources	<u>\$53,274,419</u>
Total Estimated Fund Balance, Revenues, and Other Financing Sources Available for Appropriation	<u>\$75,331,821</u>
<u>Description</u>	<u>Amount</u>
1000 Instruction	
1100 Regular Programs - Elementary / Secondary	23,522,202
1200 Special Programs - Elementary / Secondary	7,823,268
1400 Other Instructional Programs - Elementary / Secondary	35,748
Total Instruction	<u>\$31,381,218</u>
2000 Support Services	
2100 Support Services - Students	4,584,966
2200 Support Services - Instructional Staff	105,095
2300 Support Services - Administration	11,879,551
2400 Support Services - Pupil Health	1,049,288
2500 Support Services - Business	897,766
2600 Operation and Maintenance of Plant Services	570,520
2800 Support Services - Central	2,634,435
Total Support Services	<u>\$21,721,621</u>
3000 Operation of Non-Instructional Services	
3200 Student Activities	608
Total Operation of Non-Instructional Services	<u>\$608</u>
4000 Facilities Acquisition, Construction and Improvement Services	
4000 Facilities Acquisition, Construction and Improvement Services	9,780
Total Facilities Acquisition, Construction and Improvement Services	<u>\$9,780</u>
5000 Other Expenditures and Financing Uses	
5100 Debt Service / Other Expenditures and Financing Uses	46,785
Total Other Expenditures and Financing Uses	<u>\$46,785</u>
Total Estimated Expenditures and Other Financing Uses	<u>\$53,160,012</u>



2024 -2029 Charter Renewal Application

Current Insurance Policies

(1 of 123 Pages)



INSURANCE BINDER

TSMI


DATE (MM/DD/YYYY)
08/10/2022**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.**

AGENCY Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken, PA 19428		COMPANY GuideOne Insurance Company		BINDER # 6158	
PHONE (A/C, No, Ext): (212) 375-3000		FAX (A/C, No): (888) 389-8061		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: AGENCY CUSTOMER ID: PENNVIR-01		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Policy Period: 8/3/2022 to 8/3/2023 Policy Numbers: 01-0011-312 (Auto) & 01-0011-314 (UMB)	
INSURED AND MAILING ADDRESS Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia, PA 19406		DATE EFFECTIVE 08/03/2022		TIME 12:01	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		DATE EXPIRATION 09/02/2022	
				<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT \$		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 SELF-INSURED RETENTION \$ 2,500 PER STATUTE		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS / OTHER COVERAGES		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

Evidence of Coverage	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE 		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



AGENCY CUSTOMER ID: PENNVIR-01

TSMI

LOC #: 0

BLDG #: 0

CRIME SECTION 2000

DATE (MM/DD/YYYY)
07/27/2022

AGENCY Lamb Insurance Services		CARRIER GuideOne Specialty Mutual Insurance Company		NAIC CODE 14559
POLICY NUMBER 010011311		EFFECTIVE DATE 08/03/2021	APPLICANT (FIRST NAMED INSURED) Pennsylvania Virtual Charter School	

COVERAGE		BASIS FOR COVERAGE: <input checked="" type="checkbox"/> DISCOVERY		LOSS SUSTAINED	
COVERAGE	LIMIT	DEDUCTIBLE	COVERAGE	LIMIT	DEDUCTIBLE
EMPLOYEE THEFT <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 100,000	1,000	INSIDE THE PREMISES ROBBERY OR BURGLARY OF OTHER PROPERTY <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	
<input type="checkbox"/> ERISA	\$	N / A	OUTSIDE THE PREMISES MONEY AND SECURITIES	\$ 10,000	500
AGGREGATE ERISA EXCESS AMOUNT OVER BLANKET LIMIT	\$		OTHER PROPERTY	\$ 10,000	500
TOTAL ASSET VALUE	\$		<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE		
TOTAL ASSET VALUE (Per Plan)	\$		COMPUTER FRAUD	\$ 20,000	500
EMPLOYEE THEFT GOVERNMENTAL CRIME <input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$		FUNDS TRANSFER FRAUD	\$ 20,000	500
PER LOSS <input type="checkbox"/> PER EMPLOYEE <input type="checkbox"/>			MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$ 50,000	0
FORGERY OR ALTERATION	\$ 100,000	1,000			
INSIDE THE PREMISES THEFT OF MONEY AND SECURITIES <input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$ 10,000	500			

COVERAGE ENDORSEMENTS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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ERISA EMPLOYEE THEFT - ADDITIONAL INFORMATION

NAME OF PLAN	PRINCIPAL ADDRESS	NUMBER OF TRUSTEES, EMPLOYEES, ETC HANDLING PLAN ASSETS	NUMBER OF PLAN PARTICIPANTS
IS THERE A LICENSED SECURITIES FIRM RESPONSIBLE FOR INVESTING OF FUNDS UNDER PLAN(S)? (Y / N) <input type="checkbox"/>			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE VOLUNTEERS USED? (If "YES", # of volunteers): _____	
2. ANY EMPLOYEES LEASED TO OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED TO OTHERS: _____	
3. ANY EMPLOYEES LEASED FROM OTHERS? (If "YES", give number and explain) # OF EMPLOYEES LEASED FROM OTHERS: _____	
4. ANY EMPLOYEES PERFORM MONEY INVESTING OR TRADING?	
5. ANY EMPLOYEES RECEIVE OR ISSUE WAREHOUSE RECEIPTS?	
6. ANY EMPLOYEE(S) BEEN CANCELLED FOR CRIME COVERAGE BY ANY INSURER? (Missouri Applicants - Do not answer this question)	
7. DOES APPLICANT HAVE ANY WRITTEN AGREEMENTS WITH CLIENTS?	
8. DOES APPLICANT TRANSFER ANY FUNDS VIA PHONE OR FAX?	
9. ANY EXPOSURE FROM LOSS TO GUEST PROPERTY?	

CLASSIFICATION OF EMPLOYEES / LOCATIONS

LIST ALL OFFICERS AND EMPLOYEES (Including those construed to be employees by endorsement), OTHER THAN AGENTS AND PARTNERS, WHO HANDLE OR HAVE CUSTODY OF MONEY, SECURITIES OR OTHER PROPERTY, INCLUDING, IN ANY EVENT, THE POSITIONS LISTED BELOW:

NUMBER OF:	NUMBER OF:	NUMBER OF:	NUMBER OF:
ACCOUNTANTS AND ASSTS	COLLECTORS	LOCKER ROOM ATTENDANTS	STOCK CLERKS
ADJUSTERS	COMPUTER PROGRAMMERS	MAITRE D'S AND ASSTS	STOREKEEPERS
ADMINISTRATORS AND ASSTS	COMPTROLLERS AND ASSTS	MANAGERS AND ASSTS	STOREROOM PERSONNEL
APPRAISERS AND CLERKS ACTING AS APPRAISERS	CREDIT CLERKS AND MANAGERS	MEDICAL DIRECTORS	SUPERINTENDENTS AND ASSTS
ATTORNEYS	CUSTODIANS	MESSENGERS, OUTSIDE	SUPERVISORS AND ASSTS
AUDITORS AND ASSTS	DELIVERY PERSONS	PAYROLL DISTRIBUTORS	TAXI DRIVERS
BOOKKEEPERS	DEMONSTRATORS	PURCHASING AGENTS AND ASSTS	TEACHERS HAVING CUSTODY OF MONEY OR SECURITIES
BUS DRIVERS	DIETITIANS WHO ORDER FOOD	RECEIVING CLERKS	TIMEKEEPERS AND ASSTS
BUYERS AND ASSTS	DRIVERS AND DRIVERS' HELPERS	REFINERY GAUGERS OF OIL COS HANDLING REFINED GASOLINE& OILS	TRUCK DRIVERS
CANVASSERS (Door-to-door salespeople)	FOOD INSPECTORS	SALESPEOPLE	WAREHOUSE PERSONNEL
CASHIERS AND ASSTS	HEAD PHARMACISTS	SECURITY PERSONNEL	WINE CELLAR PERSONNEL
CHAIRPERSONS	INSTRUCTORS HAVING CUSTODY OF MONEY OR SECURITIES	SERVICE STATION ATTENDANTS	WINE STEWARDS/ESSES
CHEFS WHO ORDER FOOD	JANITORS	SHIPPING CLERKS	ALL OTHER OFFICERS AND EMPLOYEES NOT LISTED ABOVE

NUMBER OF OFFICERS:	TOTAL NUMBER OF OTHER EMPLOYEES:	MANUFACTURERS, PROCESSORS, WHOLESALERS OR DISTRIBUTORS; NUMBER OF RETAIL LOCATIONS:	ALL OTHER CLASSES; NUMBER OF LOCATIONS OTHER THAN HOME OR HEAD OFFICES:
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HIRING PRACTICES

NO EXPLANATION REQUIRED	Y / N
1. IS PRIOR EMPLOYER HISTORY CHECKED?	
2. IS EDUCATION AND TRAINING VERIFIED?	
3. IS DRUG TESTING CONDUCTED?	
4. IS A FORMAL TRAINING PROGRAM ESTABLISHED AND FOLLOWED?	
5. ARE CREDIT CHECKS SECURED FOR EMPLOYEES WITH ACCESS TO FINANCIAL TRANSACTIONS?	
6. ARE SOCIAL SECURITY NUMBERS VERIFIED?	
7. IS CRIMINAL HISTORY CHECKED?	
8. ARE MANAGERS PROVIDED WITH NAMES AND SALARIES OF ALL ASSIGNED EMPLOYEES?	

CONTROLS AND AUDIT PROCEDURES - AUDITS

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE	Y / N
1. AUDIT IS PERFORMED BY: <input type="checkbox"/> CPA <input type="checkbox"/> PUBLIC ACCOUNTANT <input type="checkbox"/> STAFF	
2. NAME AND ADDRESS OF PERSON OR FIRM PERFORMING AUDIT	
3. DATE OF COMPLETION OF LAST AUDIT OF CASH & ACCOUNTS: _____ DATE OF COMPLETION OF LAST AUDIT OF INVENTORY: _____	
4. AUDIT FREQUENCY? <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY	
5. AUDIT REPORT IS RENDERED TO: <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNERS <input type="checkbox"/> BOARD OF DIRECTORS	
6. FINANCIAL FORMAT IS: <input type="checkbox"/> AUDIT <input type="checkbox"/> REVIEW <input type="checkbox"/> COMPILATION <input type="checkbox"/> TAX RETURN ONLY	
7. ARE ALL LOCATIONS AUDITED?	
8. IS AUDIT MADE IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS AND SO CERTIFIED? (If "NO", explain scope of audit)	
9. WERE ANY DISCREPANCIES OR LOOSE PRACTICES COMMENTED UPON IN THIS AUDIT? (If "YES", submit a copy of the audit and auditor's comments).	
10. DOES AUDIT INCLUDE INVENTORY?	
11. ARE REFERENCES OF ALL NEW HIRES CHECKED WITH RESPECT TO EMPLOYMENT HISTORY?	
12. DOES AUDIT DEPARTMENT HAVE A PROGRAM TO DETECT GHOST EMPLOYEES?	
13. IS PAYROLL SYSTEM AUDITED ANNUALLY?	
14. IS A COMPLETE PHYSICAL INVENTORY MADE? (If "YES", how often): _____	
15. IS INVENTORY MADE BY PERSONS WHO DO NOT HAVE CUSTODY CONTROL?	
16. IS A REQUISITION / SHIPPING ORDER REQUIRED FOR REMOVAL OF GOODS FROM STOREROOM / WAREHOUSE?	

CONTROLS AND AUDIT PROCEDURES - BANKING / OTHER

NO EXPLANATION REQUIRED UNLESS STATED OTHERWISE		Y / N
1. ARE BANK ACCOUNTS RECONCILED BY SOMEONE NOT AUTHORIZED TO DEPOSIT OR WITHDRAW?		
2. IS COUNTERSIGNATURE OF CHECKS REQUIRED? IF NOT, WHO SIGNS CONTROLS?: _____		
3. WILL SECURITIES BE SUBJECT TO JOINT CONTROL OF TWO OR MORE RESPONSIBLE EMPLOYEES?		
4. ARE ALL OFFICERS AND EMPLOYEES REQUIRED TO TAKE ANNUAL VACATIONS OF AT LEAST FIVE CONSECUTIVE BUSINESS DAYS?		
5. IS THERE A WRITTEN POLICY REGARDING EFTS?		
6. WHAT IS THE LARGEST SINGLE AMOUNT THAT CAN BE TRANSFERRED?: \$		
7. PRIOR TO FUNDS TRANSFER, DOES FINANCIAL INSTITUTION VERIFY AUTHENTICITY WITH ANOTHER EMPLOYEE?		
8. ARE HARD COPIES OF FUNDS TRANSFER CONFIRMATIONS RECEIVED AND RECONCILED?		
9. FREQUENCY OF DEPOSITS:	<input type="checkbox"/> DAILY <input type="checkbox"/>	
10. ARE DETAILED RECORDS OF BANK DEPOSITS MAINTAINED?		

MONEY - SECURITIES

ENTER THE EXPOSURES FOR EACH CATEGORY. AMOUNTS ENTERED SHOULD BE MAXIMUM EXPOSURE.

TYPE	MONEY	CHECKS FOR DEPOSIT	CHECKS FOR ACCOUNTS PAYABLE	PAYROLL CHECKS	MONEY OVERNIGHT	SECURITIES (IN BANK / SAFE DEPOSIT)
INSIDE	\$	\$	\$	\$	\$	\$
MESSENGER #1	\$	\$	\$	\$	\$	
MESSENGER #2	\$	\$	\$	\$	\$	

PURCHASING / RECEIVING CONTROLS

NO EXPLANATION REQUIRED		Y / N
1. ARE DUTIES SEGREGATED?		
2. ARE DEPARTMENTS SUPERVISED BY SOMEONE NOT AUTHORIZED TO PAY BILLS?		
3. IS RESPONSIBILITY FOR CHECKING MERCHANDISE RECEIVED / CONTROLLED BY MORE THAN ONE INDIVIDUAL?		
4. IS ACTUAL RECEIPT OF MERCHANDISE VERIFIED BEFORE PAYMENT IS MADE?		
5. IS A NUMBERED PURCHASE ORDER SYSTEM IMPLEMENTED AND FOLLOWED?		

COMPUTER FRAUD CONTROLS

NO EXPLANATION REQUIRED		Y / N
1. DO INTERNAL AUDIT PROCEDURES INCLUDE COMPUTER OPERATIONS?		
2. IS THERE AN EMPLOYEE OR DEPARTMENT WHOSE SOLE DUTY IS SECURITY?		
3. ARE SUSPICIOUS TRANSACTIONS REVIEWED AND INVESTIGATED?		
4. IS PHYSICAL ACCESS TO COMPUTER ROOM AND EQUIPMENT RESTRICTED TO AUTHORIZED PERSONNEL?		

PROPERTY

DESCRIPTION OF PROPERTY, MERCHANDISE, STOCK, ETC.	MAXIMUM VALUE

MISCELLANEOUS INFORMATION

BUSINESS HOURS	AVG # EMPLOYEES ON DUTY	CHECKS STAMPED FOR DEPOSIT ONLY (Y / N)	FREQUENCY OF DEPOSITS	NIGHT DEPOSITORY USED (Y / N)	ANNUAL GROSS SALES OR RECEIPTS FOR LAST FISCAL YEAR	DOES PREMISES HAVE DOUBLE CYLINDER DOOR LOCKS? (Y / N)	OTHER INFORMATION
-		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
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INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 91095974

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Allentown Public Library
 1210 Hamilton Street
 Allentown PA 18102

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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	E-MAIL ADDRESS:		
License#: PC-1013055		INSURER(S) AFFORDING COVERAGE	
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406		INSURER A: GuideOne Specialty Mutual Insu 14559	
		INSURER B: GuideOne Mutual Insurance Comp 15032	
		INSURER C: Indian Harbor Insurance Compan 36940	
		INSURER D: Employers Preferred Insurance 10346	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1010760838

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	
							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
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Bethel Park Community Center
 5151 Park Avenue
 Bethel Park PA 15102

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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INSURER C : Indian Harbor Insurance Compan	36940													
INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1769269213

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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$								
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </tbody> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PER STATUTE	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800								

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

CERTIFICATE HOLDER**CANCELLATION**

Bethlehem Area Public Library
 11 West Church Street
 Bethlehem PA 18018

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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8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000	FAX (A/C. No.): 888-389-8061
	E-MAIL ADDRESS:	
License#: PC-1013055 PENNVIR-01	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406	INSURER A: GuideOne Specialty Mutual Insu	14559
	INSURER B: GuideOne Mutual Insurance Comp	15032
	INSURER C: Indian Harbor Insurance Compan	36940
	INSURER D: Employers Preferred Insurance	10346
	INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1405774682

REVISION NUMBER:

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
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							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	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
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Boone Area Library
 129 N. Mill Street
 Birdsboro PA 19508

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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1460437141


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Bradford County Library 16093 US-6 Troy PA 16947	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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CERTIFICATE OF LIABILITY INSURANCE

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8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 218258601


REVISION NUMBER:

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Butler Area Public Library 218 N McKean Street Butler PA 16001	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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8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1103712357


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Cambria County Library 248 Main Street Johnstown PA 15901	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1140156108


REVISION NUMBER:

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B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Carnegie Library of Pittsburgh - Beechview 1910 Broadway Avenue Pittsburgh PA 15216	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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COVERAGES

CERTIFICATE NUMBER: 1699156916

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

The Certificate Holder is recognized as an Additional Insured, as required by written agreement.

For the Term of this Agreement, Sponsor will, at its own expense, maintain the following insurance, with a reputable insurer acceptable to Museum, in full force and effect: (i) worker's compensation coverage to the extent required by law at the statutory limits and employer's liability insurance at a minimum of \$500,000 each accident and bodily injury and \$500,000 bodily injury by disease each employee; (ii) commercial general liability insurance sufficient to cover claims for personal injury, bodily injury (including death) advertising injury and property damage with a minimum limit of \$1 million per occurrence and a \$2 million aggregate for the products/completed operations and operations exposures; and (iii) business automobile insurance for owned, hired and non-owned vehicles with a minimum limit of \$1,000,000 per occurrence on a 5 combined single limit basis; and (iv) commercial excess/umbrella insurance with a minimum limit of See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Carnegie Museum of Natural History 4400 Forbes Ave Pittsburgh PA 15213	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 REMARKS SCHEDULE

AGENCY Lamb Insurance Services		NAMED INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

\$5,000,000 per occurrence with a \$5 million aggregate. If Sponsor is providing or serving alcoholic beverages in connection with any events included as part of the Sponsorship Acknowledgements or otherwise in connection with the Sponsorship Acknowledgements, liquor liability insurance in the amount of \$2,000,000 is required. (b) Sponsor shall provide CMP a certificate of insurance certifying that coverage as required by this Agreement has been obtained and shall remain in force as specified by this Agreement. Sponsor must provide to CMP such proof of insurance prior to the provision of any Sponsorship Acknowledgements. Upon request, a copy of all or portions of policies will be provided to CMP. (c) CMP shall be named as an Additional Insured on the general liability, automobile policies, umbrella liability, products liability and liquor liability policies. A copy of the additional insured endorsement providing coverage must accompany the certificate of insurance. All coverage afforded to CMP by Sponsor's required coverages shall be on a primary and non-contributory basis. A waiver of subrogation endorsement in favor of CMP shall be provided on all policies, including without limitation the worker's compensation policies. (d) Thirty (30) days' notice shall be given to CMP if Sponsor's insurance policies are cancelled, or not-renewed, or any limits or coverages are reduced. (e) The fulfillment or non-fulfillment of the insurance obligations hereunder shall not relieve Sponsor of any liability assumed by Sponsor hereunder or in any way modify Sponsor's obligations to indemnify CMP.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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).

PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 679357671

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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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E.L. DISEASE - POLICY LIMIT																			
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim												
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ												
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP												

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

CERTIFICATE HOLDER**CANCELLATION**

Citizens Library
 55 South College St
 Washington PA 15301

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 2099224213

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Courtyard by Marriott Philadelphia City Avenue
 4100 Presidential Blvd.
 Philadelphia PA 19131

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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														


COVERAGES **CERTIFICATE NUMBER:** 462811395 **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.

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C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800								

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

CERTIFICATE HOLDER **CANCELLATION**

DuBois Public Library 31 S. Brady Street DuBois PA 15801	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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 848634410

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800


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

RE: Schedule No. 2 to Lease Agreement No. PAC178

ePlus Group, Inc. and its assignee(s) are included as Additional Insureds with respects to General Liability, as required by written agreement.

ePlus Group, Inc. and its assignee(s) are included as Lender Loss Payee in an amount not less than the casualty values of the leased asset(s).

CERTIFICATE HOLDER**CANCELLATION**

ePlus Group Inc. 13595 Dulles Technology Drive Attn: Insurance Coordinator Herndon VA 20171	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1263775180


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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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8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER: 233257697** **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.


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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$								
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th>PER STATUTE</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </tbody> </table>	PER STATUTE	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
PER STATUTE	OTH-ER														
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C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800								

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

RE: East PA Location

Evidence of Coverage.

CERTIFICATE HOLDER **CANCELLATION**

Extra Space Storage 329 W Butler Ave Chalfont PA 18914	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 282844595

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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$								
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B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$								
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PER STATUTE	OTHER														
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E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg							
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg							
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800							

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

RE: West PA Location

Evidence of Coverage.

CERTIFICATE HOLDER**CANCELLATION**
 Extra Space Storage
 15 Landings Drive
 Pittsburgh PA 15238

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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 361458910


REVISION NUMBER:

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER**CANCELLATION**

Fairfield Inn & Suites by Marriott DuBois 2219 Bee Line Hwy DuBois PA 15801	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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CERTIFICATE OF LIABILITY INSURANCE

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 302318799


REVISION NUMBER:

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Fox Chase Branch, Free Library of Philadelphia 501 Rhawn Street Philadelphia PA 19111	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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COVERAGES

CERTIFICATE NUMBER: 1467541050


REVISION NUMBER:

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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Frank Sarris Public Library 35 N Jefferson Avenue Canonsburg PA 15317	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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COVERAGES

CERTIFICATE NUMBER: 1022850801


REVISION NUMBER:

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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

GIANT Food Store 3301 E Trindle Rd Camp Hill PA 17011	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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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1136638006


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

GIANT Food Store 315 York Road Willow Grove PA 19090	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1846271482


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Grove Family Library 101 Ragged Edge Road Chambersburg PA 17202	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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CERTIFICATE OF LIABILITY INSURANCE

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INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 499130167


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Hamlin Memorial Library 123 South Mechanic Street Smethport PA 16749	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														


COVERAGES **CERTIFICATE NUMBER:** 1467040164 **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.

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B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
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E.L. EACH ACCIDENT																			
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E.L. DISEASE - POLICY LIMIT																			
C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER **CANCELLATION**

Hampton Inn & Suites York South 2159 South Queen Street York PA 17402	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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 368452510


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER**CANCELLATION**

Hampton Inn Butler 610 Butler Crossing Butler PA 16001	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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CERTIFICATE OF LIABILITY INSURANCE

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8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1562849314


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Hampton Inn Chambersburg 955 Leshar Rd Chambersburg 17202	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 1170473128 **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.

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 Evidence of Coverage.

CERTIFICATE HOLDER Highland Presbyterian Church 500 East Roseville Road Lancaster PA 17601	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 
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COVERAGES

CERTIFICATE NUMBER: 301768140


REVISION NUMBER:

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

CERTIFICATE HOLDER**CANCELLATION**

Highland Presbyterian Church 500 East Roseville Road Lancaster PA 17601	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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	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1842431053

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Holiday Inn Wilkes Barre
 600 Wildflower Dr
 Wilkes Barre PA 18702

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000	FAX (A/C. No): 888-389-8061
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
License#: PC-1013055 PENNVIR-01	INSURER A: GuideOne Specialty Mutual Insu	14559
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406	INSURER B: GuideOne Mutual Insurance Comp	15032
	INSURER C: Indian Harbor Insurance Compan	36940
	INSURER D: Employers Preferred Insurance	10346
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1241171066

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	
							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
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Holidaysburg Area Public Library
 1 Furnace Road, Scenic Pine Dr
 Holidaysburg PA 16648

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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CERTIFICATE OF LIABILITY INSURANCE

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INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 1750343260 **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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

RE: 2020 Everything Kids Expo

The Certificate Holder is recognized as an Additional Insured (Promoter), with respects to the referenced event, as required by written agreement.

CERTIFICATE HOLDER **CANCELLATION**

Honey Hill Publishing, Inc. dba Pittsburgh Parent 1126 Pittsburgh Rd. Valencia PA 16059	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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CERTIFICATE OF LIABILITY INSURANCE

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8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 580761570


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Indian Valley Public Library 100 East Church Road Telford PA 18969	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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8/10/2022

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	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 728141696


REVISION NUMBER:

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

King of Prussia Office 630 Park Avenue King of Prussia PA 19446	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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).

PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1218329623

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

RE: Three Thousand (3,000) HP ProBook 450 G6 Laptops; Value = \$2,384,760; Deductible - \$1,000

KS StateBank and/or Its Assigns is recognized as an Additional Insured (Loss Payee), as required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

KS StateBank and/or Its Assigns PO Box 69 Manhattan KS 66505-0069	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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000 FAX (A/C. No.): 888-389-8061 E-MAIL ADDRESS:													
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INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : GuideOne Specialty Mutual Insu	14559													
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INSURER C : Indian Harbor Insurance Compan	36940													
INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1468871305

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

RE: Three Hundred (300) HP ProBook 450 G7 Laptops; Value = \$240,483; Deductible - \$1,000

KS StateBank and/or Its Assigns is recognized as an Additional Insured (Loss Payee), as required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

KS StateBank and/or Its Assigns Attn: Insurance Dept. PO Box 69 Manhattan KS 66505-0069	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 244118723


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.

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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Kutztown Community Library 70 Bieber Alley Kutztown PA 19530	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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INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 2107854270


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Lansdowne Public Library 55 S. Lansdowne Avenue Lansdowne PA 19050	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000	FAX (A/C. No.): 888-389-8061
	E-MAIL ADDRESS:	
License#: PC-1013055		
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406	INSURER(S) AFFORDING COVERAGE	
	INSURER A : GuideOne Specialty Mutual Insu	NAIC # 14559
	INSURER B : GuideOne Mutual Insurance Comp	15032
	INSURER C : Indian Harbor Insurance Compan	36940
	INSURER D : Employers Preferred Insurance	10346
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 186217162

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	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
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

RE: 2020 Everything Kids Expo

The Certificate Holder is recognized as an Additional Insured (Lessor), with respects to the referenced event, as required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

LRC Northway Mall Acquisitions LLC LRC Realty Inc. The Block Northway 8013 McKnight Road Pittsburgh PA 15237	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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : GuideOne Specialty Mutual Insu	14559													
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INSURER C : Indian Harbor Insurance Compan	36940													
INSURER D : Employers Preferred Insurance	10346													
INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1318494253


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$								
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </tbody> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PER STATUTE	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800								

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

CERTIFICATE HOLDER**CANCELLATION**

Martin Memorial Library 159 E Market Street York PA 17401	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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000		FAX (A/C. No.): 888-389-8061
	E-MAIL ADDRESS:		
License#: PC-1013055		INSURER(S) AFFORDING COVERAGE	
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406		INSURER A: GuideOne Specialty Mutual Insu 14559	
		INSURER B: GuideOne Mutual Insurance Comp 15032	
		INSURER C: Indian Harbor Insurance Compan 36940	
		INSURER D: Employers Preferred Insurance 10346	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 422963230

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	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
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Mifflin County Library
 123 North Wayne Street
 Lewistown PA 17044

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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 719587108

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
	PER STATUTE	OTHER																	
E.L. EACH ACCIDENT																			
E.L. DISEASE - EA EMPLOYEE																			
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER**CANCELLATION**

Monroeville Public Library
 4000 Gateway Campus Blvd.
 Monroeville PA 15146

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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).

PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 523383855


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER**CANCELLATION**

New Beginnings Church of God 13226 Leslie Road Meadville PA 16335	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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 738332031


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Osterhout Free Library - Central Branch 71 South Franklin Street Wilkes-Barre PA 18701	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 934113044

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.

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

Evidence of Coverage.

CERTIFICATE HOLDER**CANCELLATION**

Pine Street United Methodist Church
 441 Pine Street
 Williamsport PA 17701

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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COVERAGES

CERTIFICATE NUMBER: 742455989


REVISION NUMBER:

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

CERTIFICATE HOLDER**CANCELLATION**

Quality Inn & Suites 455 Theatre Dr Johnstown PA 15904	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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 Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000 FAX (A/C. No.): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
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INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 1419926009 **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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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C	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Queen Associates L.P. (Landlord) and its general partner (Industrial Investments, Inc.) are included as Additional Insureds with respect to the leased warehouse space at 450 South Herderson Road, Unit D/E, King of Prussia, PA 19406. General Liability coverage shall apply on a primary and non-contributory basis with any other insurance in force for or which may be purchased by Additional Insured.

CERTIFICATE HOLDER Queen Associates L.P. 532 Township Line Road Blue Bell PA 19422	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 
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COVERAGES

CERTIFICATE NUMBER: 441465031

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Ramada Greensburg Hotel & Conference Center
 100 Ramada Inn Drive
 Greensburg PA 15601

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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COVERAGES **CERTIFICATE NUMBER:** 175380562 **REVISION NUMBER:**

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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER **CANCELLATION**

Raymond M. Blasco, M.D. Memorial Library 160 East Front Street Erie PA 16507	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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COVERAGES

CERTIFICATE NUMBER: 1188575794


REVISION NUMBER:

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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Ridley Township Public Library 100 E Macdade Blvd Folsom PA 19033	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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
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INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 1875131043 **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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER Schlow Centre Region Library 211 S Allen St State College PA 16801	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 
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COVERAGES

CERTIFICATE NUMBER: 313583261


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Scottdale Public Library 106 Spring Street Scottdale PA 15683	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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COVERAGES

CERTIFICATE NUMBER: 2052168560


REVISION NUMBER:

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B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

Shriners Hospitals for Children - Philadelphia 3551 North Broad Street Philadelphia PA 19140	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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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 1936163529 **REVISION NUMBER:**

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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000														
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800								

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

CERTIFICATE HOLDER **CANCELLATION**

Sonest	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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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1669013729


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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$												
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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E.L. DISEASE - POLICY LIMIT																			
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800												

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

CERTIFICATE HOLDER**CANCELLATION**

Sonesta ES Suites Allentown/Bethlehem 2180 Motel Dr Bethlehem PA 18018	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2022

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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES

CERTIFICATE NUMBER: 1845594054


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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER**CANCELLATION**

St. Marks Lutheran church 142 Market Street Williamsport PA 17701	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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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000 FAX (A/C. No.): 888-389-8061 E-MAIL ADDRESS:													
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INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														

COVERAGES **CERTIFICATE NUMBER:** 525946544 **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.

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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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Franklin Institute, Stockton & Partners Inc., The City of Philadelphia and its officers, employees, and agents are recognized as Additional Insureds as respects to General Liability, as required by written agreement.

CERTIFICATE HOLDER The Franklin Institute 220 N 20th Street Philadelphia PA 19103	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 
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CERTIFICATE OF LIABILITY INSURANCE

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8/10/2022

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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428	CONTACT NAME: PHONE (A/C. No. Ext): 610-941-0000	FAX (A/C. No.): 888-389-8061
	E-MAIL ADDRESS:	
License#: PC-1013055		
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406	INSURER(S) AFFORDING COVERAGE	
	INSURER A : GuideOne Specialty Mutual Insu	NAIC # 14559
	INSURER B : GuideOne Mutual Insurance Comp	15032
	INSURER C : Indian Harbor Insurance Compan	36940
	INSURER D : Employers Preferred Insurance	10346
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 525453775

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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	PER STATUTE	
							OTH-ER	
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							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Educator's Legal Liability			ELL0953539-04	8/3/2022	8/3/2023	\$1,000,000 Per Claim	\$3,000,000 Agg
A	Abuse or Molestation Liability			01-0011-311	8/3/2022	8/3/2023	\$1,000,000 Per Occ	\$3,000,000 Agg
A	Property			01-0011-311	8/3/2022	8/3/2023	Blanket BPP	944,800

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

The Certificate Holder is recognized as an Additional Insured, as required by written agreement. Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

CERTIFICATE HOLDER**CANCELLATION**

The Harrisburg Mall 3501 Paxton St Harrisburg PA 17111	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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PRODUCER Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken PA 19428 License#: PC-1013055 PENNVIR-01	CONTACT NAME: PHONE (A/C, No, Ext): 610-941-0000 FAX (A/C, No): 888-389-8061 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne Specialty Mutual Insu</td> <td>14559</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Comp</td> <td>15032</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER D : Employers Preferred Insurance</td> <td>10346</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne Specialty Mutual Insu	14559	INSURER B : GuideOne Mutual Insurance Comp	15032	INSURER C : Indian Harbor Insurance Compan	36940	INSURER D : Employers Preferred Insurance	10346	INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
INSURED Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia PA 19406														


COVERAGES **CERTIFICATE NUMBER:** 1629207546 **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	<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:			01-0011-311	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01-0011-312	8/3/2022	8/3/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<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 \$ 2,500			01-0011-314	8/3/2022	8/3/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			EIG 5052339 00	8/3/2022	8/3/2023	<input 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
C A A	Educator's Legal Liability Abuse or Molestation Liability Property			ELL0953539-04 01-0011-311 01-0011-311	8/3/2022 8/3/2022 8/3/2022	8/3/2023 8/3/2023 8/3/2023	\$1,000,000 Per Claim \$1,000,000 Per Occ Blanket BPP \$3,000,000 Agg \$3,000,000 Agg 944,800

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

CERTIFICATE HOLDER **CANCELLATION**

Uniontown Public Library Central Library 24 Jefferson Street Uniontown PA 15401	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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INSURANCE BINDER

TSMI

DATE (MM/DD/YYYY)
08/10/2022

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

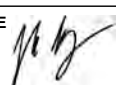
AGENCY Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken, PA 19428		COMPANY National Specialty Insurance Company		BINDER # 6161	
PHONE (A/C, No, Ext): (212) 375-3000		FAX (A/C, No): (888) 389-8061		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: AGENCY CUSTOMER ID: PENNVIR-01		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Policy Period: 8/3/2022 to 8/3/2023 Policy Number: BLURBCGL37HVTGT	
INSURED AND MAILING ADDRESS Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia, PA 19406		DATE EFFECTIVE 08/03/2022		TIME 12:01	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		DATE EXPIRATION 09/02/2022	
		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE DED	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
		PER STATUTE		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES Cyber Liability: Policy Aggregate - \$1,000,000		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

Evidence of Coverage	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE 		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



INSURANCE BINDER

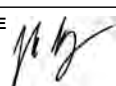
TSMI

DATE (MM/DD/YYYY)
08/10/2022

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken, PA 19428		COMPANY Indian Harbor Insurance Compan		BINDER # 6160	
PHONE (A/C, No, Ext): (212) 375-3000		FAX (A/C, No): (888) 389-8061		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: AGENCY CUSTOMER ID: PENNVIR-01		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Policy Period: 8/3/2022 to 8/3/2023 Policy Number: ELL0953539-04	
INSURED AND MAILING ADDRESS Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia, PA 19406					

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____ <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT \$		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ <input type="checkbox"/> PER STATUTE		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS / OTHER COVERAGES Educators Legal Liability: \$1,000,000 Per Claim / \$3,000,000 Aggregate		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS Evidence of Coverage	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE 		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



INSURANCE BINDER

TSMI

DATE (MM/DD/YYYY)
08/10/2022

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

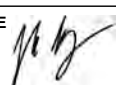
AGENCY Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken, PA 19428		COMPANY GuideOne Specialty Insurance Company		BINDER # 6157	
PHONE (A/C, No, Ext): (212) 375-3000		FAX (A/C, No): (888) 389-8061		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: AGENCY CUSTOMER ID: PENNVIR-01		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Policy Period: 8/3/2022 to 8/3/2023 Policy Number: 01-0011-311	
INSURED AND MAILING ADDRESS Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia, PA 19406		DATE EFFECTIVE 08/03/2022		TIME 12:01	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		DATE EXPIRATION 09/02/2022	
		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Loc #0, Bldg #0 - Building Loc #0, Bldg #0 - Business Personal Property Loc #0, Bldg #0 - Business Income with Extra Expense Loc #0, Bldg #0 - Flood	\$2,500 \$2,500 24 \$25,000		\$7,678,000.00 \$944,800.00 \$2,000,000.00 \$1,000,000.00
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	47476 - Schools - Private - Elementary, Kindergarten, or Junior High NFP Only 47478 - Schools - Private - High - NFP Only 47469 - Schools - Faculty Liability for Corporal Punishment of Students			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:			COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE DED	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS / OTHER COVERAGES Abuse & Molestation Liability: \$1M/\$3M				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

Evidence of Coverage	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE 		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.



INSURANCE BINDER

TSMI

DATE (MM/DD/YYYY)
08/10/2022

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

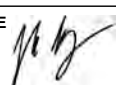
AGENCY Lamb Insurance Services 1100 Hector Street - Suite 470 Conshohocken, PA 19428		COMPANY Employers Preferred Insurance Company		BINDER # 6159	
PHONE (A/C, No, Ext): (212) 375-3000		FAX (A/C, No): (888) 389-8061		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE: AGENCY CUSTOMER ID: PENNVIR-01		SUB CODE:		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Policy Period: 8/3/2022 to 8/3/2023 Policy Number: EIG 5052339 00	
INSURED AND MAILING ADDRESS Pennsylvania Virtual Charter School 630 Park Avenue King Of Prussia, PA 19406		DATE EFFECTIVE 08/03/2022		TIME 12:01	
		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		DATE EXPIRATION 09/02/2022	
		<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE STATED AMOUNT \$		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
SPECIAL CONDITIONS / OTHER COVERAGES		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

Evidence of Coverage	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #:	
AUTHORIZED REPRESENTATIVE 		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on page 1 of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Arizona

Binders are effective for no more than ninety (90) days.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in Oklahoma

All policies shall expire at 12:01 a.m. standard time on the expiration date stated in the policy.

Applicable in Oregon

Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

SAFETY SERVICES

Notice to policy recipient: If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control has an extensive staff of safety and loss prevention professionals assisting customers across the country and around the world. We have one of the largest Risk Control departments in the industry, and our scale allows us to apply the right resource at the right time to meet customer needs.

We have a wide range of industry-specific experience, which includes manufacturing, construction, wholesale and retail businesses, service organizations, technology-related business, the oil and gas industry, the public sector and others.

Following are some examples of available safety services:

Accident Prevention – Our staff can help you identify present and potential hazards within your operations, premises and equipment, and recommend solutions for reducing or eliminating these hazards.

Analysis of Accident Causes – Our REACT accident investigation program can assist you in determining root causes of accidents and help you prevent recurrences.

Safety Consultations – Our consultants can assist you with solutions in specialized areas such as ergonomics, industrial hygiene and fleet safety.

These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.

SAFETY IS YOUR CONCERN

At Travelers, we are committed to helping protect your business. Travelers Risk Control has the experience, resources and capabilities to provide a range of safety services Onsite, Online and On-Demand. As our customer, you have access to hundreds of safety resources that cover an array of safety and risk management topics to help you control hazards and reduce risks of injury or illness. You can access these resources by logging in at www.travelers.com. Not registered? Select "Log In" and then "Register Now" to register for MyTravelers for Business.

Examples of what you will find include:

- Safety checklists, sample programs and self-assessments.
- Safety training offerings including classroom, and online.
- Additional safety products and services

These resources can help you improve your workplace safety practices.

Contact Us

For more information, please visit travelers.com/riskcontrol or contact your local Travelers office.

Industrial Hygiene/Health Services – Travelers has an AIHA accredited lab to analyze air samples taken by our IH Specialists, or by you, through our Pump Loan program to help you identify potential exposures to occupational illnesses.

Safety Literature and Digital Media – Our Risk Control customer website has hundreds of resources including checklists, sample programs, self-assessments, instructional videos and other safety and health related tools.

Safety Training – We offer face-to-face classroom courses, as well as distance learning and online training programs on a variety of safety and risk management topics in order to provide flexibility for your safety training needs.

Return-To-Work Coordination – We have consultants who specialize in post injury management that can assist you with developing or enhancing a return-to-work program, along with other aspects of our Corridor of Care® post injury process.

Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.

The loss of a key employee due to an injury can seriously impact your business. We can help you to understand the types of accidents that may occur in your business and the steps you can take to help prevent them.

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

ALABAMA
Birmingham

3000 Riverchase Galleria
Ste. 600
Birmingham, AL 35244
Risk Control: 1-800-973-9215
Claims: 1-800-238-6214

ALASKA
Portland, OR

4000 SW Kruse Place, Suite 100
Lake Oswego, OR 97035
Risk Control: 1-800-973-9215

ARIZONA
Phoenix

2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
Risk Control: 1-800-973-9215

ARKANSAS
Kansas City, KS

7465 West 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215

CALIFORNIA
Diamond Bar

21688 Gateway Center Drive
P.O. Box 6512
Diamond Bar, CA 91765-8512
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Glendale

655 N. Central Avenue, Suite 1600
Glendale, CA 91203
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Irvine

3333 Michelson Dr. City Blvd. W
Suite 1000
Irvine, CA 92612
Risk Control: 1-800-973-9215

CALIFORNIA
Los Angeles

888 South Figueroa St., Ste. 500
Los Angeles, CA 90017
Risk Control: 1-800-973-9215
Claims: (909) 612-3000

CALIFORNIA
Sacramento

11070 White Rock Road, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claims: (800) 727-3995

CALIFORNIA
San Diego

9325 Sky Park Court, Suite 220
San Diego, CA 92123
Risk Control: 1-800-973-9215

CALIFORNIA
Walnut Creek

401 Lennon Lane, Suite 100
Walnut Creek, CA 94598
Risk Control: 1-800-973-9215
Claims: (800) 842-7354

COLORADO
Denver

6060 S. Willow Dr. #300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215
Claims: 720-200-8100

CONNECTICUT
Hartford

300 Windsor Street
Hartford, CT 06120
Risk Control: 1-800-973-9215
Claims: 1 (877) 828-4110

DELAWARE
Philadelphia, PA

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

DISTRICT OF COLUMBIA
Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

FLORIDA
Orlando

2420 Lakemont Dr
Orlando, FL 32814
Risk Control: 1-800-973-9215
Claims: 407-388-2400

GEORGIA
Atlanta

1000 Windward Concourse
Alpharetta, GA 30005
Risk Control: 1-800-973-9215
Claims: 800-238-6214

HAWAII
Irvine, CA

3333 Michelson Drive City Blvd. W
Suite 1000
Irvine, CA 92612
Risk Control: 1-800-973-9215

IDAHO
Sacramento, CA

11070 White Rock Rd, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claim: (800) 727-3995

ILLINOIS
Chicago

161 N Clark St.
Suite 900
Chicago, IL 60601
Risk Control: 1-800-973-9215
Claims: 800-842-6172

ILLINOIS
Naperville

215 Shuman Boulevard
P.O. Box 3208
Naperville, IL 60566
Risk Control: 1-800-973-9215
Claims: 800-842-6172

INDIANA
Indianapolis

Suite 300
280 East 96th Street
Indianapolis, IN 46240
Risk Control: 1-800-973-9215
Claims: 800-238-6210

IOWA
Des Moines

7101 Vista Dr.
West Des Moines, IA 50266-9313
Risk Control: 1-800-973-9215
Claims: 800-255-5072

KANSAS
Kansas City

7465 West 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215

KENTUCKY
Louisville

Suite 150
303 N Hurstbourne Pkwy
Louisville, KY 40222
Risk Control: 1-800-973-9215
Claims: 800-238-6210

LOUISIANA
New Orleans

3838 N. Causeway, Suite 2700
Metairie, LA 70002
P.O. Box 61479
New Orleans, LA 70161-1479
Risk Control: 1-800-973-9215
Claims: 800-842-2556

MAINE
Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
Risk Control: 1-800-973-9215

MARYLAND
Blue Bell, PA

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 1-800-368-3562

MASSACHUSETTS
Boston

100 Summer Street, Suite 201A
Boston, MA 02110
Risk Control: 1-800-973-9215
Claims: 800-832-7839

MASSACHUSETTS
Hudson

1 Cabot Road
Suite 250
Hudson, MA 01749
Risk Control: 1-800-973-9215
Claims: 800-832-7839

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

MASSACHUSETTS

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
Risk Control: 1-800-973-9215
Claims: 800-832-7839

MICHIGAN

Grand Rapids

625 Kenmoor Ave
Suite 213
Grand Rapids, MI 49546
Risk Control: 1-800-973-9215
Claims: 800-238-6210

MICHIGAN

Troy

1441 W. Long Lake Rd., Ste. 300
Troy, MI 48098
Risk Control: 1-800-973-9215
Claims: 800-238-6210

MINNESOTA

St. Paul

385 Washington St., MC 104P
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

MISSISSIPPI

Jackson

1080 River Oaks Dr
Ste B-200
Flowood, MS 39232
Risk Control: 1-800-973-9215
Claims: 1-800-342-4064

MISSOURI

St. Louis

940 West Port Plaza, Suite 270
St. Louis, MO 63146
Risk Control: 1-800-973-9215
Claims: 800-842-9621

Kansas City

7465 W 132nd, Suite 400
Overland Park, KS 66213
Risk Control: 1-800-973-9215
Claims: 800-255-5072

Missouri Workers'

Compensation Plan (MWCP)

4801 Main Street, Suite 350
Kansas City, MO 64112
Risk Control: 1-800-973-9215

MONTANA

Sacramento, CA

11070 White Rock Rd, Suite 130
Rancho Cordova, CA 95670
Risk Control: 1-800-973-9215
Claims: (800) 727-3995

NEBRASKA

Omaha

11516 Miracle Hills Dr., St. 400
Omaha, NE 68154
Risk Control: 1-800-973-9215
Claims: 800-255-5072

NEVADA

Las Vegas

7450 Arroyo Crossing Pkwy
Suite 200
Las Vegas, NV 89113
Risk Control: 1-800-973-9215
Claims: 702-479-4200

NEW HAMPSHIRE

Portland, ME

207 Larrabee Road, Suite 3
Westbrook, ME 04092
Risk Control: 1-800-973-9215

NEW JERSEY

Morristown

445 South Street
Morristown, NJ 07960
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW JERSEY

Marlton

Lake Center Exec Park Building 30
Suite 110
Marlton, NJ 08053
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW MEXICO

Phoenix

2401 W Peoria Ave., Suite 130
Phoenix, AZ 85029
Risk Control: 1-800-973-9215
Claims: 602-861-8600

NEW YORK

Albany

900 Watervliet-Shaker Road
Albany, NY 12205
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

Buffalo

60 Lakefront Blvd.
P.O. Box 242
Buffalo, NY 14240-0242
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

Melville

3 Huntington Quadrangle
Melville, NY 11747
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NEW YORK

New York

485 Lexington Ave.
New York, NY 10017-2630
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW YORK

Rochester

75 Town Centre Drive
P.O. Box 23235
Rochester, NY 14692-3235
Risk Control: 1-800-973-9215
Claims: 1-800-842-2475

NEW YORK

Syracuse

440 South Warren Street
P.O. Box 4963
Syracuse, NY 13221-4963
Risk Control: 1-800-973-9215
Claims: 800-842-2475

NORTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
Suite 400
Charlotte, NC 28226
Risk Control: 1-800-973-9215
Claims: (704) 544-3500

NORTH CAROLINA

Raleigh

4504 Emperor Blvd.
Durham, NC 27703
Risk Control: 1-800-973-9215
Claims: (704) 544-3500

NORTH DAKOTA

St. Paul, MN

385 Washington St., MC 104P
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

OHIO

Cincinnati

Baldwin Center, Suite 500
625 Eden Park Drive
Cincinnati, OH 45202
Risk Control: 1-800-973-9215
Claims: 800-238-6210

OHIO

Cleveland

6150 Oak Tree Blvd., Suite 400
Independence, OH 44131
Risk Control: 1-800-973-9215
Claims: 800-238-6210

OKLAHOMA

Tulsa

9820 East 41st St., Suite 401
P.O. Box 3510
Tulsa, OK 74101
Risk Control: 1-800-973-9215

OREGON

Portland

4000 SW Kruse Way Place,
Building 1, Suite 255
Lake Oswego, OR 97035
Risk Control: 1-800-973-9215
Claims: 800-698-6883

PENNSYLVANIA

Philadelphia

10 Sentry Parkway, Suite 300
Blue Bell, PA 19422
Risk Control: 1-800-973-9215
Claims: 800-832-0606

PENNSYLVANIA

Pittsburgh

112 Washington Place, Suite 910
Pittsburgh, PA 15219
Risk Control: 1-800-973-9215
Claims: (412) 338-3000

Please call these numbers
FOR SAFETY SERVICES ONLY

For all other inquiries please contact your agent, underwriter or claim representative

PENNSYLVANIA

Reading

1105 Berkshire Blvd.
P.O. Box 13426
Wyomissing, PA 19610
Risk Control: 1-800-973-9215
Claims: 800-832-0606

RHODE ISLAND

Braintree

350 Granite Street
Suite 1201
Braintree, MA 02184
Risk Control: 1-800-973-9215
Claims: 800-832-7839

SOUTH CAROLINA

Charlotte

11440 Carmel Commons Blvd.
P.O. Box 473500
Charlotte, NC 28247-3500
Risk Control: 1-800-973-9215
Claims: 704-544-3500

SOUTH DAKOTA

St. Paul, MN

385 Washington St.
St. Paul, MN 55102
Risk Control: 1-800-973-9215
Claims: 800-842-3073

TENNESSEE

Franklin

6640 Carothers Pkwy, Suite 300
Franklin, TN 37067
Risk Control: 1-800-973-9215
Claims: (615) 660-6000

TEXAS

Dallas

1301 E Collins Blvd., Suite 300
Richardson, TX 75081
Risk Control: 1-800-973-9215
Claims: 214-570-6000

TEXAS

Houston

4650 Westway Park Blvd., Suite 350
Houston, TX 77041
Risk Control: 1-800-973-9215
Claims: 800-235-3610

UTAH

Denver, CO

6060 S. Willow Drive#300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215
Claims: 800-453-3025

VERMONT

Hartford, CT

300 Windsor Street
Hartford, CT 06120
Risk Control: 1-800-973-9215
Claims: (800) 422-3340

VIRGINIA

Richmond

9954 Mayland Drive, Suite 6100
Richmond, VA 23233
Risk Control: 1-800-973-9215
Claims: (804) 330-6000

Washington, DC

14200 Park Meadow Dr.
Chantilly, VA 20151
Risk Control: 1-800-973-9215
Claims: 800-368-3562

WASHINGTON

Seattle

1501 4th Avenue, Suite 400
Seattle, WA 98101
Risk Control: 1-800-973-9215

WEST VIRGINIA

Charleston, WV

119 Virginia St. W.
Charleston, WV 25302
Risk Control: 1-800-973-9215
Claims: (443) 353-1000

WISCONSIN

Milwaukee

13935 Bishops Drive, Suite 200
Brookfield, WI 53005
Risk Control: 1-800-973-9215
Claims: 800-842-6172

WYOMING

Denver, CO

6060 S. Willow Drive #300
Greenwood Village, CO 80111
Risk Control: 1-800-973-9215



Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

A Custom Insurance Policy Prepared for:

PENNSYLVANIA VIRTUAL CHARTER
SCHOOL
630 PARK AVENUE
KING OF PRUSSIA PA 19406



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE v INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2N994233-22-42-G

NJ TAX IDENTIFICATION NO.: 233075231000

RENEWAL OF (UB-2N994233-21-42-G)

INSURER: THE PHOENIX INSURANCE COMPANY
A Stock Company

NCCI CO CODE: 12610

1.

INSURED:

PENNSYLVANIA VIRTUAL CHARTER
SCHOOL
630 PARK AVENUE
KING OF PRUSSIA, PA 19406

PRODUCER:

AUTOMATIC DATA PROC INS
1 ADP BLVD # 625
ROSELAND, NJ 07068

Insured is **NON PROFIT 501C3**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from **08-03-22** to **08-03-23** 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:
NJ PA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 1,000,000 Each Accident
Bodily Injury by Disease: \$ 1,000,000 Policy Limit
Bodily Injury by Disease: \$ 1,000,000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

**AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI
MN MO MS MT NC NE NH NM NV NY OK OR RI SC SD TN TX UT VA VT WI WV**

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**

DATE OF ISSUE: 07-05-22 SD

OFFICE: PAYROLL 70A

PRODUCER: AUTOMATIC DATA PROC INS XV770



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE V INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: UB-2N994233-22-42-G

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
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SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 8249 NAICS: 611110

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$ 73676
PREMIUM DISCOUNT	3242
0900-37 EXPENSE CONSTANT	160
TERRORISM	5700
CAT (OTHER THAN CERT ACTS OF TERRORISM)	2850
TOTAL ESTIMATED PREMIUM	79144
TAXES AND SURCHARGES	2121
DEPOSIT AMOUNT DUE	81265

Minimum Premium: \$ 486

EMPLOYERS LIABILITY MINIMUM: \$150

DATE OF ISSUE: 07-05-22 SD

OFFICE: PAYROLL 70A

PRODUCER: AUTOMATIC DATA PROC INS XV770

COUNTERSIGNED-AGENT



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-2N994233-22-42-G

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

INSURED'S NAME: PENNSYLVANIA VIRTUAL CHARTER

13579-NJ

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001				
FEIN 233075231 ENTITY CD 001 00				
TAX IDENTIFIER NUMBER 233075231000				
PENNSYLVANIA VIRTUAL CHARTER SCHOOL				

NJ- NO BUSINESS LOCATION

SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	8868	IF ANY	1.36	0
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NJ MANUAL PREMIUM \$ 0

TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.	\$	0
EXPERIENCE MODIFICATION:NONE MODIFIED PREMIUM		NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		0
TOTAL ESTIMATED PREMIUM		0
5.33% SECOND INJURY FUND SURCHARGE		0
TOTAL PREMIUM		0
DEPOSIT AMOUNT DUE		0



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-2N994233-22-42-G

INSURER: THE PHOENIX INSURANCE COMPANY

INSURED'S NAME: PENNSYLVANIA VIRTUAL CHARTER

12610-PA

RATE BUREAU ID: 003075511

EXP. MOD. EFFECTIVE DATE: 08-03-22

CLASSIFICATION	CODE	PREMIUM BASIS	RATES	ESTIMATED
		ESTIMATED TOTAL ANNUAL REMUNERATION	PER \$100 OF REMUNERATION	ANNUAL PREMIUM
LOCATION 001 FEIN 233075231 ENTITY CD 001 00 PENNSYLVANIA VIRTUAL CHARTER SCHOOL 470 MALL CIRCLE DR MONROEVILLE , PA 15146 NAICS: 611110				
COLLEGE OR SCHOOL N.O.C.- ALL EMPLOYEES INCLUDING OFFICE	0965	19000000.00	0.56	106400
LOCATION 002 FEIN 233075231 ENTITY CD 001 00 PENNSYLVANIA VIRTUAL CHARTER SCHOOL 909 GREEN ST HARRISBURG , PA 17102 NAICS: 611110				
COLLEGE OR SCHOOL N.O.C.- ALL EMPLOYEES INCLUDING OFFICE	0965	IF ANY	0.56	0

LOCATION 003
FEIN 233075231 ENTITY CD 001 00
DATE OF ISSUE: 07-05-22 SD



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: UB-2N994233-22-42-G

CLASSIFICATION	CODE	PREMIUM BASIS		ESTIMATED ANNUAL PREMIUM
		ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	
LOCATION 003 (CONT'D)				
FEIN 233075231 ENTITY CD 001 00 (CONT'D)				
PENNSYLVANIA VIRTUAL CHARTER SCHOOL				
490 S HENDERSON RD UNIT D KING OF PRUSSIA , PA 19406 NAICS: 611110				
COLLEGE OR SCHOOL N.O.C.- ALL EMPLOYEES INCLUDING OFFICE	0965	IF ANY	0.56	0
PA MANUAL PREMIUM \$	106400			

1.40% EMPL. LIAB. INCREASED LIMITS(9812)	\$	1490
TOTAL PREMIUM SUBJECT TO EXPERIENCE MOD.		107890
EXPERIENCE MODIFICATION:0.704 MODIFIED PREMIUM		75955
-3.00% SCHEDULE CREDIT(9887)		-2279
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		73676
-4.40% PREMIUM DISCOUNT(0064)		-3242
EXPENSE CONSTANT(0900)		160
TERRORISM(9740)		5700
CAT(OTHER THAN CERT ACTS OF TERRORISM)(9741)		2850
TOTAL ESTIMATED PREMIUM		79144
2.68% EMPLOYER ASSESSMENT		2121
TOTAL PREMIUM		81265
DEPOSIT AMOUNT DUE		81265

POLICY NUMBER: UB-2N994233-22-42-G

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 04 14 A - 001	NOTIFICATION OF CHG IN OWNR ENDT
WC 00 04 22 C - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 04 25 00 - 001	EXPER RATING MOD FACTOR REVISION ENDT
WC 99 03 C3 00 - 001	SPECIAL PROVISIONS ENDT
WC 00 04 21 E - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 99 04 08 00 - 001	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 29 03 06 B - 001	NJ PART TWO EMPLOYERS LIABILITY ENDT.
WC 37 03 10 C - 001	EXCLUSION OF EXECUTIVE OFFICERS ENDT PA
WC 37 06 01 00 - 001	SPECIAL PA ENDT - INSPECTION OF MANUALS
WC 37 06 02 00 - 001	NOTICE INS CONSULTATION SERVICE EXEMPT.
WC 37 06 03 A - 001	PA ACT 86-1986 ENDORSEMENT
WC 37 06 04 00 - 001	PA EMPLOYER ASSESSMENT ENDORSEMENT

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE

WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance.
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law.

Enforcement may be against us or against you and us.

4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or

Canada who is temporarily outside these countries;

7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
 8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C Sections 1331 et seq.), the Defense Base Act (42 U.S.C Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
 9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
 10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
 11. Fines or penalties imposed for violation of federal or state law; and
 12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.
- ## D. We Will Defend
- We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We

have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below:

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident – each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease – policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of

employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease – each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE
OTHER STATES INSURANCE**

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by

those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**PART SIX
CONDITIONS**

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they

comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

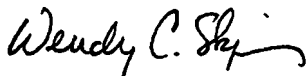
D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.


E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut and countersigned on the Information page by a duly authorized agent of the company.



Secretary



President

POLICY NUMBER: UB-2N994233-22-42-G

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

EndorsementNo.
Premium

Insurance Company

Countersigned by _____

ENDORSEMENT WC 00 04 22 (C)

POLICY NUMBER: UB-2N994233-22-42-G

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027 an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 04 22 (C)

POLICY NUMBER: UB-2N994233-22-42-G

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

State	Schedule Rate	Premium
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For all other states please refer to the other Federal Terrorism Risk Insurance Act Disclosure Endorsements attached to your policy

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____



ONE TOWER SQUARE
HARTFORD CT 06183

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 00 04 24 (00)

POLICY NUMBER: UB-2N994233-22-42-G

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five – Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 – Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state – approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

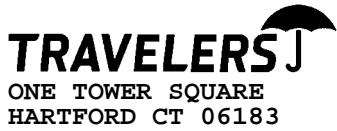
Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
All states, except AK, CA, FL, IN, LA, MA, MO, MT, ND, NH, NY, OH, PA, TX, WA, WI, WY	Estimated annual premium	Multiplier varies based on number of consecutive policy periods in which you failed to comply with the Audit provision - First policy period: 25% - Second consecutive policy period: 50% - Third (or more) consecutive policy period(s): 75%

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned by _____	



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 04 25 (00)

POLICY NUMBER: UB-2N994233-22-42-G

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

This endorsement is added to Part Five—Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No
Insured		Premium \$
Insurance Company	Countersigned by _____	

POLICY NUMBER: UB-2N994233-22-42-G

**SPECIAL PROVISIONS ENDORSEMENT
STATE APPLICABILITY**

The listed endorsements are only applicable in the following states:

WC 00 04 14 (A)-001 NOTIFICATION OF CHG IN OWNR ENDT
APPLIES TO STATE(S): PA
WC 00 04 19 (00)-001 PREMIUM DUE DATE ENDORSEMENT
APPLIES TO STATE(S): NJ PA
WC 00 04 21 (E)-001 CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
APPLIES TO STATE(S): NJ PA
WC 00 04 22 (C)-001 TERRORISM RISK INS PROG REAUTH ACT ENDT
APPLIES TO STATE(S): NJ PA
WC 00 04 24 (00)-001 AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
APPLIES TO STATE(S):
WC 00 04 25 (00)-001 EXPER RATING MOD FACTOR REVISION ENDT
APPLIES TO STATE(S): NJ PA
WC 29 03 06 (B)-001 NJ PART TWO EMPLOYERS LIABILITY ENDT.
APPLIES TO STATE(S): NJ
WC 37 03 10 (C)-001 EXCLUSION OF EXECUTIVE OFFICERS ENDT PA
APPLIES TO STATE(S): PA
WC 37 06 01 (00)-001 SPECIAL PA ENDT - INSPECTION OF MANUALS
APPLIES TO STATE(S): PA
WC 37 06 02 (00)-001 NOTICE INS CONSULTATION SERVICE EXEMPT.
APPLIES TO STATE(S): PA
WC 37 06 03 (A)-001 PA ACT 86-1986 ENDORSEMENT
APPLIES TO STATE(S): PA
WC 37 06 04 (00)-001 PA EMPLOYER ASSESSMENT ENDORSEMENT
APPLIES TO STATE(S): PA
WC 99 04 08 (00)-001 PREMIUM DISCOUNT ENDORSEMENT
APPLIES TO STATE(S): PA

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured
Insurance Company

Policy No.

Endorsement No.

Premium \$

Countersigned by _____

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 C), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (Other Than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of the Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

	Schedule	
State	Rate	Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company
Form WC 00 04 21 (E)

Countersigned by _____

DATE OF ISSUE: 07-05-22 ST ASSIGN:



ONE TOWER SQUARE
HARTFORD CT 06183

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 99 04 08 (00)

POLICY NUMBER: UB-2N994233-22-42-G

PREMIUM DISCOUNT ENDORSEMENT

The premium for the state and other states, if any, listed in item 3.A of the Information Page may be eligible for a discount. The final calculation of premium discount will be determined by our manuals and your premium as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

OTHER POLICIES:

DATE OF ISSUE: 07-05-22

ST ASSIGN:

POLICY NUMBER: UB-2N994233-22-42-G

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

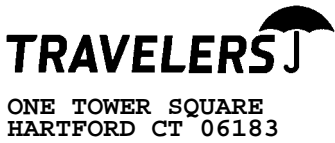
Section D. of Part Five of the policy is replaced by this provision.

PART FIVE

PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY ENDORSEMENT WC 29 03 06 (B)

POLICY NUMBER: UB-2N994233-22-42-G

NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the Information Page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7, we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F, the "Other Insurance" provision is replaced with the following:

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Insured

Policy No.

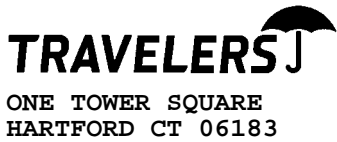
Endorsement No. Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 07-05-22

ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 37 03 10 (C)**

POLICY NUMBER: UB-2N994233-22-42-G

EXCLUSION OF EXECUTIVE OFFICERS ENDORSEMENT – PENNSYLVANIA

The executive officers named in the schedule have exercised their right to waive workers compensation and employers liability benefits payable under this policy. The premium basis for this policy does not include the remuneration of such persons. The insurance carrier is entitled to reimbursement from the employer for any benefits paid under this policy for any of the persons listed in the schedule.

Only officers with an ownership interest in a Subchapter S corporation or officers individually having at least a 5 percent ownership interest in a Subchapter C corporation or serve voluntarily and without remuneration in a non-profit corporation are eligible.

Schedule

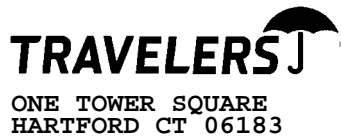
<u>Name of Officer</u>	<u>Office Held</u>	<u>Signature Optional</u>	<u>*Type of Corporation ("S" or "C") or V Interest</u>	<u>% Ownership Interest</u>
BOARD OF DIRECTOR	BOD			

Policy Number UB-2N994233-22-42-G

Policy Effective Date 08-03-22

Carrier THE TRAVELERS INSURANCE COMPANIES

Insured's Name PENNSYLVANIA VIRTUAL CHARTER SCHOOL



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

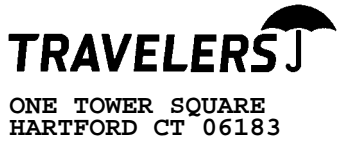
ENDORSEMENT WC 37 06 01 (00)

POLICY NUMBER: **UB-2N994233-22-42-G**

SPECIAL PENNSYLVANIA ENDORSEMENT – INSPECTION OF MANUALS

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.I. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

DATE OF ISSUE: **07-05-22** ST ASSIGN:



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 37 06 02 (00)

POLICY NUMBER: **UB-2N994233-22-42-G**

**NOTICE
INSURANCE CONSULTATION SERVICES EXEMPTION ACT**

This notice is issued by that member of The Travelers Insurance Companies which issued your insurance policy and shall be attached to and become a part of your policy.

This Notice is provided to you pursuant to the law of the Commonwealth of Pennsylvania effective January 1, 1981 and known as the "Insurance Consultation Services Exemption Act", which generally provides that "the furnishing of, or failure to furnish, insurance consultation services related to, in connection with or incidental to a policy of insurance shall not subject the insurer, its agents, employees or service contractors to liability for damages from injury, death or loss occurring as a result of any act or omission by any person in the course of such services."

Such immunity does not apply: (I) where the injury occurred during the actual performance of consultation services and was caused by the negligence of the insurer; (II) with respect to consultation services performed pursuant to a written service contract not incidental to a policy of insurance; and (III) in any action against an insurer in which it is judicially determined that any act or omission resulting in damages constituted a crime, actual malice or gross negligence.

The Travelers may make such inspection in accordance with provisions of our policies.

POLICY NUMBER: UB-2N994233-22-42-G

**PENNSYLVANIA ACT 86-1986 ENDORSEMENT
NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, and RETURN OF
UNEARNED PREMIUM**

This endorsement applies only to the insurance provided by the policy because Pennsylvania is shown in Item 3.A. of the Information Page.

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirement will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.
2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return of unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

POLICY NUMBER: UB-2N994233-22-42-G

PENNSYLVANIA

EMPLOYER ASSESSMENT ENDORSEMENT

Act 57 of 1997 requires that "...the assessments for the maintenance of the Subsequent Injury Fund, the Workmen's Compensation Supersedes Fund and the Workmen's Compensation Administration Fund under sections 306.2, 443 and 446 of the act of June 2, 1915 (P.L. 736, No. 338), known as the "Workers' Compensation Act, shall be imposed, collected and remitted through insurers in accordance with regulations promulgated by the Department of Labor and Industry".

EMPLOYER ASSESSMENT FORMULA:

Employer = Act 57 of 1997 Employer Employer Assessment
Assessment Assessment Factor Premium Base

Act 57 of 1997 Employer Assessment Factor

A factor expressed to four decimal places proposed by the Pennsylvania Compensation Rating Bureau and approved by the Pennsylvania Insurance Commissioner.

Employer Assessment Premium Base

Calculation of Employer Assessment Premium Base proceeds by adding back to the total policy premium the amount of any Small Deductible Premium Credit or Large Deductible Premium Credit.

Code 0938

**EMPLOYER ASSESSMENT
FACTOR**

See info page

EMPLOYER ASSESSMENT

\$ See info page

NEW JERSEY

**NOTICE OF ELECTION – PROPRIETORS AND PARTNERS
WORKERS’ COMPENSATION AND EMPLOYERS’ LIABILITY INSURANCE**

The New Jersey Workers’ Compensation Law was amended effective April 13, 2000. The amendment permits **election** by a self-employed person or partners of any partnership including partners of a limited liability partnership and members of a limited liability company actively performing services on behalf of the business to be deemed employees for the purpose of receipt of benefits and the payment of premiums. This election does not affect the insurance obligations for employees other than the self-employed person, partners or members.

The election must be made at the time the policy is purchased or renewed and must be effective at the inception date of the policy. It is important to note that the election cannot be rescinded during the policy period and that in the case of any partnership including a limited liability partnership or limited liability company, **ALL** of the partners or **ALL** of the members must elect the coverage. You will be required to pay a premium based on the remuneration and duties of the self-employed person or each partner or each member.

The insurer or insurance producer shall not be liable in an action for damages on account of the failure of a business, limited liability partnership, limited liability company or partnership to elect to obtain workers’ compensation coverage for a self-employed person, limited liability partner, limited liability company member or partner, unless the insurer or insurance producer causes damage by a willful, wanton or grossly negligent act of commission or omission.

Whether electing or rejecting coverage, it will be necessary to complete all of the information requested below. This completed form must then be returned to the insurer/producer. A copy of this Notice and proof of mailing should be retained for your records. If you received this form in relation to a renewal of insurance, and fail to execute and return it to the insurer/producer, coverage will continue as per the expiring policy.

NAME OF BUSINESS _____		
COVERAGE IS ELECTED <input type="checkbox"/>	COVERAGE IS REJECTED <input type="checkbox"/>	BUSINESS IS A CORPORATION or OTHER FORM OF ORGANIZATION <input type="checkbox"/>

Always complete this section

	<u>Name(s) of Proprietor or ALL Partners</u> (Please Print)	<u>Estimated Annual Wage</u>	<u>Duties</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Complete this section only when coverage is elected

Signature: _____	Date: _____
Proprietor or a Partner	

Always complete this section

IMPORTANT NOTICE – COPYRIGHT

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The National Council on Compensation Insurance and certain state workers compensation bureaus require a copyright notice on policy forms that contain their copyrighted material. This Important Notice addresses this copyright notice requirement for any policy form included in this policy that does not separately contain a copyright notice.

For all policy forms other than the workers compensation bureau forms of the states identified below:

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For the workers compensation bureau policy forms of the following states:

DELAWARE:

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MICHIGAN:

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MINNESOTA:

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NEW JERSEY:

© Compensation Rating and Inspection Bureau

NEW YORK:

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PENNSYLVANIA:

© 2022 Pennsylvania Compensation Rating Bureau

IMPORTANT NOTICE – NEW, UNCOLLECTED OR UNCONTEMPLATED SURCHARGES

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

The insurer is responsible for the collection of any surcharge related to the policy premium in accordance with state laws or regulations. While surcharges are commonly known at the time of policy issuance, there are instances when a state amends existing, or institutes new, surcharge rates after policy issuance. The insured is responsible to reimburse the insurer when billed for the amount of any surcharge.

WORKERS' COMPENSATION INFORMATION

Pennsylvania

THANK YOU FOR YOUR BUSINESS

We look forward to partnering with you in your Workers Compensation program.

The following will introduce you to Claim related forms and medical provider information that you need to be familiar with.

1. Forms – There are two forms that need to be signed by your employees, before an accident ever happens .
 - A. **Workers Compensation Information Form.** Please have your employees sign this form when you receive this letter, and again at the time of any reported accident or incident. Be sure th at this form is also signed by all newly hired employees. The two signatures (form signed at time of hire and form signed at time of reported accident) are required to comply with current guidelines set forth by the Pennsylvania Workers Compensation Bureau.
 - B. **Pennsylvania Rights and Duties.** Please have your employees sign this form shortly after receiving your policy packet, as well as at the time of any workers compensation accident or incident. This assures that your employees treat with a recommended network medical provider for the first 90 days following an injury when you have posted a List of Network Providers.
2. List of Network Medical Providers – This is also known as a "panel" list.
 - A. Benefits: Using a panel list provides you the opportunity to direct your employees for the first 90 days of a claim to a recommended network medical provider that is familiar with the workers compensation program, if you get the Rights and Duties signed. Using this panel list helps your employee to return to work and helps you by to reducing the overall cost of the workers compensation claim.

"Why not let people treat where they want?" Many family doctors or health care providers are not familiar with the workers compensation process and fail to properly address issues that we need them to address, such as medical causation and work status.

We recommend that you implement and post a panel list and have your employees sign the two forms to ensure the best possible outcome for your workers compensation claim. We feel it is important that you prepare for a claim event before it happens.

WORKERS' COMPENSATION INFORMATION

Pennsylvania

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, PA 17104-25
Telephone number within Pennsylvania: 800-482-2383
Telephone number outside of this Commonwealth: 717-772-4447
TTY- 800-362-4228 (for hearing and speech impaired only)

www.state.pa.us, PA Keyword: workers comp.

I, _____, employee of _____ (employer), certify that I received, read, and understood the information provided above on my date of hire _____ (date).

If applicable, I, _____, employee of _____ (employer), certify that I received, read, and understood the above information on _____ (the date of work-related injury or disease).

POLICY NUMBER: UB-2N994233-22-42-G

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE
FOR PENNSYLVANIA WORKERS' COMPENSATION MEDICAL AND INDEMNITY BENEFITS**

Pennsylvania Policyholders

Pennsylvania law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for medical and indemnity benefits and applies separately to each bodily injury by accident or disease during the policy term, regardless of the number of employees who sustain injury in the accident. The deductible amount is subject to a minimum of \$1,000 and a maximum of \$10,000 per claim, with intermediate increments shown in the table below.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible for medical benefits.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Retain your copy for your records and send the agent and company copies to your agent within sixty (60) days after the effective date of your policy. An endorsement (WC 37 04 03 (00)) will then be attached to your policy to reflect the change.

If you decide that you do not want a deductible to apply, or if you already have a deductible on the policy, you may disregard this form. Your policy will continue in force as issued.

For a complete explanation of how this program operates or the savings available please contact your producer.

DEDUCTIBLE TABLE

DEDUCTIBLE PER ACCIDENT:	\$1,000	\$5,000	\$10,000
-------------------------------------	---------	---------	----------

Yes, I want a deductible of \$_____ applied to my medical and indemnity benefits under the Pennsylvania Workers' Compensation Law. I understand that the company shall pay the deductible amount and seek reimbursement from the employer shown below.

DATE OF ISSUE: 07-05-22

W37N1C06

I understand that in accordance with Pennsylvania revised statutes, I have the option of modifying the above deductible program choice at the time of renewal of my Workers' Compensation policy with the insurance company named below.

Date: _____

Employer: _____

Name: _____

Title: _____

Signature: _____

Insurance Company: _____

Producer's Name: _____

Policy Number: _____

PENNSYLVANIA IMPORTANT POLICYHOLDER INFORMATION NOTICE OF ACCIDENT & ILLNESS PREVENTION SERVICES

IMPORTANT NOTE: THIS NOTICE IS PROVIDED TO YOU IN ACCORDANCE WITH A REGULATORY REQUIREMENT OF THE COMMONWEALTH OF PENNSYLVANIA THAT APPLIES BECAUSE OF YOUR OPERATIONS IN PENNSYLVANIA. IT IS NOT PART OF YOUR POLICY WITH US NOR DOES IT CHANGE YOUR WORKERS COMPENSATION COVERAGE PROVIDED BY US.

ACCIDENT AND ILLNESS PREVENTION SERVICES

Pennsylvania Statute requires us to provide our workers' compensation policyholders with certain accident and illness prevention services.

Travelers' Risk Control department has a sufficient number of qualified loss control personnel to assist you in maintaining a safe and healthy working environment.

Accident and illness prevention services that are available to you upon request include:

1. Physical surveys of your work areas to help identify potential accident hazards or existence of harmful hazards.
2. Providing or proposing corrective actions in the area of industrial hygiene services.
3. Providing or proposing corrective actions in the area of industrial health services.
4. Accident and illness prevention training programs, which may include training for safety committee members.
5. Consultations regarding specific safety and health problems and hazard abatement programs and techniques related to the introduction of new equipment or new materials.

These services are available upon request and as appropriate to the nature of your operations. For more information on our accident and illness prevention services, see the attached Safety Services notice. If you need assistance or further information on our Risk Control services contact our Risk Control office located at 112 Washington Place, Suite 800, Pittsburgh, PA 15219 or call 800-973-9215. Access our collection of safety and accident prevention resources by logging in at www.travelers.com. Not registered? Select "Log In" and then "Register Now" to register for MyTravelers for Business.

CERTIFIED WORKPLACE SAFETY COMMITTEE PREMIUM DISCOUNT

Pennsylvania statute makes available to insureds that form a certified workplace safety committee a 5% workers' compensation premium discount. Your agent or broker can provide you with additional information on this program or can direct you to the appropriate Travelers underwriting contact.

IMPORTANT: If you receive notification from the Commonwealth of Pennsylvania Department of Labor and Industry Health and Safety Division stating that your application for certification of your workplace safety committee has been granted, you **must** forward a copy of the certification letter to Travelers in order to receive the 5% workers' compensation premium credit. Please mail or fax the certification letter to:

Travelers Insurance
Resource Center
One Tower Square 5GS
Hartford, CT 06183

IMPORTANT

Policy Audit Information

Dear Policyholder:

This policy is issued with an estimated premium based upon information provided through your Producer. This premium is subject to adjustment at the end of the policy period. At that time, you may receive a request for information in the mail or a premium auditor may contact you to review the necessary records. The information developed is needed to determine the final earned premium for this policy.

Record Maintenance

In order to facilitate audit service, it is necessary to maintain proper records and have them available at the proper time. Based on the nature of your business, some of the following data will be necessary to complete the audit:

1. General Ledger, Financial Statements
2. Payroll Records, Time Books, State Unemployment Returns, FICA Returns, Individual Earnings Records-Monthly totals separated by type of work and overtime.
3. Cash Receipts, Sales Journal
4. Cash Disbursements Journal - Including subcontractors. casual labor and material costs.
5. Certificates of Insurance

IMPORTANT COVERAGE NOTE:

If you utilize subcontractors whose legal status is that of sole proprietor/partner, we may charge premium for these persons as provided under Part 5 of the policy contract even though certificates of insurance may exist. Please contact your producer if you have any questions regarding your Workers' Compensation coverage needs.

Work in Other States

Please advise your Producer if employees are hired for work in states other than those listed in Item 3. of your policy. This will enable your producer to consider your need for coverage in accordance with state laws.

We appreciate the opportunity to serve you. If you have any questions about the enclosed policy or any insurance matters please contact your producer or your Company representative.



ALASKA

NOTICE TO INSURED

Dear Policyholder:

This is to notify you that your Workers' Compensation and Employers Liability policy does not provide Other States Coverage for the State of Alaska.

If you have operations or start up an operation in Alaska, and it is not listed in Item 3A of the Information Page, you or your agent must notify us and request that this state be covered under your policy.

With receipt of your request for coverage, we will extend the policy to include this state.

Your Agent can provide you with necessary information and will assist you in obtaining coverage for this state.



PRIVACY NOTICE

PRIVACY POLICY

Thank you for selecting **THE TRAVELERS INSURANCE COMPANIES** as your workers compensation insurer. At **THE TRAVELERS INSURANCE COMPANIES** a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

Most importantly, THE TRAVELERS INSURANCE COMPANIES does not and will not disclose or sell nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to anyone for marketing purposes.

Confidentiality And Security

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

Disclosure and Protection of Former Customers' Information

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

Changes In Privacy Policy

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.

IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

ATTENTION

The enclosed Posting Notices must be displayed in a prominent location in the workplace. It is your responsibility to distribute the applicable Posting Notice(s) to each of your locations and to notify each location that it must post these notices, and keep them posted, in a conspicuous location frequented by your employees.

Posting Notices for the states of Missouri, New Mexico and Texas (Spanish Version) are provided on two separate forms, which must be connected to create one large notice to be posted.

Please contact us at wcppn@travelers.com for assistance in completing the healthcare provider information on Posting Notices for Georgia, Pennsylvania, Tennessee and Virginia.

While carriers are required to provide Posting Notices in AZ, AR, CA, DC, FL, ID, KS, KY, MO, and NY, Travelers is providing Posting Notices to you for all states* covered under your policy as a courtesy. All such Posting Notices remain subject to state regulation and are subject to change at any time. For states in which Travelers is providing you with Posting Notices as a courtesy, Travelers assumes no obligation to provide you with revised notice(s) if a state changes its Posting Notice during the current policy term.

If you need additional copies of any Posting Notice, please contact your agent.

* Excluding: DE, GU, IA, NE, ND, OH, PR, SD, VI, WA, WI and WY. The following states do not require posting notices: DE, GU, IA, NE, SD, and WI. The state of OR will provide the posting notice directly. The following are monopolistic states – there are no posting notices for employers' liability: ND, OH, PR, VI, WA and WY.

PENNSYLVANIA POSTING NOTICE RIGHTS AND DUTIES

Dear Policyholder:

On August 23, 1996 the State of Pennsylvania enacted broadening legislative changes pertaining to the rights and duties of employers and employees which requires you, the employer, to inform your employees of their rights under the Workers' Compensation And Employers' Liability Act, as well as your responsibilities as an employer. With the enacted legislation two major changes affecting both employer and employees should be noted.

1. Gives the employee the option of having a second opinion paid by the employer, before undergoing invasive surgery; and
2. Employer-controlled medical treatment has been expanded from 30 days to 90 days.

Enclosed is a new Posting Notice which must be posted in a conspicuous place where employees will readily see it. Also enclosed is a listing of physicians ("Pennsylvania Work-Related Injuries") which must be posted alongside the Posting Notice. It is your responsibility to complete this list of qualified physicians. Contact your Travelers claim representative or the nearest Travelers claim office for assistance in completing the list of physicians. Refer to the Posting Notice for the address of the nearest Travelers claim office.

The law also requires you to see that the "Rights and Duties" form is provided to each employee AND signed by each employee, and that a record is maintained for future reference. It is your responsibility to photocopy the form and distribute it to each employee. If you fail to have this form distributed and signed by your employees, you may be liable for any treatment rendered for work-related injuries. With the legislative changes that have occurred it is necessary to update your records and have your employees sign the revised "Pennsylvania Rights and Duties" form.

Your agent, producer, or local claim office can assist you to be in compliance with the Pennsylvania Workers' Compensation Law.

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Your agent, producer, or local claim office can assist you to be in compliance with the Pennsylvania Workers' Compensation Law.

**PENNSYLVANIA
WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the six designated health care providers listed below:

NAME	ADDRESS	TELEPHONE	AREA OF SPECIALTY
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

*(NOTE: If any of the health care providers listed above are employed, owned or controlled by the employer or the employer's carrier, it will be so designated by an asterisk next to the health care provider's name.)

3. You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.
4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You **MUST** notify your employer of this action within five (5) days of your visit to the health care provider of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

The employer shall not be liable to pay for such treatment until a report has been filed.

5. If one of the health care providers listed above refers you to another health care provider, your employer or its insurer will pay the bill for these services provided they are reasonable and necessary.
6. If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.
7. If you have any questions, contact: _____

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NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Insurance Company

for the period

Beginning 08-03-22 **Ending** 08-03-23

Employer PENNSYLVANIA VIRTUAL CHARTER SCHOOL

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's workplaces.

AVISO

El empleador abajo firmante, notifica que el pago de compensación a empleados y sus dependientes ha sido asegurado de acuerdo con las disposiciones de la ley de seguros de responsabilidad del empleador, Título 34, Capítulo 15, Artículo 5, Estatutos Revisados del estado New Jersey, asegurándolos con el

(**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**)

Compañía de Seguros

por el periodo

Comenzando 08-03-22 **Finalizando** 08-03-23

Empleador PENNSYLVANIA VIRTUAL CHARTER SCHOOL

De acuerdo con la ley citada anteriormente, aviso de cumplimiento deben publicarse y mantenerse de manera visible en y alrededor los lugares de trabajo del empleador.



Notification to Employees of Their Rights and Duties Under the PA Workers' Compensation Act Section 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Employee's Printed Name

Employee's Signature

Date

**If you have any questions, ask your human resources office or
call the Bureau of Workers' Compensation at 800.482.2383**

Text of Section 306 (f.1)(1)(i): The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.



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**REMEMBER:
It is Important to Tell Your
Employer about Your Injury**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

PENNSYLVANIA VIRTUAL CHARTER

Employer Name: SCHOOL **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company:
THE PHOENIX INSURANCE COMPANY

Name of TPA (Claims administrator):

Address: P.O. BOX 4614
BUFFALO, NY 14240-4614

Address: _____

Telephone Number: (800) 238-6225

Telephone Number: _____

Insurer Code: 0215

IF SELF-INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at
the self-insured: _____

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Infor-
mation
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*



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Address: _____

Telephone Number: (800) 238-6225

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Insurer Code: 0215

IF SELF-INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER
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(Complete all applicable spaces)

Name of person handling claims at
the self-insured: _____

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Infor-
mation
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*



REMEMBER:
**It is Important to Tell Your
Employer about Your Injury**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

PENNSYLVANIA VIRTUAL CHARTER

Employer Name: SCHOOL **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company:
THE PHOENIX INSURANCE COMPANY

Name of TPA (Claims administrator):

Address: P.O. BOX 4614
BUFFALO, NY 14240-4614

Address: _____

Telephone Number: (800) 238-6225

Telephone Number: _____

Insurer Code: 0215

IF SELF-INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at
the self-insured: _____

Name of TPA (Claims administrator):

Address: _____

Address: _____

Telephone Number: _____

Telephone Number: _____

Insurer Code: _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

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PA Relay 7-1-1

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Equal Opportunity Employer/Program*



2024 -2029 Charter Renewal Application
Management Contracts
(1 of 63 Pages)



Pest Elimination Agreement

Visit us at our website: www.westernpest.com

1. This Agreement authorizes Western Pest Services (hereafter referred to as Western) to provide Pest Elimination service at premise:

BILLING INFORMATION		SERVICE INFORMATION			
DATE 3/20/2023	NAME PA Virtual Charter School	PREMISE ADDRESS Same	CITY	STATE	ZIP
WESTERN REP Danielle Kulp	STREET 630 Park Ave	SERVICE AREA DESCRIPTION Monthly service of exterior bait stations and interior rodent stations			
FOR SERVICE CALL 610.353.5787	CITY King of Prussia	STATE PA	ZIP 19406	and 2 break areas. Restrooms, common areas and offices on request.	
CUSTOMER'S E-MAIL ADDRESS rcosta@pavcs.us	BILLING CONTACT Rich Costa Ops Coordinator 484-680-7752 Direct/Operations 484-243-0000	PHONE	SERVICE CONTACT	PHONE	

2. Covered Pests under this Agreement: **Cockroaches, Mice and Rats.**

Additional Pests Covered: Ants and wasps up to 15' during regular service.

Service Exclusions. Customer understands that this Agreement does not cover other pests including Termites, Carpenter/Fire/Pharaoh/Raspberry Crazy Ants, Bed Bugs, Mosquitoes, Brown Recluse Spiders, Birds and Wildlife. Service for these pests requires a separate Agreement or Addendum. The requirement of a separate Agreement or addendum cannot be waived by the Customer or any employee or agent of Western.

3. Intensive Treatment:

Western's goal is to control all pests listed above from the facility by the end of the INTENSIVE treatment period. If the Customer is not satisfied with the results, we will continue treatment to eliminate them at no additional charge. Service fees related to the performance of the INTENSIVE work will not become payable until the Customer is satisfied with the results of the work.

INTENSIVE FEE 0.00 + SERVICE FEE 85.00 = 85 plus tax if applicable
(Total 1st month bill)

4. Service:

Western's program provides for inspection and treatment scheduled 1x per month for the pests listed above. It is understood that other pests are not covered by this Agreement. This proposal includes free emergency service during normal working hours. Western's normal working hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday. If a pest sighting is reported to Western, we will respond no later than the end of the following business day. If requests for additional service require response at times other than Western's normal business hours, there will be an additional fee. Because Western provides this emergency service, no credit will be given on the monthly charge if regular service is not performed due to a national or legal holiday.

SERVICE FEES 85.00 plus tax if applicable Per Month Per Service

5. Release and Limitation of Liability:

Customer expressly releases Western from liability for any claim whatsoever including, but not limited to, personal injury (including stings or bites from fire ants, spiders, or any other pests) or property damage (to include the structure and its contents), unless caused by the gross negligence or willful misconduct of Western. Customer agrees that under no circumstances shall Western be liable for any amount greater than the amount paid by the Customer to Western for the services provided at the affected location(s). **IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY OR ANY OTHER PERSON FOR ANY INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEMENT OR THE SERVICES PERFORMED HEREUNDER INCLUDING, BUT NOT LIMITED TO, LOSS OF USE OR ANTICIPATED PROFITS, PRODUCTION DELAYS, BUSINESS INTERRUPTION, OR LOSS OF REPUTATION OR GOODWILL.**

6. Optional Clause: Price to remain at this rate unless scope of work increases. Period covered 7/1/2023 to 6/30/2026. Rate subject to increase of up to 5% after 2026.

7. Customer Preparation:

Western reserves the right to refuse performing intensive services if preparations have not been made prior to Western's arrival. An additional charge of 0.00 will be incurred should this occur.

8. Term/Price Increase After 1st Year:

This Agreement is binding on both parties for a period of one (1) year. After the first year, this Agreement will self-renew for subsequent one (1) year periods unless cancelled by either party with thirty (30) days advance written notice. ~~Western has the right to increase the annual service fee after the first year by an amount not to exceed the Consumer Price Index or by an amount not to exceed seven percent (7%), whichever is greater.~~

9. Year in Advance Discount:

A discount of 4% will be granted if payment is made in full for the year in advance. Check here if payment for the year is to be made in full. ✓

Customer acknowledges that the only terms and conditions of this Agreement are those stated within this document, including the accompanying GENERAL TERMS & CONDITIONS and that no other terms apply.

ACCEPTED BY:

CUSTOMER: *Joan Bellinger* DATE: 3/20/2023 TITLE: Chief Financial Officer

WESTERN PEST: *Danielle Kulp* DATE: 3/29/23 TITLE: Acct Exec

GENERAL TERMS & CONDITIONS:

(a) Customer Cooperation

Customer agrees to extend all reasonably necessary cooperation to achieve successful pest services, including access to the area(s) to be serviced, appropriate sanitation, necessary structural repairs and corrective measures.

(b) Materials

The materials used to control pests in and around Customer's premises shall be used in accordance with each product's label and specifications and in conformance with applicable Federal, State and Local laws and regulations. Virtually all pest control materials have some odor which may be present for a period of time after application. Customer is responsible for communicating with all persons in the premises about the treatments and the nature of services offered, and Customer acknowledges that (i) it has no information about persons present upon the Customer's premises who have any medical condition or sensitivity which may be affected by the Services provided by Western; or (ii) if has any such information, Customer shall communicate it in writing to Western.

(c) Equipment Replacement

In the rare case of damage, lost or destroyed equipment on the Customer's premises, Customer agrees to pay Western for the repair or replacement cost of any and all Western equipment, unless such loss or damage was caused by Western's own negligence or willful misconduct. Costs will be those in effect at the time of the repair or replacement.

(d) Label/Material Information

Virtually all pesticides and/or pest control products have some odor, which may be present for a short time after application. Western shall, upon request, provide information about any pesticides or products used in treating the Customer's premises.

(e) Collection Costs

Customer understands that payment is due Net 30 days from the date of the invoice; balances that remain outstanding more than sixty (60) days after the date of the invoice are subject to a twelve percent (12%) annual interest charge. Failure to make timely payments may result in interruption of service, and Customer agrees to reimburse Western for all collection costs, including any reasonable attorneys' fees, which may be incurred to collect fees due to Western.

(f) Dispute Resolution

- (i) **Arbitration.** Any controversy or claim arising out of or relating to this Agreement or any other agreement between the parties, including but not limited to any contractual, tort and statutory claims, and any alleged claims for personal injury or property damage, shall be settled by binding arbitration. Unless the parties agree otherwise, the arbitration shall be held in the city of the corporate headquarters of the Party against whom arbitration is sought and administered under the Commercial Arbitration Rules of the American Arbitration Association ("AAA"). The parties expressly agree that the arbitrator shall follow (i) the substantive law of the state where the cause of action arose; and (ii) the terms and conditions of this Agreement. Either Party has the right to require a panel of three (3) arbitrators, and the requesting Party shall be responsible for the cost of the additional arbitrators. Either Party may request at any time prior to the hearing that the award be accompanied by a reasoned opinion. The award rendered by the arbitrator(s) shall be final and binding on all parties. The Parties acknowledge and agree that this arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act.
- (ii) **Class Action Waiver.** Any legal proceeding of any nature must be brought in the Party's individual capacity, and not as a plaintiff or class member in any purported class action, collective action, private attorney general action, or a multiple plaintiff or similar representative proceeding.

(g) Miscellaneous

- (i) **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties with respect to the Services and supersedes all prior negotiations, representations or agreements relating thereto either written or oral, except to the extent that they are expressly incorporated herein. Unless otherwise expressly provided herein, no changes, alterations or modifications to this Agreement shall be effective unless in writing and signed by the respective parties hereto. If any term or provision, or portion thereof, is deemed to be invalid or unenforceable under applicable law, this Agreement shall be considered divisible as to each such term or provision, and such unenforceable term or provision shall not affect any other term or provision of this Agreement, and the remaining terms and provisions of this Agreement shall remain binding and be construed and enforced accordingly. This Agreement is the product of negotiations between the Parties and shall be construed without regard to any presumption or rule requiring adverse construction or interpretation against either Party.
- (ii) **Force Majeure.** Western will be relieved of its obligations and may terminate this Agreement upon providing sixty (60) days' written notice if any of the obligations set forth in this Agreement are not met by the Customer, or in the event of a change in state or federal law that materially affects Western's obligations under this Agreement. Moreover, Western may terminate if it cannot perform its responsibilities due to (a) acts of God; (b) flood, fire, earthquake, or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order or law; (e) actions, embargoes, or blockades in effect on or after the date of this Agreement; (f) action by any governmental authority; (g) national or regional emergency; (h) strikes, labor stoppages or slowdowns, or other industrial disturbances; (i) unavailability of pesticides or other supplies from ordinary sources; and (i) shortage of adequate power or transportation facilities.

Internal Use Only:

Manager's Signature

Date


1. All prices for installation are for mechanical install only. Electrical install for power and controls by others.
2. Prices are based on installation of equipment during normal business hours/normal business week(M-F).
3. All installation is based on using Non-Union labor.
4. Off loading of Equipment at the time of delivery is the responsibility of others.
5. All bills of lading for received freight should be signed "subject to concealed damage".

Stokes Equipment now accepts all major credit cards.
 A 2.5% processing fee will be added to the invoice total to all Credit Card Payments.

Unless otherwise specified in writing:

1. Terms of sale; all materials are F.O.B. manufacturer's point of shipment, freight prepaid and allowed.
2. **PURCHASER IS RESPONSIBLE FOR UNLOADING, INSPECTING AND REPORTING TRANSIT DAMAGE.**
3. Dock levelers and scissors lifts are delivered to the site and placed in prepared pits by our dedicated carrier.
 Should there be any reason where the dock leveler or scissors lift cannot be placed directly into the prepared pit, there will be an additional charge for the time and equipment necessary to do so.
4. **ALL TERMS AND CONDITIONS ATTACHED, INCLUDING LIMITATIONS ON LIABILITY AND DISCLAIMERS OF WARRANTY APPLY.**
5. Prices shown are firm for 30 days from date of proposal.
6. Termination clause: contract can be cancelled by either party with a 30 day certified mail written notice.


Both parties have read, understand and agree to the prices, terms and conditions herein and attached. Acceptance is limited to said terms and conditions and seller objects to any additional or different terms or conditions which may be contained in any communication to sell from buyer.

Accepted by: 

Title: Chief Financial Officer

P.O. # Rich Costa

Date: 03 / 08 / 2023


 Kyle Coady

Title: Service & Installation Manager

Date: 3/8/23

Stokes Equipment Standard Terms & Conditions

1. PRICES quoted are F.O.B. manufacturer's point of shipment, are firm for 30 days from the date of the quotation and are subject to the addition of state and local tax. All bonds or permits shall be purchaser's responsibility. This quotation is void if not accepted by purchaser within 60 days from its date.

In the event that a purchaser orders a lesser quantity than shown on this quotation, seller may increase price to take this into account. If purchaser does not take delivery within 150 days, seller shall have the right to increase prices on account of cost increases. In either event, seller must give purchaser reasonable notice of proposed price increases and purchaser shall have the right to cancel this agreement without penalty within 15 days after receipt of such notice.

2. DELIVERY dates specified, if any, are estimates and seller shall in no event be held liable for delays occasioned by labor disputes, material shortages, fires, floods, delays in transportation, or any event or circumstances beyond its exclusive control.

3. PAYMENTS: Net invoices will be paid within 30 days (Upon Credit Approval) after the date of invoice or 30 days_ (Upon Credit Approval) after date of delivery of goods conforming to this order, whichever occurs last.

4. UNLOADING is the responsibility of the purchaser.

5. WARRANTIES in all cases in which a manufacturer extends to seller a warranty for finished goods covered by this document, that warranty and all associated limitations of liability shall control purchaser's rights. Seller disclaims any other express warranties, including but not limited to, any implied warranty of merchantability or fitness for a particular purpose.

The standard warranty of Rite Hite Corporation is as follows: Rite Hite warrants that its products will be free from defects in design, materials and workmanship for a period of one to five years from the date of shipment depending on the product. All claims for breach of this warranty must be made within 30 days after the defect is or can, with reasonable care, be detected and in no event no more than 30 days after the warranty has expired. In order to be entitled the benefits of this warranty, the products must have been properly installed, maintained, operated within their rated capacities, and not otherwise abused. Periodic lubrication and adjustment is the sole responsibility of the owner. This warranty is Rite Hite's exclusive express warranty. RITE HITE EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS. Nonstandard Rite Hite warranties, if any, must be specified by Rite Hite in writing.

In the event of any defects covered by this warranty, Rite Hite will remedy such defects by repairing or replacing any defective equipment or parts, bearing all of the costs for parts, labor and transportation. This shall be the exclusive remedy for all claims whether based on contract negligence or strict liability.

6. LIMITATION OF LIABILITY: NEITHER RITE HITE, OR ANY OTHER MANUFACTURER WHOSE PRODUCTS ARE THE SUBJECT OF THIS TRANSACTION, NOR STOKES EQUIPMENT COMPANY SHALL IN ANY EVENT BE LIABLE FOR ANY LOSS OF THE USE OF ANY EQUIPMENT OR INCIDENTAL OR CONSEQUENTIAL DAMAGE OF ANY KIND WHETHER FOR BREACH OF WARRANTY, NEGLIGENCE OR STRICT LIABILITY.

7. SPECIFICATION: The application of a manufacturer's specifications to a particular job is the responsibility of the purchaser.

8. CANCELLATION CHARGES: If purchaser cancels this agreement before accepting the merchandise for any reason other than a timely objection to a price increase, the following cancellation charges expressed in a percent of the purchase price will be paid by the purchaser and constitute liquidated damages.

A) Standard equipment cancelled

- before shipment - 20%

- after shipment but before installation - 50% plus cost of shipment and return

B) Special equipment cancelled

- before manufacturing - 20%

- during manufacturing - 70%

- after shipment - 100% plus cost of shipment and return

Standard equipment means any equipment described on current price list as available without modifications, options, or changes whether at additional cost or not excepting rail car ramps which are considered special equipment being manufactured to the purchaser's center line dimensions. All other equipment is special equipment.

37102 Access/Video
J 21876-2



Proposal: 21876-2-0

PA Virtual CS S2 Support Renewal

Prepared for:
Rich Costa

PA Virtual Charter School
630 Park Ave
King of Prussia, PA 19406

P (484) 680-7752
E rcosta@pavcsk12.org
C

Proposal Issued:
5/3/2021

Proposal Valid To:
6/2/2021

DESCRIPTION

CLIENT INFORMATION

Name: PA Virtual Charter School

Site

PA Virtual Charter School
630 Park Ave
King of Prussia, PA 19406

Billing

PA Virtual Charter School
630 Park Ave
King of Prussia, PA 19406

Contact

Rich Costa, Operations Coordinator,
Reclamations And Facilitie
P (484) 680-7752
E rcosta@pavcsk12.org
C

PROJECT NAME: PA Virtual CS S2 Support Renewal

PROJECT SCOPE

Renew Software Support Agreements (SSA) with S2 Access Control and SecurityManagement System. The SSA provides access to telephone support from the manufacturer and access to updates and new versions of the software as they become available. It also allows our technicians to call for telephone support if needed.

Support labor from Protection Bureau technicians if needed will be provided on a T&M basis.

Three Year Renewal expiring 4-30-2024

\$2,048.00 To be paid up front.

REFERENCE AGREEMENT:

This Agreement shall be governed by the same conditions as agreement #17852-1 as specified above between the parties dated 10/3/2018 with the same full force and effect as if those terms were reprinted herein in their entirety, except as any of those terms may be modified herein. It is agreed that a FAXED signed copy of this Agreement shall serve as and be construed as an equal to an original in all respects.

The Protection Bureau may withdraw this Agreement, at any time and without notice, should the Agreement be modified in any part by Client without Bureau's written approval, or should Agreement not be accepted by means of signature being affixed hereto within forty-five (45) days of the date written above

PROJECT BUDGET

3 yr			
QTY	Manufacture	Part #	Description
1	S2	S2-SUSP-EXP	S2 SOFTWARE AND SUP, RENEWAL OF EXPIRED

Investment Summary

Total Proposal Amount

\$2,048.00

Note: The above price does not include tax

Investment Total

The Protection Bureau will provide the proposed system as described in this proposal for the sum of: **\$2,048.00**

The price above includes: material, equipment and labor as described within this proposal.

Expedited Shipping, if required, will be billed separately.

PRIOR TO START OF WORK:

If a permit is required by the municipality to perform this work, the normal lead time for approval is 30 business days. Additionally, the average lead time to prepare the permit submission is typically 5-7 business days. Some systems will require more time due to the size of the system, architectural seal requirements or third party coordination. Client is responsible for all permit fees and associated costs, including Bureau’s processing fee of \$50.00. Bureau will use commercially reasonable efforts to expedite this process. Bureau’s permit coordinator will keep Client informed on the permit process and work with Bureau’s project manager to finalize the project start date. Bureau cannot proceed with installation until permit(s) are acquired. The authority having jurisdiction may require permitting for low voltage work including camera installations.

Unless indicated, pricing does not include Prevailing Wage. If project requires Prevailing Wage, then Client agrees to pay difference between quoted amount and Prevailing Wage.


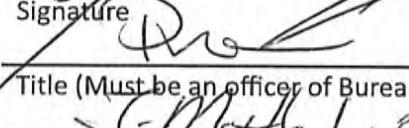
Payment Terms:

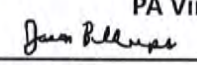
Provide a deposit in the amount of 0% of the installation fee upon formal approval to proceed with the project. Balance to be paid in progress payments as invoiced by The Protection Bureau with payment in full due upon system deployment completion.

Payment shall be Net 30 of invoice date.

Proposal Acceptance:

THIS AGREEMENT IS MADE BETWEEN Philadelphia Protection Bureau, Inc. t/a The Protection Bureau, 197 Philips Road, Exton, PA 19341 (610) 903-4900 ("Bureau"), and PA Virtual Charter School, 630 Park Ave, King of Prussia, PA 19406 ("Client").

THE PROTECTION BUREAU
By  5-14-2021
Signature Date

Title (Must be an officer of Bureau)
S. Matthew Leal
Printed Name

PA Virtual Charter School
 05/11/2021
Signature Date
CFO
Title
Jason Billups
Printed Names

TITLE	Protection Bureau - S2 Security System - Software Support
FILE NAME	ProtectionBueau_S...ntract_050321.pdf
DOCUMENT ID	e0061db8aa6f5f061f72895cb46a0923f3b0cf84
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History

 SENT	05 / 11 / 2021 12:45:31 UTC	Sent for signature to Jason Billups (jbillups@pavcsk12.org) from rcosta@pavcsk12.org IP: 68.83.103.125
 VIEWED	05 / 11 / 2021 14:42:47 UTC	Viewed by Jason Billups (jbillups@pavcsk12.org) IP: 73.160.77.57
 SIGNED	05 / 11 / 2021 14:43:11 UTC	Signed by Jason Billups (jbillups@pavcsk12.org) IP: 73.160.77.57
 COMPLETED	05 / 11 / 2021 14:43:11 UTC	The document has been completed.



Sourcewell State & Local Term Rental

0041339489 Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee PENNSYLVANIA VIRTUAL CHRTR SCHL Tax ID # (FEIN/TIN)

Sold-To: Address 630 Park Ave, King Of Prussia, PA, 19406-1408, US

Sold-To: Contact Name Richard Costa Sold-To: Contact Phone # 610) 937-4886 Sold-To: Account # 0010237400

Bill-To: Address 630 Park Ave, King Of Prussia, PA, 19406-1408, US

Bill-To: Contact Name Richard Costa Bill-To: Contact Phone # 610) 937-4886 Bill-To: Account # 0010237400 Bill-To: Email rcosta@pavcsk12.org

Ship-To: Address 630 Park Ave, King Of Prussia, PA, 19406-1408, US

Ship-To: Contact Name Richard Costa Ship-To: Contact Phone # 610) 937-4886 Ship-To: Account # 0010237400

PO #

Your Business Needs

Table with 3 columns: Qty, Item, Business Solution Description. Rows include items like SENDPROMAILCENTER, 1FS1, 1FWV, 7W00, APAXL, APKG, APSD, CAABL, ERB1, ERR1, F9DD, HV1P, HV96000, HVBB.

1	HVSP	MailCenter Shipping Bundle
1	M9SS	Mailstream IntelliLink Services 2
1	ME1C	Meter Equipment - P Series, LV
1	MW90007	SendPro P Series Drop Stacker
1	MW92705	MailCenter 15in Display
1	PTJ1	SendPro Online-PitneyShip
1	PTJ4	Multicarrier Sending App w HW or Meter
1	PTJ8	SPO-PitneyShip Mailing included w HW
1	PTJD	SPO-PitneyShip Office
1	PTJN	Single User Access
1	PTJR	50 User Access with Hardware or Meter
1	PTK1	Web Browser Integration
1	PTK3	SendPro P Series Meter Integration
1	SJM2	SoftGuard for SendPro P2000
1	STDSLA	Standard SLA-Equipment Service Agreement (for MailCenter)

Your Payment Plan

Initial Term: 60 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
60	\$ 443.32	\$ 1,329.96

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
 Tax Exempt Certificate Not Required
 Purchase Power[®] transaction fees included
 Purchase Power[®] transaction fees extra


Your Signature Below

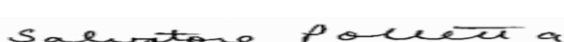
Non-Appropriations. You warrant that you have funds available to make all payments until the end of your current fiscal period, and shall use your best efforts to obtain funds to make all payments in each subsequent fiscal period through the end of your lease term. If your appropriation request to your legislative body, or funding authority ("Governing Body") for funds to make the payments is denied, you may terminate this lease on the last day of the fiscal period for which funds have been appropriated, upon (i) submission of documentation reasonably satisfactory to us evidencing the Governing Body's denial of an appropriation sufficient to continue this lease for the next succeeding fiscal period, and (ii) satisfaction of all charges and obligations under this lease incurred through the end of the fiscal period for which funds have been appropriated, including the return of the equipment at your expense.

By signing below, you agree to be bound by all the terms and conditions of this Agreement, including the Sourcewell Contract Number 011322-PIT, effective date March 3, 2022 and the State and Local Term Rental Agreement (including the Pitney Bowes Terms) (Version 1/22) which is available at <http://www.pb.com/states> and is incorporated by reference (the "Agreement"). This lease will be binding on us after we have completed our credit and documentation approval process and have signed below. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

011322-PIT

State/Entity's Contract#


 Lessee Signature
Jason Billups
 Print Name
 Chief Financial Offi
 Title
02 / 16 / 2023
 Date
jbillups@pavcsk12.org
 Email Address


 Pitney Bowes Signature
Salvatore Polletta
 Print Name
Director, Credit & New Business Operations
 Title
2/16/2023
 Date

Sales Information

JOEL MASTRIAN

joel.mastrian@pb.com

Account Rep Name

Email Address

PBGFS Acceptance

PROPOSAL
PREPARED FOR
PA Virtual Charter School
Rich Costa



March 7, 2023

Rich Costa
PA Virtual Charter School
630 Park Ave
King of Prussia, PA 19406

SUBJECT: Janitorial Bid

Dear Mr. Costa,

Thank you for considering Professional Building Services, Inc. for your building maintenance needs. We greatly appreciate this opportunity to present our cleaning services proposal for 630 Park Avenue, King of Prussia, PA.

At Professional Building Services, Inc. we recognize that every building has distinct cleaning needs and we approach each site accordingly as a unique opportunity to guarantee that our high standards are achieved. Our constant and unwavering goal is to provide each client with a service program that balances quality, efficiency, and value in the most effective manner.

We trust you will find the information conveyed in this proposal to meet your specific requirements. Should you have any questions, please do not hesitate to contact us at your convenience.

Thank you for your time. We look forward to working with you to provide all your building service needs.

Sincerely,

Nick Linares

Nick Linares
Area Manager



OUR MISSION

Professional Building Services, Inc. (PBS) is a leader in today's cleaning services industry. We believe in providing our clients with highly trained employees and a responsive management team to implement proactive and consistently superior cleaning services at a competitive value. At PBS, we pride ourselves on the integrity and dedication of all our employees in supplying the highest quality building services programs to our clients.

COMPANY OVERVIEW

Thank you for your interest in our company. Professional Building Services, Inc. was founded in 1973 by Anthony R. George. Our organization was established in the belief that a small, independently owned company could be competitive with larger companies by delivering exceptional services at comparable rates. Our independent ownership has afforded us the unique ability to avoid one size fits all business tactics that result in the loss of integrity and quality of service.

With over 40 years of experience, PBS has established itself as a respected leader in the industry. The pride we exhibit in our work every day will not fail to meet your building service needs. Our approach to satisfying our clients' maintenance demands has remained the same since our company's inception more than four decades ago; different clients have different needs, but each must receive impeccable service with outstanding results.

While remaining firmly grounded in the ideals that built PBS, we simultaneously embrace the challenges that current events have brought to our industry. Please note our significant advances in green cleaning, which will remain central to our mission in the years ahead. We will lead our competition in every effort to clean responsibly and sustainably.



CLEANING FOR A REASON

Professional Building Services, Inc. is committed to providing exceptional cleaning services to our customers and clients. This commitment to excellence extends into the community in which we operate, and has prompted our relationship with Cleaning for a Reason, a non-profit foundation that provides no cost home cleaning services to women coping with cancer. The organization has supported over 4,000 women since its inception, and can boast a house cleaning every 36 minutes. Professional Building Services, Inc. is a proud sponsor of this impressive charitable endeavor.

As a sponsor, Professional Building Services, Inc. recruits residential cleaning businesses, across Chester, Delaware, and Montgomery Counties, to donate their time and money in support of Cleaning for a Reason. There are currently over 800 house cleaning companies already partnered with the organization, and dedicated to providing no cost cleaning services to women throughout the United States and Canada. Professional Building Services, Inc. subsidizes its company partners for their commitment to Cleaning for a Reason. The businesses we assist are all insured and/or bonded, and have performed background checks on all employees. Our sponsored companies commit to servicing at least two full cleanings per month and contribute minimal monetary pledges which are used to help sustain the base operations of the program.

At Professional Building Services, Inc. we understand the importance of the community we all share, and value the generous work done by Cleaning for a Reason. We look forward to a continued and growing relationship with local residential cleaning companies that are equally enthusiastic about this inspiring non-profit.



Making a Difference One Home at a Time®

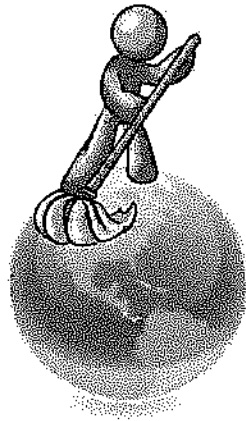


PBS CLEANS GREEN

In 2008, PBS developed the "Green Cleaning Policy & Operating Procedures" strategy to guide our environmentally conscious cleaning practices. Our mission is to clean *sustainably*. We make all efforts possible to simultaneously meet the maintenance needs of our clients today without compromising the ability of future generations to meet their own needs. Green cleaning employs the use of eco-friendly chemicals and equipment, and uses appropriate procedures in their application to ensure safety, minimal environmental exposure, and material efficiency.

Our green cleaning program was developed and designed to assist in pursuing LEED-EB O&M certification and to help create a more sustainable environment. We have incorporated criteria and practices from USGBC LEED-EB O&M 2009 Version 3, Green Seal GS 42 standard for cleaning services, the IFMA Foundation's "The Business of Green Cleaning," and from the "Pennsylvania Green Building Maintenance Manual" to develop the PBS green cleaning program.

Professional Building Services, Inc. is a member of the Delaware Valley Green Building Council. We strongly believe it is our responsibility to do our part to preserve the environment. Join PBS in creating a more sustainable future for us all to share.



BUILDING SERVICES

We understand that the essential objective for your building's cleaning service program is to keep your premises sanitary and presentable. Your building, as a place of business, must be clean and orderly. A respectable looking building assures your tenants, customers, and guests that your company is professional and reputable.

Beyond appearances, housekeeping of high standards extends the expected life of your flooring, carpeting, and furniture. Preventative cleaning will minimize the need for repairs and replacements, while lowering building operating costs.

Overall, your building service program must satisfy your cleaning needs in a proactive manner. The value of a housekeeping service is determined by comparing how well your major objectives are attained in relation to the dollars spent for the service.

SUMMARY

1. Our proposal is based on specifications derived from your specific needs and requirements.
2. The specifications of this proposal along with our business operating procedures are designed with the specific goal of drastically improving the standard of cleaning for your building.
3. We are prepared and equipped to go beyond the specifications detailed within this proposal at all times.
4. We will institute our system of complete training and quality assurance at your site.



SERVICES TO BE PROVIDED

Professional Building Services, Inc. will provide the necessary staff, supervision, equipment, and cleaning supplies (excluding those products supplied by the client) to ensure that the highest level of service is attained.

It is our mission to provide all our customers with a focused approach to satisfying their every cleaning need. Each client is assigned its own team of skilled employees led by an On-site Supervisor. Each team is held 100% accountable for its service and is reviewed regularly by our Area Managers to ensure our highest standards are being achieved.

THE PROFESSIONAL APPROACH

The development of a building maintenance program requires some basic steps. They are as follows:

I. THE FACILITY SURVEY

- a. A complete detailed survey of your facility is conducted to examine your specific needs. From this survey we estimate the following:
 - Square footage of the areas to be cleaned
 - The different types of flooring and density levels of the premises
 - Any special cleaning needs that may exist
- b. We are then able to calculate the appropriate supplies, equipment, and number of man hours required to service your facility and meet the contract specifications and schedules. Collectively all these factors enable us to submit a fair and equitable price.

II. START UP PROCEDURE

- a. Thirty (30) days prior to opening: Assign and review, with management team, needs and goals of the client. Place supply and equipment orders.
- b. Twenty (20) days prior to opening: Begin procedures for staffing. 50% or more of the staff assigned to the new site will be current, experienced PBS employees transferred from neighboring buildings also cleaned by PBS. Develop work assignments and schedules. Begin training staff level employees. Coordinate with Property Manager to attain access cards and/or keys to the property.
- c. Five (5) days prior to opening: Inventory supplies and equipment. Set-up operational meeting with staff and management.
- d. One (1) day prior to opening. If possible conduct a rehearsal of the start-up night with management and staff. Move supplies and equipment into the facility.



- e. A team of experienced supervisors is used to start-up the contract and remains at your site until all staff is trained and proficient in our methods, all schedules are in smooth operation, and our On-site Supervisor is thoroughly familiar with your account and all aspects of the contract. Once the start-up team has departed an Area Manager visits the site regularly to inspect the standard of service, assist in any additional staff training, and give our Supervisor any support and further training he/she may need.

III. COMMUNICATION

- a. PBS places great emphasis on communicating with our clients. We firmly believe that open communication results in greater trust and allows us to prevent and/or remedy minor issues before they become major problems. To ensure a system of constant and open communication between PBS management and our clients we utilize the following procedures:
 - Any questions, concerns, or service requests may also be submitted through e-mail. The PBS management team is available for correspondence through e-mail at all times.
 - Key PBS personnel are equipped with cellular phones, and can be contacted by our office staff and/or phone system at any given time. The use of these phones also affords our essential staff the ability to respond to clients' e-mail inquiries or comments even when they are away from the office.
 - PBS management staff is in the area of your facility on a daily basis to monitor after-hours operations and to ensure no problems arise for you in the morning. If any issues do occur they are addressed and communicated to you immediately before you arrive at the office the following day.
 - PBS also utilizes CleanTelligent, a specialized inspection software, to organize our quality control efforts and to provide an additional means of communication for our clients. Through CleanTelligent our clients have access to a unique, private website operated by PBS where they can place work orders, provide feedback, and check on the completion of requested work. All information entered on the site is e-mailed to core staff in real time ensuring immediate communication and action.



IV. STAFFING – Absenteeism vs. Incentive

- a. The biggest challenge facing the building service industry is reliable labor. The exodus of many companies from urban areas to large corporate sites in suburban areas has increased competition for the part time labor necessary for a successful cleaning service. A clean building relies upon consistent and quality labor. PBS maintains its reliable labor through competitive wages, bonus programs, and thorough training. Each of our clients expects and receives the highest level of unfaltering service from all of our staff members.

V. SITE MONITORING

- a. The assigned Area Managers and Operations Manager visit the buildings on a recurring, unannounced basis to informally assess the quality of your buildings' cleanliness.
- b. **Field Inspections** – In addition to the Area Managers frequent inspection of clients' buildings, impartial Quality Assurance representatives also regularly inspect the buildings and record their findings on concise, comprehensive Quality Control checklists. The use of our specialized CleanTelligent software has also helped to streamline the field inspection process. Each Quality Assurance representative is supplied with a portable digital device that runs our specially programed CleanTelligent Quality Control inspection form. This allows the inspectors to record and post their inspection data in real time. All inspection findings are instantly uploaded to the PBS operated CleanTelligent website for immediate viewing and response by PBS management staff.



VI. CONTRACT PRICE INFORMATION

Basic contract prices include all labor, supervision, equipment and supplies (except those provided by the client) to perform all work required. We employ our own staff and are responsible for the handling of their payrolls.

PRICING

Cost to perform scheduled cleaning as detailed in the Specifications for 630 Park Avenue, King of Prussia, PA 19406

- ***Nightly Cleaning (Monday-Friday) is One Thousand, Eight Hundred, Twenty Dollars (\$1,820.00) per month.***
- ***Electrostatic Disinfecting of each floor is Four Hundred, Thirteen Dollars and Sixteen Cents (\$413.16). The total for entire facility is Eight Hundred, Twenty-Six Dollars and Thirty-Two Cents (\$826.32) per occurrence.***

Our price shall remain firm for a period of one (1) year, unless one or more of the following occurs:

- a) A minimum wage increase mandated by Federal, State, Local authorities
- b) Unionization of the location
- c) An increase in Federal, State, or Local taxes and insurances

** Annual pass through of 2.5% on January 1st of each year.

Professional Building Services, Inc. shall submit a statement to the client for its services on the first day of operations and on the first day of each month thereafter. Client will pay statements within thirty (30) days of the invoice date.

PBS will provide workmen's compensation, property damage and general liability insurance in the amount of \$5,000,000.00 to protect the client and the cleaning service completely from any claim or damage to person or property for injury to any employee of the cleaning service.



AGREEMENT made this 10th day of March, 2023 by and between PA Virtual Charger School (hereinafter referred to as the Client) and Professional Building Services, Inc. (P.B.S.) a Pennsylvania Corporation (hereinafter referred to as the Contractor). WITNESSETH:

WHEREAS, the Client and the Contractor wish to enter a contract maintenance, custodial, and/or day porter service agreement to be provided to the Client at the aforementioned locations (hereinafter referred to as the Premises).

WHEREAS, the Contractor has the capability to provide such maintenance and custodial services to the Premises, and desires to provide such services to the Client.

Now, therefore, the parties hereto, intending to be legally bound hereby, mutually agree as follows:

1. SERVICES:

The Contractor shall supply the supervisory and other custodial services described and attached hereto, (hereinafter known as the Services).

2. TERM OF AGREEMENT:

The term of this agreement shall be for one (1) year commencing on the date hereof. After the initial term, this agreement shall continue automatically without further action on the part of the Client or Contractor.

3. DEFAULT:

Any default of the following shall constitute events of Default under this agreement:

- a) The failure by the Client to make payment required for Services before the 30th day of the following month for which the invoice was issued. Invoices shall be mailed or delivered to the Client by the Contractor on the first of each month. Failure to pay by the due date could result in termination of service.

4. DAMAGES:

In the event the Contractor shall be successful in any suit for damages for breach of this Agreement, including nonpayment of invoices, or to enforce this Agreement, to enjoin the Client from violating this Agreement, the Contractor shall be entitled to recover as part of its damages, reasonable legal fees and costs for bringing and maintaining any such action.

5. INDEPENDENT CONTRACTOR:

For all purposes under this agreement, the Contractor shall be considered an independent Contractor. All employees of the Contractor supplied to perform the services shall in no event be considered employees or agents of the Client for any purposes, but shall remain at all times the employees and agents of the Contractor.



6. ENTIRE AGREEMENT:

The terms and conditions herein, together with all exhibits attached hereto and made part herein, constitute the final, complete and exclusive understanding between the parties with respect to the subject matter of this agreement, and supersede all prior and contemporaneous agreements and understandings, inducements or conditions, express or implied, oral or written. The terms and conditions herein may not be modified or amended other than in writing signed by the parties to this agreement.

7. ASSIGNMENT, BINDING NATURE:

The terms and conditions of the agreement shall be binding upon and incur to the benefit of the parties hereto and their respective successors and assigns. This agreement may not be assigned without the prior written consent of the non-assigning party.

8. SEVERABILITY:

The terms of this agreement are independent of and severable from each other, and neither this agreement nor any provision shall be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part.

9. CONTROLLING LAW:

This agreement and all matters relating to its validity, interpretation, performance and enforcement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.

10. CANCELLATION:

This agreement may be cancelled by the Client or the Contractor at any time after the first ninety (90) days of this contract term by issuing a written notice of intent to the opposite party thirty (30) days prior to the intended cancellation date.



11. NOTICE:

Any notice given in connection with this agreement shall be written and shall be sent via Certified Mail or Registered Mail, postage prepaid, to the address set forth below:

IF TO CONTRACTOR:

Professional Building Services Inc.
3936 Miller Road
Newtown Square, PA 19073
Attn: Michael McCormack

IF TO CLIENT:

PA Virtual Charter School
630 Park Avenue
King of Prussia, PA 19406
Attn: Rich Costa

In witness whereof, the parties hereto have executed this Agreement on the day and year above first written.

PROFESSIONAL BUILDING SERVICES, INC.

BY: Lisa Krowinski

TITLE: Operations Manager

DATE: 3/10/2023

PA VIRTUAL CHARTER SCHOOL

BY: Jean Phillips

TITLE: Chief Financial Officer

DATE: 03 / 10 / 2023



GENERAL SPECIFICATIONS

1. All Labor and supervision required for the proper performance of this work, unless otherwise specified, are to be furnished by Professional Building Services, Inc.
2. The cleaning of the facility is to be performed following each scheduled workday, as per the contract agreement, with the exception of normal company holidays (New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas) and/or unforeseeable conditions that render services impractical.
3. All supplies and cleaning equipment are to be kept in a neat, clean and orderly manner in assigned places only.
4. All cleaning personnel are to remain in their assigned areas during work periods and will take lunch and rest breaks (if applicable) in locations approved by your company.
5. All personnel will be in uniform, including Identification Badges, at all times during the work shift and wear prescribed Personal Protective equipment.
6. You have the right to request PBS to remove any employee deemed incompetent, careless, insubordinate or otherwise objectionable, or any personnel whose actions are deemed contrary to public interest and/or inconsistent with the best interests of your company.
7. PBS will submit, when requested, the names and addresses of its employees engaged in the work covered by this contract.
8. PBS will be responsible to see that its employees do not disturb papers on desks, open desk drawers or cabinets, or use telephones.
9. PBS will hold and save harmless your company and its employees from all costs, expenses, suits, damages, judgments or liabilities of any nature and kind, for injuries to, or death of, any person or persons, or damage to the property resulting from or in connection with the performance of this contract by Professional Building Services, Inc.
10. Toilet tissue, paper towels, sanitary products, hand soap and plastic trashcan liners will be provided by Pennsylvania Virtual Charter School.
11. Professional Building Services, Inc. will be responsible for turning off all lights and securing all prescribed interior doors and all exterior entrances upon completion of work assignments. P.B.S. will further be responsible for adhering to all security procedures as prescribed by your company and its agents.
12. Professional Building Services, Inc. will furnish, upon request, any required insured certificate regarding Workman's Compensation, General Liability, Bodily Injury and/or Property damage.



13. The client shall not hire a Professional Building Services, Inc. employee for a period of one (1) year from either the employee's dismissal, or cancellation of the Cleaning Contract.
14. Professional Building Services, Inc., is in contact with key personnel twenty-four hours daily, and can usually react to an emergency situation within one hour.
15. This agreement shall be for one year, followed by an optional renewal that shall be discussed 60 days prior to the term of the contract.
16. Client is responsible for the correct billing square footage, and is responsible for notifying Professional Building Services, Inc. in writing of any changes in cleanable square footage that may occur during the course of this contract.



OPTIONAL SERVICES

In addition to our comprehensive Daily Contracted Cleaning services Professional Building Services, Inc. is proud to offer several exceptional optional services for our clients.

Fit-Out/Construction Cleanup:

Professional Building Services, Inc. has the resources and expertise to handle final construction cleanup projects for your organization. We have decades of experience completing final phase cleaning jobs, and have managed projects ranging from 1,500 to 1.5 million square feet in size. Our company is fully equipped and well experienced in operating construction cleanup projects.

Construction Cleanup projects may include removal of construction debris, interior and exterior window washing, detail cleaning, vinyl tile finishing, ceramic tile grout restoration and sealing, detail dusting, vacuuming, furniture preparation, and carpet cleaning. Our goal is to ensure you with Turnkey Peace of Mind at the completion of your construction endeavor!

Emergency Response Services:

Wind, fire and water damage is never planned, but can be devastating to a business. Professional Building Services, Inc. provides Emergency Response Services 24 hours per day, 7 days per week. Our industry trained technicians are outfitted with state-of-the-art equipment and are knowledgeable in cutting edge restoration techniques. PBS is ready to respond anywhere, anytime for all your real estate emergencies.

Our capabilities include:

- Emergency Response
- Water Extraction (Clean, Gray and Black Water)
- Structural and Content Drying
- Microbial and Indoor Air Quality Mitigation
- Selective Demolition and Disposal
- Permanent Repairs and Restoration
- Temporary Staffing and More



PBS is proud to be a Clean Trust (formally the Institute of Inspection Cleaning and Restoration Certification) certified firm.



Floor Maintenance & Restoration:

Professional Building Services, Inc. has over 35 years of experience in providing floor maintenance programs for all flooring types including hardwoods, vinyl, and ceramic flooring. These programs include floor enhancement, stripping and refinishing, tile and grout restoration, and concrete sealing. Our team will provide a specialized floor maintenance program for your facility that will not only protect, but also enhance the appearance of your floors. We pride ourselves in utilizing top-end commercial scrubbers, high-speed buffers and burnishers, and floor cleaning agents specifically formulated for your type of flooring.

Taking extra care to maintain your flooring will not only drastically improve the appearance of your facilities, but will extend the life of your flooring, ultimately saving your company building operating expenses.

Carpet Cleaning:

A routine carpet cleaning program is essential to the preservation of your facility's carpets. PBS offers various carpet care programs. The most popular is an ongoing monthly program in which we utilize trained and experienced employees who are dedicated solely to carpet maintenance.

Our specialized carpet technicians utilize the latest technology in carpet maintenance equipment. Our advanced system, Ready Space Technology, removes soil before it becomes deeply imbedded in the carpet. The innovative technology utilizes a unique soil-transfer roller, which captures dirt from within the carpet fibers and lifts it into the machine. Once inside, sprayers rinse soil from the rollers not the carpet. Two powerful individual vacuum shoes extract the dirty water into the recovery tank allowing for a 15 minute rapid dry time.

PBS also offers traditional carpet cleaning methods such as hot water extraction, bonnet shampooing, and dry methods.



DAY PORTER SERVICE

Professional Building Services, Inc. offers personalized day porter services to accommodate the day-time operational demands of our clients' facilities. We will work with you to develop a specialized day porter program that is both responsive and cost effective.

Our day porter services may include, but are not limited to the following:

- Monitor and service restrooms during the work day
- Replenish paper supplies based on usage and need
- Lobby maintenance
- Maintain exterior of the building removing trash and debris
- Service cafeteria, kitchen, and common areas
- Respond to any spills or messes that occur during working hours
- Empty, clean, and reline trash receptacles
- Removal of trash to dumpsters
- Trash/litter pick up in exterior common areas of the property and/or parking lot
- Police parking lots for trash
- Any other assigned tasks from property or facility management



PARTIAL LIST OF CLIENTS

JLL Property Management

1100 E. Hector Street

Suite 335

Conshohocken, PA 19428

Ms. Monica White

215-628-2428

Susquehanna International Group (SIG)

401 East City Ave.

Suite 122

Bala Cynwyd, PA 19004

Mr. Craig Babroff

610-668-5320

Newmark

880 E. Swedesford Road

Suite 100

Wayne, PA. 19087

Mrs. Carol Driver

610-755-6992

Keystone Property Group

1001 Conshohocken State Road

Suite 2-201

West Conshohocken, PA 19428

Ms. Vanessa Hantman

484-390-0993

Exeter Property Group

140 W. Germantown Pike

Suite 150

Plymouth Meeting, PA 19462

Mr. John McCormick

610-234-3213





PA Virtual Charter School

Location:

630 PARK AVE

KING OF PRUSSIA, PA 19406

Attn: RICH COSTA

Scheduled Quarterly Inspection Agreement

Submitted By:

Charles Cavanagh

Commercial Account Manager

3/3/2023

EQUIPMENT COVERED

Equipment List

Model Number

Serial Number

“ See Attached Equipment List ”

We agree to provide you with a complete tune-up and scheduled maintenance, as described below, for your air conditioning and/or heating equipment during the term indicated.

TUNE-UPS WILL INCLUDE:

- **Inspect and clean condenser coils with environmentally friendly cleaner. Hose bib or water source must be within 150 feet of furthest piece of equipment.**
- Inspect evaporator coils. Cleaning, if required, will be quoted separately.
- Inspect and adjust tension on v-belts, as required, inspect fan pulleys for wear.
- Inspect and clean furnace and boiler burner sections, as required.
- Inspect and adjust gas and oil controls on heating equipment, as required.
- Inspect and clean condensate drain pan, as required.
- Inspect oil level and pressures on compressor equipment, note condition.
- Inspect and adjust operating and safety controls as required.
- Inspect operating pressures of compressor units and note, as necessary.
- Inspect and tighten electrical connections and components.
- Check for proper temperature differentials.
- Inspect operating voltages and amperages and note, as necessary.
- Inspect thermostat and set as directed by owner, as necessary.
- Inspect and clean economizer, air dampers, motors and linkages.
- Lubricate motors, bearings and moving parts as required.
- Instruct customer in the proper operation of equipment.
- Report any unusual conditions to customer.

ADDITIONAL BENEFITS:

- Improved capacity through tune- ups.
- Improved efficiency through proper operation of equipment.
- Extended equipment life with quality maintenance.
- **Priority customer at all times during the year.**
- Agreement transferable upon mutual agreement.

Page 2 of 4 - Scheduled Maintenance Agreement

In addition to the precision tune-ups, professional cleanings and maintenance services listed above, we will provide you with an emergency service at preferred rates that operates 24 hours a day, 365 days a year. Through our emergency answering service and stand-by personnel, we are always on call to furnish and install replacement parts necessary to maintain the listed equipment in good operating condition.

SCHEDULED MAINTENANCE

- Oliver Mechanical shall provide a scheduled maintenance program tailored specifically to the customer's HVAC equipment.
- All scheduled labor shall be performed during the normal working hours.
- All labor shall be performed with qualified, trained personnel directly employed/supervised by Oliver Mechanical.
- Diagnostics and preventive maintenance will be performed: **Two (2) mechanical inspections (Pre-cooling & Pre-heating) along with two (2) additional operational checks. Air filters will be replaced at each visit. Blower belts will be replaced annually.**

Oliver Mechanical, as part of this Maintenance Agreement, will provide air filters, fan belts, grease and lubricating oil. **Air filters (PLEATED TYPE and MERV 13) will be replaced at the time of each tune-up/inspection. Belts replaced annually.**

ENERGY SERVICES

- *Oliver offers a number of in-house energy related services along with partnerships with qualified third party energy solution companies. Our goal is to provide our valued clients effective solutions for reducing energy consumption and costs. Please contact your Account Manager for details and assistance.*

LIMITATIONS

- Oliver Mechanical shall not be liable for any loss, delay, or injury or damage that may be caused by circumstances beyond its control including, but not restricted to acts of God, fire, theft, explosions, vandalism, floods, or delays in transportation.
- **Oliver Mechanical will test condensate traps at equipment during the air conditioning inspections. We will not be liable for any water leaks or damages that are a result of a water leak that occurs after 30 days of our inspection/service.**
- **Oliver Mechanical will not be liable for any water damages that may occur due to improper installation by others of water producing equipment, such as condensing boilers, furnaces, water heaters, air conditioners, dehumidifiers, humidifiers, piping or fixtures or other water related accessory located in an unconditioned/inaccessible space.**
- Oliver Mechanical shall not be liable for loss of business or consequential damages other than property damage or injury to persons caused as a direct result of negligence by Oliver Mechanical in performance or failure of performance of its obligations under this agreement.
- Equipment covered under this contract is limited to that listed on the "Equipment List" and the thermostats that control them.

SPECIAL CONDITIONS

- **This agreement entitles the owner to preferential emergency service rates and scheduling. Oliver does not invoice vehicle and/or fuel charges.**
- Maintenance and/or service will be provided under this Maintenance Agreement based on the provision that the customer's account with Oliver Mechanical is current and/or paid as agreed.
- All labor and material provided by Oliver Mechanical is warranted for a period of 30 days from the date that the work is performed. This warranty is valid only if the customer's account is current.

TERMS OF AGREEMENT

- We agree to provide maintenance on the equipment designated on the "Equipment List" attached hereto, in accordance with the terms and conditions of this agreement, at the following location:

**630 PARK AVE
KING OF PRUSSIA, PA 19406**

- This agreement shall begin on **5/1/2023** and shall remain in force for one year and from year to year thereafter until canceled. A 30-day written notice by either party will validate cancellation of agreement.
- For these services, including coverage of equipment designated on the "Equipment List", you agree to pay Oliver Mechanical the annual sum of:

Eleven Thousand Five Hundred Eight Dollars - \$11,508.00

Payable in advance upon approval of this agreement in accordance with the following schedule:

Quarterly - \$2,877.00


ADD for VAV Boxes = \$1,352.00

- For services not covered under this agreement and performed by Oliver Mechanical upon your authorization, you agree to pay Oliver Mechanical upon presentation of itemized invoice(s) at Oliver Mechanical's prevailing labor, transportation, and material charges.
- This agreement, when accepted in writing below by you and approved by the authorized Oliver Mechanical representative, shall constitute the entire agreement between us, and all prior agreements are superseded.
- We may adjust this agreement on any agreement anniversary date for changes in labor and material costs as compared to labor and material costs at the last adjusted anniversary date.
- You agree to pay any applicable taxes or governmental charges in addition to the amounts set forth above.

ACCEPTANCE OF PROPOSAL The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

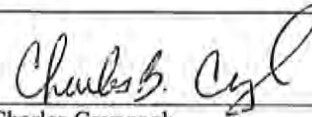
**RICH COSTA
630 PARK AVE
KING OF PRUSSIA, PA 19406**

**Oliver Mechanical
101 Waverly Avenue**



Authorized Signature
03 / 05 / 2023

Date



Charles Cavanagh
3/6/2023

Date

Equipment List

	Equipment Type	Make/Model/Serial#
3100117977-1 630 PARK AVE KING OF PRUSSIA, PA 19406	Package RTU Heat Pump 3-6 Ton	Trane / WSC048A3R0A0LB / 225100671L
	Package RTU Heat Pump 3-6 Ton	Trane / WSC048A3R0A0LB / 2251009467
	Package RTU Heat Pump 3-6 Ton	Trane / WSC048A3R0A0LB / 225100918L
	Package RTU Heat Pump 3-6 Ton	Trane / WSC048A3R0A0LB / 22510080XX
	Package RTU Electric 25-60 Ton	Trane / TCD420AE0J2A7F4 / C02E04473
	Package RTU Electric 7.5-20 Ton	Trane / THD150F3R0A00H0B0A2 / 124910344D
	Package RTU Electric 7.5-20 Ton	Trane / THD210F3R0A00H0B0A2 / 124910354D
	Data/Computer Split System 1-5 Ton	Trane / 2TGB3F18A1000AB / 8214PDB6V
	Data/Computer Split System 1-5 Ton	Lennox / CBX25UH-D60-230-1/ 6016E59486
	Exhaust Fans Centrifugal 600-2000 CFM	Cook / 100ACE / 076SE5198-00701
	Exhaust Fans Centrifugal 600-2000 CFM	Cook / 120ACE / 076SE5198-002001

PLEASE TAKE THE TIME TO FILL OUT YOUR CURRENT INFORMATION. WE WOULD LIKE TO UPDATE ALL OUR INFORMATION FOR YOUR ACCOUNTS. THIS WILL BE GREATLY APPRECIATED.

SITE NAME: PA Virtual Charter School

ADDRESS: 630 Park Ave., King of Prussia, PA 19406

PRIMARY CONTACT: Richard Costa

TELEPHONE: (W) 484-680-7752 or (C) 610-937-4886

EMAIL ADDRESS: rcosta@pavcs.us

BILLING INFORMATION COMPANY NAME: PA Virtual Charter School

BILL TO ADDRESS: 630 Park Ave., King of Prussia, PA 19406

ACCOUNTS PAYABLE BILLING CONTACT: Janine Moody

TELEPHONE: 484-680-7755

EMAIL: jmoody@pavcs.us

CONTACT FOR QUOTE NAME: Richard Costa

EMAIL: rcosta@pavcs.us

TELEPHONE: (W) 484-680-7752 or (C) 610-937-4886

TECHNICIAN CONTACT NAME: Jeff Greaves

EMAIL: JGreaves@oliverhvac.com

TELEPHONE: 215-940-5443



OLIVER

FIRE PROTECTION & SECURITY



501 Feheley Drive • King of Prussia, PA 19406-2690
610-277-1331 • Fax: 610-277-2837
www.oliverfireprotection.com

March 7, 2023

Richard J. Costa III
PA Virtual Charter School
630 Park Ave.
King of Prussia, PA 19406

RE: Fire Protection / Life Safety Equipment Inspections
Renewal 3/1/2023 – 2/28/2024

At your request, Oliver Fire Protection would like to offer the following information and pricing for your consideration. Oliver Fire Protection & Security (*or sub-contractor*) will perform the testing/inspection of the equipment listed below at the frequency(ies) requested. Any and all additional testing/inspections that may be required by NFPA standards and/or local Authorities Having Jurisdiction (AHJ's) are the responsibility of the customer. These add'l services can be quoted under a separate proposal.

SITE	Annual Sprinkler System Inspection	Annual Emergency / Exit Light Inspection	Annual Portable Fire Extinguisher Inspection
630 Park Ave. King of Prussia, PA 19406	\$360.00	\$400.00	\$120.00 Truck/Fuel Fee \$6.00 per unit (pass or fail)
Acceptance	<u>LB</u> initial	<u>LB</u> initial	<u>LB</u> initial

- Prices are based on performing work during normal hours (**M-F; 8:00am – 4:00pm**).
- Please see additional sheet attached for our terms and conditions.
- Inspection Report(s) and documentation will be released to customer after Oliver has received payment in full.
- Pricing is based upon the following equipment:
 - **EMERGENCY/EXIT LIGHTS**
85 (*Tested Annually*)
 - **SPRINKLER SYSTEMS**
Wet System – 1 (*Tested/Inspected Annually*)
Fire Line Backflow Prevention Device – 3 (*Tested Annually*)
 - **Portable Fire Extinguishers**
Approx. 14 (*Inspected Annually*)
- This proposal is for testing/inspection of the listed equipment only. Any and all service/repairs that may need to be performed for certification will come under a separate proposal.
- Any and all additional service that may be needed to the Portable Fire Extinguishers (i.e. – maintenance, hydro, recharge, etc) will be at an additional cost. **If you would prefer, that any Portable Fire Extinguisher service needed, be performed at the time of inspection, with a Not to Exceed amount of \$300.00, please accept the renewal as is. If not, please reject quote and ask for it to be removed.**
- It is the customer's responsibility to provide access (**including & not limited to providing lift equipment if necessary**) to all areas containing fire protection/detection equipment and have the system put on "test" with their alarm monitoring company (if applicable). If the fire alarm system inspection option is not chosen, it will be the customer's responsibility to disable and re-enable the Fire Alarm Control Panel for our sprinkler system inspection. Proposal does not include Oliver providing a man at the panel for the duration of our sprinkler inspection.
- It is the customer's responsibility to locate the circuit breaker that feeds the e-lights prior to our arrival for the e-light inspection. If substantial time is needed to find this breaker on the day of our inspection, the customer may be charged additional fees.
- If Aqua is your water authority, the backflow prevention device test can only be conducted if the customer has the inspection form(s) provided by Aqua at the site of inspection.
- Backflow inspections are to be performed at the time of the annual inspection unless otherwise noted. If the backflow is not inspected at the time of the annual sprinkler inspection, additional charges may apply.

- Any and all permits that may be necessary for testing of the backflow prevention devices will be the customer's responsibility to attain.
- All work will be performed in a skilled, workman like manner and in accordance with the latest adopted NFPA 25, 72, 10, 12A (Halon 1301), 12B (Halon 1211), 2001, 101, 17A, 96 and all applicable standards and codes.
- Frequency Terminology:
 - **Annual** inspections are inspections conducted 1x per year

SCOPE

Annual Sprinkler Test/Inspection – per NFPA 25

- Inspection of: fire pump, gauges, control valves, alarm devices, hydraulic dataplate, hangers, piping and fittings, sprinkler heads in common areas only, spare sprinklers, standpipes, hose connections, fire department connections, valves (alarm, dry pipe, pre-action, etc...)

Testing of: fire pump (full flow test), control valve supervisory switches, alarm devices (water motor gongs, pressure switches, vane type) fire line backflow prevention device(s) and main drain. Each control valve shall be operated through its full range and returned to its normal position. Conduct partial trip test of dry valve (full flow trip will be at an additional cost), pre-action, or deluge systems.

- Antifreeze solution shall be tested by measuring the specific gravity and adjusting the solutions if necessary. The solution shall be tested at its most remote point and where it interfaces with the wet system.

Annual Backflow Prevention Device Inspection – per local water authority

- Test and inspect the fire line and/or domestic backflow prevention devices per the local water authority.

Annual Emergency / Exit light Inspection – Per NFPA 101

- Functional testing shall be conducted annually for not less than 1 ½ hours if the emergency lighting is battery powered.

Annual Portable Fire Extinguisher Inspection – per NFPA 10

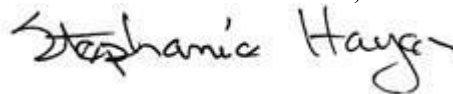
- Confirm the following: proper spacing; proper placement; appropriate extinguisher is provided for the hazard; access to and visibility of extinguisher are not obstructed; operating instructions are legible and face outward; seals or tamper indicators are intact; pressure gauge is in normal range; note any obvious physical damage; etc...
- Check for any service that may be needed (recharge, maintenance, hydro, etc)

Please indicate acceptance by initialing below each service requested and signing below. By signing below, you are acknowledging you have read and approve the scope of work and pricing as set forth. Upon signature, please return by mail, fax (610-277-2837) or email to SHayes@OliverFPS.com.

Thank you for the opportunity to present this proposal for your fire protection needs. If you have any questions, please do not hesitate to call. As always, Oliver Fire Protection will be pleased to serve you in the best interest of fire protection.

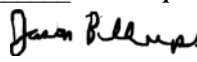
Very truly yours,

OLIVER FIRE PROTECTION, INC.



Stephanie Hayes
Customer Accounts Specialist

Date: 03 / 08 / 2023 Company/Responsible Party PA Virtual Charter School

Accepted By:  Chief Financial Officer

Signature & Title

Jason Billups Chief Financial Officer

Print/Type Name & Title Above

Richard Costa

PO # if required for billing purposes



Protection • Saving Lives and Property • Detection



OLIVER FIRE PROTECTION AND SECURITY

Terms and Conditions

DEFINITIONS

1. "Equipment" means the equipment covered by the Services to be performed under this Agreement, and is identified in the respective work scope attachments under the "Equipment List".
2. "Services" means those services and obligations to be undertaken by Oliver Fire Protection and Security (OLIVER) in support of CUSTOMER to this Agreement, as more fully detailed in the attached work scope document(s), which are incorporated herein.

COVERAGE

3. CUSTOMER agrees to provide access to all Equipment covered by this Agreement. OLIVER will be free to start and stop all primary equipment incidental to the operation of the system(s) as arranged with CUSTOMER's representative.
4. The Agreement assumes that the systems and/or Equipment included in the attached Equipment List are in maintainable condition. If repairs are necessary upon initial inspection, repair charges will be submitted for approval.
5. CUSTOMER will promptly notify OLIVER of any malfunction in the system(s) or Equipment covered under this agreement that comes to CUSTOMER's attention.

PRICE, BILLING, AND TERM

6. CUSTOMER shall pay or cause to be paid to OLIVER the full price for the Services as specified on the first page of this Agreement. OLIVER shall submit invoices upon completion of each service rendered. Payment shall be due within thirty (30) days of the Invoice Date. Payments for Services past due more than ten (10) days shall accrue interest from the due date to the date of payment at the rate of one and one-half percent (1.5%) per month, compounded monthly, or the highest legal rate then allowed. CUSTOMER shall pay all attorney and/or collection fees incurred by OLIVER in collecting any past due amounts.
7. OLIVER shall have the right at the renewal period (defined in paragraph 7), to increase the charges provided herein, to reflect any additional costs which may hereafter be incurred relating to the service provided under the terms of the Agreement and CUSTOMER agrees to pay the same. OLIVER may, at the renewal period, increase the annual service charge.
8. Changes to the covered systems (i.e., if additional systems or equipment are added or deleted to the scope of this Agreement) may result in additional increases or decreases to the price OLIVER charges the CUSTOMER to perform the services in this Agreement. OLIVER will notify the CUSTOMER during the renewal period of any changes to the charges of the Agreement due to a change in the covered systems.

TERMINATION

9. CUSTOMER may terminate this Agreement for cause after giving OLIVER thirty (30) days advance written notice.
10. OLIVER may terminate this Agreement for cause (including, but not limited to, CUSTOMER's failure to make payments as agreed herein) after giving CUSTOMER thirty (30) days advance written notice.

GENERAL TERMS AND CONDITIONS

11. Assignment and Delegation: CUSTOMER may not assign its rights or delegate its obligations under this Agreement, in whole or in part, without the prior written consent of OLIVER. OLIVER may assign its right to receive payment to a third party.
12. CUSTOMER shall be responsible for maintaining all liability and property insurance. No insurer or other third party will have any subrogation rights against OLIVER.
13. Hazardous Materials: CUSTOMER represents and warrants that in the areas where OLIVER will undertake work or provide Services,

there are no: (a) materials or substances classified as toxic or hazardous either (i) on or within the walls, floors, ceilings or other structural components or (ii) otherwise located in the work area, including asbestos or presumed asbestos-containing materials, formaldehyde, containers or pipelines containing petroleum products or hazardous substances, etc.; (b) situations subject to special precautions or equipment required by federal, state or local health or safety regulations; or (c) unsafe working conditions.

14. Customer shall indemnify and hold OLIVER harmless from and against any and all claims and costs of whatever nature, including but not limited to, consultants' and attorney's fees, damages for bodily injury and property damage, fines, penalties, cleanup costs and cost associated with delay or work stoppage, that in any way results from or arises under such materials, situations or conditions, regardless of whether customer has pre-notified Oliver. This indemnification shall survive termination of this agreement for whatever reason.
15. OLIVER shall not be liable for damages caused by delay or interruption in Services due to fire or flood; corrosive substances in the air or water supply that may enter or otherwise affect sprinkler piping and sprinkler systems including but not limited to biological growth, Calcium Carbonate Deposits and microbiologically influenced corrosion (MIC); strike, lockout, dispute with workmen, inability to obtain material or services, war, acts of God or any other cause beyond OLIVER reasonable control. Should any part of the system or Equipment be damaged by fire, water, water leakage, freezing pipes, lightning, acts of God, third parties or any other cause beyond the control of OLIVER, any repairs or replacement shall be paid for by CUSTOMER.
16. The parties further agree that OLIVER is not an insurer; that CUSTOMER chose the level and scope of services being provided by OLIVER from a variety of service options, that OLIVER will not be held liable to any loss in tort or otherwise, which may arise from the failure of the system(s) and/or service(s) or any errors and omissions in the above referenced specifications. The parties further agree that this Agreement shall not confer any rights on the part of any person or entity not a party here to whether as a third-party beneficiary or otherwise.
17. Because it is impossible to assess actual damages arising from the failure of a system and/or service provided under this agreement, the parties agree that if any liability is imposed on OLIVER for damages or personal injury to either customer or any third party, such a liability shall be limited to an amount not to exceed the amount of annual service charge of this agreement.

MISCELLANEOUS

18. Extent of Agreement: Except as and to the extent provided in the Contract this Agreement represents the entire Agreement between CUSTOMER and OLIVER for the Services described herein and supersedes all prior negotiations, representations or Agreements between the Parties related to the Services described herein.
19. None of the provisions of this Agreement shall be modified, altered, changed or voided by any subsequent document unilaterally issued by CUSTOMER that relates to the subject matter of this Agreement. This Agreement may be amended only by written instrument signed by both Parties.
20. OLIVER shall not be liable for any delay in producing, delivering, installing, or giving advice and technical assistance for any of the equipment or software covered hereunder if such delay shall be due to one or more of the following causes: fire, strike, lockout, dispute with workmen, flood, lightning, accident, delay in transportation, shortage of fuel, inability to obtain material, war, embargo, demand or requirement of the United States or any governmental or war activity, or any other cause whatsoever beyond the reasonable control of OLIVER. In addition, OLIVER shall not be liable for any delays caused by failure of CUSTOMER, or its agent, or any person or entity not a party hereto, to perform any of its obligations in a timely manner.

DISPUTE RESOLUTION

21. This Agreement shall be deemed to be made in Montgomery County, Pennsylvania, regardless of the location of any office or representative of CUSTOMER, or the location of the equipment, or the place of signing by any party. This Agreement will be governed by Pennsylvania law. The venue for any claim arising under this Agreement shall be in Montgomery County, Pennsylvania.
22. In the event of a dispute regarding the Interpretation or enforcement of this Agreement which results in litigation, the prevailing party shall have its attorney's fees and costs paid by the losing party.



ModernfoldStyles

ModernfoldStyles, Inc.
802 King Avenue
Cherry Hill, NJ 08002
NJ (856) 665-1488
FAX (856) 665-6977
www.modernfoldstyles.com

QUOTE

To: PA Virtual Charter School 630 Park Avenue King of Prussia, Pennsylvania 19406	Date: March 7, 2023
Attn: Richard Costa	Quote No: Q23-0711
Phone: (610) 275-8500	Sales Rep: Mike Reger / mreger@modernfoldstyles.com
Email: rcosta@pavcsk12.org	Re: PA Virtual Charter School 630 Park Avenue King of Prussia, Pennsylvania 19406

Total: \$1,397.00 Tax Exempt

Annual Operable Partition Service

Labor and material needed to service and repair operable partition. Work is as follows:

- Inspect and lubricate the track and trolleys
- Adjust the pendant bolts and safety lockdowns
- Adjust panels
- Inspect, adjust or repair the floor seals
- Inspect and adjust the panel closer system
- Inspect and adjust the pocket doors and related hardware
- Inspect and adjust the pass doors and related hardware
- Inspect, adjust, and lubricate the drive systems
- Clean the floor track and adjust the pivot pins
- Inspect and calibrate the stack and extend limits
- Reattach any loose sound sweeps
- Ensure safe and proper operation of two (2) wall systems
- Includes minor in-stock parts

✓ **Work to be completed during normal business hours.**

REGULAR MAINTENANCE IS THE KEY TO KEEPING YOUR OPERABLE PARTITION SAFE AND TROUBLE FREE.

Price Based On: Price based upon normal delivery conditions during regular business hours. A valid Tax Exempt Certificate must be provided or tax will be added to the full cost of the job.

Price Effective Through: May 31,2023

Payment Terms: Signed Proposal / Purchase Order. Balance upon completion. 30 days from invoice. Credit cards are accepted.

Note: This proposal is subject to change without notice. The terms and conditions printed on the reverse side are understood by both buyer and seller to be binding. Acknowledgement and acceptance of this proposal must be had from the home office before it becomes a mutual contract.

Accepted By:

Signature Jason Billups Date 03 / 08 / 2023

Name Jason Billups Title Chief Financial Officer

To move forward with an order for the products and services outlined in this quote, please sign and return to Mike Reger. By signing the quote, you are accepting the terms as outlined above.

Mike Reger

Mike Reger, Service Manager 3-9-23

Definitions

The Corporation: Modernfold/Styles, Inc.

Purchaser: Person placing order or entering contract with the Corporation

Conditions of Sale

Title - On material only sales the title to material shall pass to purchaser upon delivery by us to carrier and all responsibility for loss of or damage to material after delivery by us to carrier is assumed by purchaser.

Variations in Contract - All obligations undertaken by The Corporation are set forth herein, and may not be varied except in writing signed by an Officer of the Corporation.

Default in Payment - If default is made in any payment under this contract, The Corporation is hereby authorized to make any deliveries after such default with sight draft attached to the bill of lading.

Force Majeure - The Corporation shall not be responsible for damages, delays or losses by carriers or for fire, accidents, lockouts, strikes, or other causes beyond its control.

Claims - Claims for shortage in delivery of the material furnished hereunder must be made within five (5) days from the date of said delivery to the building. Failure to make claim within five (5) days shall be a waiver of purchaser's right to make such a claim.

Labor and Materials of Others - It is understood that The Corporation shall not be responsible for labor performed or materials furnished by others unless such labor is performed or material furnished on written order of The Corporation. It is understood that all finished trim, track enclosures, sound baffles, rough blocking, supporting members and punching of supports to receive our equipment are to be furnished and prepared by others. To provide proper recess when our concealed tracks are used in conjunction with suspended ceiling we will, upon request, furnish steel sub-channel. Installation of the sub-channel is to be by others. Removal of all trash by others.

Changes - If case changes in the material covered by this proposal are desired, such changes will be regarded as a new order and the price, therefore, will be determined by the regular prevailing rates.

Carrier Charges - Where prices include freight and carload shipments, additional expense incurred at the buyer's request in making less than carload shipments or express shipments shall be borne by the buyer. It is understood that no expense incurred by the purchaser in expediting shipments shall be charged to The Corporation.

Hardware and Fittings - This proposal includes, unless otherwise specified, our Standard materials with necessary hardware for installation in accordance with our standard practice, and does not contemplate the furnishing of structural steel connections, such as angles, plates, special clips and bolts, unless so specified.

Painting and Glazing - Unless otherwise specified this proposal shall include no special painting of material in the shop or field. This proposal is based on furnishing one of our standard colors applied at the factory. The Corporation assumes no responsibility for damages to finish in transportation. Where special finish is required it must be specified in the proposal. Glazing as used in this proposal shall include the furnishing of glass as specified.

Not included in this Proposal - It is agreed that cleaning of partitions, the cleaning of glass, after glazing, plaster patching, watchman's service, telephone service, electric service, or the repair

of damaged by others is not part of the duty of the erector and is not included in this contract

Storage Space - Unless otherwise stated, the purchaser shall, without charge, unload and place material in sufficient space for the safe and continuous storage of our products, on the same floor and within 100 feet of installation site. If the space provided is inadequate or inaccessible and requires extra sorting or storage costs, such excess costs will be reimbursed by purchaser. If material must be moved due to work of other trades or for other reasons, the cost of such moving will be reimbursed by purchaser. The reasonable use of any elevators and hoists will be permitted at no cost.

Notice of Readiness - One week's written notice shall be given us that the building is ready for use to begin installation of our products. If the building is not yet ready when our men arrive or if we are prevented from proceeding continuously with our work because of conditions of the building beyond our control, the purchaser shall assume the extra cost resulting there from.

Working Conditions - Extra costs due to dangerous or objectionable working conditions, interference by other trades, necessity of protecting equipment of others and costs of delays due to building progress will be reimbursed by purchaser.

Damages - Any loss or damage of materials at the job site caused by other trades or other causes beyond our control will be the responsibility of the purchaser and the purchaser agrees to hold The Corporation harmless from loss by any reason thereof.

Cancellation - In the event of this proposal being accepted by both parties, thereby becoming an order, it is understood and agreed that as an order it cannot be cancelled except by mutual consent.

Overtime - This proposal is made with the understanding that all work shall be done only between such hours and only on such days as single or straight time is regularly paid to labor. All work outside of these hours will be done only upon written order of the customer for which the excess cost will be charged.

Insurance - Public Liability, Workmen's Compensation, Property Damage, Automotive and Occupational Disease Insurance are carried and certificates will be delivered upon request. Fire, tornado, and other damage insurance at the site is the responsibility of the purchaser.

Building Codes - The Corporation makes no representation that the materials supplied by them comply with local building codes or regulations applicable to the use of the material.

Taxes - Unless otherwise stated, this contract is subject to all Municipal, State, and Federal taxes that may be applicable.

Terms: Terms are Net upon completion; service charge of 1% per month shall be charged on all accounts over 30 days. Title to all materials furnished hereunder shall remain in us until payment in full has been made. Warranties and Guarantees are null and void unless payments are made in accordance with contract terms.



CHARLES KRIEBLE JANITORIAL SERVICE

Charles Kriebel Janitorial Agreement

This Maintenance Agreement is made as of the effective date below by and between Charles Kriebel Janitorial Services and Pennsylvania Virtual Charter School.

WHEREAS:

-Charles Kriebel Janitorial will provide Landscape Services at the following location:

Pennsylvania Virtual Charter School
630 Park Ave.
King of Prussia, Pa.
Phone: 610.275-8500 x157

Scheduled Services will begin the 1 the day of April, 2023.

The Scheduled Services will be defined in Exhibit A Monthly Landscape Maintenance and Exhibit B Pricing Schedule.



CHARLES KRIEBEL JANITORIAL SERVICE

EXHIBIT A Monthly Landscape Maintenance

We hereby submit specifications and estimates for the following monthly landscape maintenance contract (Based on 8-month contract April 2023 through November 2023):

- Prune shrubs in landscape beds as needed.
- Clean out debris and leaves in landscape beds as needed.
- Weed beds as needed.
- Edge existing beds and tree rings (once per year).
- Weekly mowing and trimming of turf areas.
- Spring/Summer and Fall turf fertilizer/weed control
- Tree and shrub fertilizing
- Fall Leaf removal
- Double ground bark mulch and pre-emergent herbicide supplied and properly installed (once per year in the spring). Option to mulch in the fall can be quoted.



CHARLES KRIEBLE JANITORIAL SERVICE

EXHIBIT B PRICING SCHEDULE

We propose to furnish material and labor; complete and in accordance with the above proposal specifications, for the sum of **\$8,251.00**. Initial payment of 1,867.00 and 7 equal payments of \$912.00 Pa. Sales Tax not included.

Ad Alternate:

- 1.) Recommend Insecticide turf application in summer months
For the Sum of **\$182.00**
- 2.) Aerate Lawn over seed with starter fertilizer, to be done in the Fall or Spring. For the Sum of **\$569.00**

Service is effective between April 1,2023 and November 30, 2023.

Terms are Net 30 with a 2% charge per month on all balances 10 days past due. Customer agrees to pay all costs associated with collecting past due balances including, but not limited to, any and all attorney's or collection agency's fees.

Cancellation

This Agreement is cancelable upon written 30-day notification by registered mail. Payments for services rendered are due and payable upon such cancellation.

Chief Financial
Officer

02 / 01 / 2023

Signature of Customer / Title

Date

Please return this Agreement. Thank you for choosing Charles Kriebel Janitorial Service.

Sincerely,

Charles Kriebel Janitorial Service

1/12/2023

Stephen C. Kriebel
Operations Manager

Date

Title	Charles Kriebel Janitorial - Landscaping - 2023/24 SY
File name	Kreible_630_Lands...ntract_011223.pdf
Document ID	aee6f3250a0c701af965bf37b55811c34cc3098b
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History

 SENT	01 / 25 / 2023 14:31:04 UTC	Sent for signature to Jason Billups (jbillups@pavcsk12.org) from rcosta@pavcsk12.org IP: 68.83.103.125
 VIEWED	02 / 01 / 2023 17:07:34 UTC	Viewed by Jason Billups (jbillups@pavcsk12.org) IP: 174.166.80.191
 SIGNED	02 / 01 / 2023 17:07:47 UTC	Signed by Jason Billups (jbillups@pavcsk12.org) IP: 174.166.80.191
 COMPLETED	02 / 01 / 2023 17:07:47 UTC	The document has been completed.



Customer Location

PA Virtual Charter School

630 Park Avenue
 King of Prussia, PA 19406
 Rich Costa
 rcosta@pavcs.us

Bill To

PA Virtual Charter School

630 Park Avenue
 King of Prussia, PA 19406
 Rich Costa
 rcosta@pavcs.us

Proposal for

- Renewal Service

Scope of work

Semi-annual inspections of FM-200 system for 2021/2022 fiscal year @ \$400.00 per inspection

NOTE: Agreement is valid for 3 years.

Service details by location

PA Virtual Charter School 630 Park Avenue	Quantity
Main Panel Kidde Semi-Annual Inspection (Open Access)	2
Cylinders FM-200 Semi-Annual Inspection (Open Access)	2
Devices Smoke Detector Semi-Annual Inspection (Open Access)	4
Devices Pulls Semi-Annual Inspection (Open Access)	2

Clarifications

1. All work to be performed during normal business hours, unless noted above.

Proposal pricing

Renewal Service	\$ 800.00
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KISTLER O'BRIEN
FIRE PROTECTION

KOB20210303-33561

2021-03-11

TERM. Maintenance & Service Inspections. Initial term of this agreement shall be for one (1) year unless specified in the Scope of Work. This contract will automatically renew for the same period unless otherwise agreed to, in writing, between both parties, at least sixty (60) days prior to contract expiration.

PRICE. This proposal may be withdrawn by Kistler O'Brien if not accepted within thirty (30) days. Price is based on work being performed during normal business hours, Monday through Friday (holidays excluded), 7:30 am to 4:30 pm, or as noted above.

TERMS OF PAYMENT. Unless otherwise agreed in writing between both parties, terms are agreed as follows:

Installation-Sprinkler/Fire Alarm/Clean Agent Systems. COD or Net 10 days with credit approval. An initial invoice of 30% of the total contract price is required for project mobilization. The balance of payments for technical services, materials and labor will be progressively invoiced as materials are delivered and work is completed.

Installation-Kitchen/Off Road/Paint Booth Systems. COD or 50% down upon acceptance of proposal/Balance due to technician upon completion of work Service. Net cash upon work completion, except where satisfactory open account credit is established by Kistler O'Brien in which case, terms are Net 10 days from the date of invoice.

RESPONSIBILITY OF CUSTOMER. Unless otherwise agreed in writing between both parties, customer agrees to a) pay for specialized training/drug testing, background checks and certification(s) required for their facility, b) provide free and reasonable access to the equipment to perform service thereon, c) provide necessary equipment to reach inaccessible equipment and peripheral devices (i.e. lift) and d) Customer is responsible to escort Kistler O'Brien's technicians for any work that needs to be completed within any residential area and e) notify Kistler O'Brien of any asbestos within the building and/or work area and f) Customer agrees that the work site shall comply with the requirements of both the Centers for Disease Controls (CDC) and Occupational Safety and Health Administration (OSHA) as it relates to building safety, work place safety, coronavirus and other epidemic or pandemic safety requirements. If Safety PPE is required, Customer shall provide such equipment or Kistler O'Brien will supply and bill additional cost if applicable. If Kistler O'Brien inadvertently encounters asbestos in the performance of services, Kistler O'Brien shall immediately stop work. This work stoppage may result in additional charges to Customer. Kistler O'Brien is not responsible for asbestos abatement.

PERMITS, LICENSES, MUNICIPAL & OTHER FEES. Unless otherwise agreed in writing between both parties, Customer agrees to pay for permits, licenses and other fees for Customer facility. Please be aware, some Municipalities and States have been identified as requiring additional fees, per inspection. Licensed by the NY State Department of State license number: 12000212285 , PA Contractor Registration number: PA060325

ADDITIONAL WORK. If additional work is requested above and beyond the Scope of Work (i.e. repair work, emergency service, additional inspection or maintenance services), work shall be performed on a time and material basis at Kistler O'Brien's standard list price, upon Customer approval.

UNFORSEEABLE CONDITIONS/UNFORSEEN CIRCUMSTANCES. Kistler O'Brien will complete the Scope of Work as indicated in this proposal. Any alterations or deviation from the proposed Scope of Work, to include but not limited to any hidden, concealed, environmental, site changes or unforeseeable conditions involving extra cost of material or labor will be performed on a time and material basis at Kistler O'Brien's standard list price, upon Customer approval.

WORK DELAYS. Delays by others or return trips due to customer's inability, for any reason, to provide full access to complete the Scope of Work on the same trip, shall incur additional charges.

FORCE MAJEURE. Kistler O'Brien shall not be responsible for failure to render service due to causes beyond our control including, but not limited to, work stoppages, fires, civil disobedience, riots, rebellions, acts of God and similar occurrences.

INDEMNIFICATION. To the fullest extent permitted by law, Customer shall defend, indemnify, and hold harmless Kistler O'Brien, its trustees, officers, employees, and agents from and against any and all liabilities, claims, demands, causes of action, damages, losses, and expenses, including, without limitation, attorneys' fees, (collectively, "Losses") arising out of or in connection with: (a) any act or omission of Kistler O'Brien or any of its employees, agents or sub providers in the performance of the Services; (b) any breach of or failure to perform any of the terms or conditions of this Agreement by Kistler O'Brien, its employees, agents or sub providers and their employees and agents.

LIMITATION OF LIABILITY. Customer does not desire this contract to provide for consequential damages to Kistler O'Brien and agrees that Kistler O'Brien shall be exempt from liability for loss, damage or injury indirectly due to occurrences, or consequences therefrom, which the service or system is designed to detect or avert; if there is a loss, damage or injury due to a failure of equipment in any respect despite Kistler O'Brien furnishing the services provided hereunder, Kistler O'Brien's liability shall be limited to a sum equal to 10% of the annual service charge or \$1,000, whichever is greater, as the agreed upon damages and not as a penalty, as the exclusive remedy; no suit or action shall be brought against Kistler O'Brien more than one (1) year after the accrual of the cause of action therefore. In the event any person, not a party to this agreement shall make any claim or file any lawsuit against Kistler O'Brien for failure of its equipment or service in any respect, customer agrees to indemnify and hold Kistler O'Brien harmless from any and all such claims and lawsuits including the payment of all damages, expenses, costs and attorney's fees.

CANCELLATION AGREEMENT. After the commencement date, customer shall have the right to cancel this agreement with thirty (30) days written notice. ~~There is a 20% cancellation fee on all contracts.~~ AP 3/11/21

LB 03 / 11 / 2021

WE PROPOSE the above Scope of Work for the sum of (Does NOT include applicable taxes):

\$ 800.00

ACCEPTANCE OF PROPOSAL. The above price(s), scope of work, conditions, clarifications and terms are satisfactory and are hereby accepted. If a Contract or Purchase Order is issued as your approval, it is understood that the price(s), scope of work, conditions, clarifications and terms are approved as noted herein. The signature block below is provided for your convenience, and it is understood that the signatory has authorization to bind Customer to this Contract.

Jason Billups

By: (Please print name)

Jason Billups 03 / 11 / 2021

Signature

Date

CFO

Title

Rich Costa

Purchase Order Number

Andrew Parry
Service Sales
484-634-0123
aparry@kobfire.com

Andrew Parry

Kistler O'Brien Fire Protection representative

Rich Costa

From: Andrew Parry <aparry@kobfire.com> on behalf of Andrew Parry
Sent: Thursday, March 11, 2021 12:34 PM
To: Rich Costa
Subject: RE: FM-200 Service Agreement (Follow-Up)

Rich – See the note in the scope – I added that to state 3 years. I cant remove the blanket terms but that will supercede..

Scope of work

Semi-annual inspections of FM-200 system for 2021/2022 fiscal year @ \$400.00 per inspection

NOTE: Agreement is valid for 3 years.

Andrew Parry

Service Sales – West Chester Office
Kistler O'Brien Fire Protection
2210 City Line Road
Bethlehem, PA 18017

484-634-0123 | Mobile
800-322-9060 | Toll Free
[Email](#) | [Website](#)



How did we do?



[Click to rate your experience with Kistler O'Brien Fire Protection](#)

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From: Rich Costa <rcosta@pavcs.us>
Sent: Thursday, March 11, 2021 12:04 PM
To: Andrew Parry <aparry@kobfire.com>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Hello Andrew,

Yes that works for initials but it still has a (1) year contract listed. Would you mind switching that to 3 years?

From: Andrew Parry <aparry@kobfire.com>
Sent: Thursday, March 11, 2021 12:03 PM

To: Rich Costa <rcosta@pavcs.us>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Please see attached – does this work?

Andrew Parry

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From: Rich Costa <rcosta@pavcs.us>
Sent: Thursday, March 11, 2021 11:06 AM
To: Andrew Parry <aparry@kobfire.com>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Hello Andrew,

I can't seem to edit the document.

Do you have the ability to change the (1) year to (3) year?
Can you change the termination terms and I can initial it through HelloSign.

From: Andrew Parry <aparry@kobfire.com>
Sent: Thursday, March 11, 2021 10:50 AM
To: Rich Costa <rcosta@pavcs.us>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Yes, if that works you can cross that off and I'll initial. I appreciate it Rich!

Andrew Parry

Service Sales – West Chester Office

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From: Rich Costa <rcosta@pavcs.us>
Sent: Thursday, March 11, 2021 10:43 AM
To: Andrew Parry <aparry@kobfire.com>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Hello Andrew,

I am working on getting approval for the price increase this year. If we signed a 3 year contract, would you be willing to waive the 25% cancellation fee on an early terminated contracts of 30 day's notice? That would be a tough sell to the executive team after justifying the price increase.

From: Andrew Parry <aparry@kobfire.com>
Sent: Friday, March 5, 2021 12:06 PM
To: Rich Costa <rcosta@pavcs.us>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Rich – Good afternoon! Our minimum inspection is \$400.00 so I had to get to our minimum. We typically don't cover cost on an inspection below that. I don't foresee raising that price and if you'd like I can make it a three year agreement so we can hold the pricing. Let me know what you think..

Andrew Parry
Service Sales – West Chester Office
Kistler O'Brien Fire Protection
2210 City Line Road
Bethlehem, PA 18017

484-634-0123 | Mobile
800-322-9060 | Toll Free
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From: Rich Costa <rcosta@pavcs.us>
Sent: Friday, March 5, 2021 12:02 PM
To: Andrew Parry <aparry@kobfire.com>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Hello Andrew,

When comparing contracts from last year and this year, our total cost of our (2) FM200 inspections has gone up from \$652 to \$800? Is that correct a 22.7% increase?

From: Andrew Parry <aparry@kobfire.com>
Sent: Wednesday, March 3, 2021 3:29 PM
To: Rich Costa <rcosta@pavcs.us>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Rich – No problem! Please see attached..

Andrew Parry
Service Sales – West Chester Office
Kistler O'Brien Fire Protection
2210 City Line Road
Bethlehem, PA 18017

484-634-0123 | Mobile
800-322-9060 | Toll Free
[Email](#) | [Website](#)



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From: Rich Costa <rcosta@pavcs.us>
Sent: Wednesday, March 3, 2021 10:39 AM
To: Andrew Parry <aparry@kobfire.com>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Hello Andrew,

I wanted to reach out to you to see if I could get another contract sent over to me for review. I appreciate all of your help.

From: Andrew Parry <aparry@kobfire.com>
Sent: Tuesday, March 3, 2020 1:48 PM
To: Rich Costa <rcosta@pavcs.us>
Cc: Victoria Motter <vmotter@kobfire.com>; Nathan Achey <nachey@pavcs.us>
Subject: RE: FM-200 Service Agreement (Follow-Up)

Rich – Thank you! COI should be on its way – the agreement has my signature on it already. Let me know if you need anything else..

Andrew Parry
Service Sales - West Chester Office
Kistler O'Brien Fire Protection

484-634-0123 (Mobile)
610-840-2199 (Fax)
aparry@kobfire.com
<https://www.kobfire.com/>



KISTLER O'BRIEN
FIRE PROTECTION

TITLE	Kistler O'Brien - FM200 Server Room Fire Inspection
FILE NAME	KistlerOBrien_630...BackUp_031121.pdf
DOCUMENT ID	66f2a7d4958a86ae9e9917f75a5cc4b6eb170182
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History



SENT

03 / 11 / 2021
 17:52:39 UTC

Sent for signature to Jason Billups (jbillups@pavcsk12.org)
 from rcosta@pavcsk12.org
 IP: 68.83.103.125



VIEWED

03 / 11 / 2021
 18:42:18 UTC

Viewed by Jason Billups (jbillups@pavcsk12.org)
 IP: 73.160.77.57



SIGNED

03 / 11 / 2021
 18:43:03 UTC

Signed by Jason Billups (jbillups@pavcsk12.org)
 IP: 73.160.77.57



COMPLETED

03 / 11 / 2021
 18:43:03 UTC

The document has been completed.

G. Cannon Inc.
ROOFING, SIDING, GUTTERS & WINDOWS
FAMILY OWNED AND OPERATED SINCE 1967
368 ABRAMS MILL ROAD
KING OF PRUSSIA, PA 19406
PHONE # 610-279-3121
FAX # 610-337-4826
www.cannonroofingandsiding.com

PA Virtual Charter School
630 Park Ave
King of Prussia PA 19406
610-937-4886
rcosta@pavcs.us

March 1, 2022

Insurance:

All work involved within the following proposal is covered by Worker's Compensation, Public Liability, Property Damage, Products Liability, and Completed Operations Insurance.

Set Up:

Furnish and erect necessary scaffolding, plywood and or tarpaulins to protect windows, shrubbery and other property from falling debris. Furnish and install necessary tools, and staging equipment to perform the below-agreed work. No trash will be left on ground at completion of each workday.

SPECIFICATIONS FOR ROOF SERVICE

1. Remove any debris from roof.
2. Re seal all metal flashings and pipe boots approved caulking as necessary.

Your investment with G. Cannon Construction to perform the above-specified work would be \$650.00 per site visit

Payment terms are 30 days from invoice.

See reverse for additional terms and conditions.

All material is guaranteed to be as specified. All work is to be completed in a professional manner according to standard practices. Any alteration or deviation from these specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above this proposal. Prices are good for 10 days.

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. I have read and agree to all terms as outlined on reverse.

Signature Jason Bellups Date of Acceptance 03 / 22 / 2022

Please sign and return one copy of the enclosed proposal to indicate your acceptance. No work will be scheduled until receipt of signed proposal. (JS) License number: PA039331

You, the buyer, may cancel this transaction up to 30 days after the date of this transaction.

hi

7-20-23

TERMS OF CONTRACT

1. The company shall provide necessary labor, materials and sales tax on materials to complete the project as specified.
2. The company shall not be responsible for individual finance charges or bank fees required for the project. The company shall be responsible for local building permit fees. Special changes or additions to this agreement, as required for the local building authority, shall be at additional costs unless such changes or additions are cited in this agreement.
3. This agreement constitutes the entire understanding between the owner/customer and the company. It is agreed that no representation or warranty is binding unless cited in this agreement.
4. Substantial payment is due upon substantial completion of the work. If certain minor items are incomplete, the cost of those items may be withheld from the substantial completion payment at the owner/customer option until such items are complete.
5. The company reserves the right to reject or cancel all or part of this agreement due to an unacceptable credit rating of the owner/customer.
6. The company reserves the right to reject or cancel all or part of this agreement due to failure of owner/customer to make progress payments as cited in this agreement.
7. If this work is financed through an outside lending agency, the owner/customer agrees to execute and deliver necessary finance papers, mortgage, or other forms required by the lending agency. Upon substantial completion of the work, the owner/customer will execute a completion slip if required.
8. If an account becomes past due, the company reserves the right to charge interest or service charge on payment 10 days late or later.
9. The company is not responsible for replacement of any lumber, sheathing, trim or rotted wood unless specified on this agreement. If determined during constructions, that lumber, sheathing or trim is required to properly complete the project it will be performed at additional cost to this agreement.
10. The owner/customer has the option to obtain alternate bids for this additional work provided that obtaining bids does not unduly hold up completion of the project. The company will be held harmless for damage to the property during this bidding.
11. The company shall not be held responsible for delay, non-delivery, discontinuance, default in shipment by a supplier in whole or part, or if caused by loss in transit, strikes, lockouts or other conditions beyond the control of the company. The owner/customer agrees to pay for completed work, if portions are delayed due to these reasons.
12. The owner/customer agrees to carry fire, theft and storm insurance in sufficient amounts to cover work under construction by the company and agrees to compensate the company for losses sustained by these conditions.
13. The company warrants that the work as specified will be performed in a professional workmanlike manner. Except for minor repairs, the company fully warrants all work to perform as intended for a period of one year from the date of installation. Long term warranties offered by the manufacturer will be passed on to the owner/customer upon payment in full for work performed. If payment is not made as specified all warranties and guarantees will be void. Company guarantee limited to roof repair only.
14. The company's liability under a warranty claim shall not exceed the total amount charged for the work installed.
15. The owner/customer has the option to renegotiate or cancel this agreement at any time for any reason up to five days after signing the agreement without penalty and with the assurance any deposits made will be immediately returned. This agreement is binding five days after signing of this agreement. If the contract is breached thereafter without consent of the company, liquidating damages of 20% of the cash price of the project plus a proportionate share of all work already performed will be due the company.
16. The company may accept late payments or partial payments, checks, bank drafts or money orders marked "Paid in Full" without waiving any of its rights related to this agreement.
17. The owner/customer will make themselves available during construction for clarification of specifications or approval of additional work and provide access to the property and incidental electric and water as required.
18. Normal maintenance and care of work installed is owner/customer's responsibility. The owner/customer will report in writing, by certified mail, to the company warranty claims within ten days of discovering any defect or failure of the work to properly perform.
19. Natural Conditions – Removing permanently attached building materials often disturbs and vibrates the existing structure. The debris generated may cause inconvenience or discomfort which is normal construction wear and tear conditions and not contractor negligence (e.g. minor interior wall cracks, flaking of wall paint, debris falling into the attic, minor disturbance to shrubbery and lawns, small divots in the driveway from heavy equipment such as roll-off trash containers and dump trucks)
20. Ice Dams / Freezeback - The company is not responsible for ice dams or damages caused by ice dams. Ice and Snow Shield products are man made materials. Under unusual and extreme weather conditions, back-ups may occur. Improper ventilation, inadequate insulation, and heat rising into the attic areas from the home may cause melting ice and snow to enter the building.
21. Natural Ponding – Incidental ponding of water on a flat roof is a natural condition as the roof membrane conforms to the existing structure. Water ponding less than 72 hours does not negatively effect the performance of the system. If ponding occurs beyond 72 hours the owner/customer should consider the investment in positive drainage to extend the performance of the roof system.
22. Escrow Account – In the event the owner/customer is dissatisfied and desires to withhold payment "pending resolution", the company may accept an escrow of the balance in lieu of payment. The account will delay the owner/customer from becoming delinquent or being in default of their contractual responsibility. The company is entitled to compound interest of the escrow funds. If a dispute is resolved through an attorney, the total attorney's fees shall be paid by the owner/customer. The company reserves the right to charge interest or service charge on payments 10 days late or later.

CONTRACT FOR SERVICES

I. CONTRACTING PARTIES

This contract and agreement is entered into by and between Young Mann Inc. dba Fish Window Cleaning and ("the customer") Penn Virtual Charter School.

II. STATEMENT OF SERVICES TO BE PERFORMED:

Fish Window Cleaning shall provide the service as written to one location for Penn Virtual Charter School as described below:

ANNUAL SERVICE

- **630 Park Ave. – Inside and Outside - \$760**
 - 3 - doors
 - 28 - 1st floor
 - 62 - 2nd floor
 - 2 - 2nd floor elevation on both sides

Including cleaning the inside and outside sills/ledges
NO SCRAPING OF GLASS INCLUDED IN THESE SERVICES

Additional services, such as removing hard water stains or other cleaning services requested by Customer, are not covered by this contract. Work will be during typical Fish Window Cleaning hours Monday through Friday 6:15 a.m. to 3 p.m. Customer is responsible to have all objects removed from windows, or moved away to allow access to the glass prior to service.

III. TERMS OF AGREEMENT

This agreement shall be effective through January 3, 2024. The contract may be terminated by either party prior to the scheduled termination with thirty days written notice to the other party.

IV. CONTRACT AMOUNT

The total amount of this contract shall not exceed Seven hundred twenty Dollars per annum, based on an annual cleaning based on the Fee based estimate previously provided. We will need a copy of your tax exemption certificate or we will require the 6% sales tax in addition to the base fee.

V. PAYMENT FOR SERVICES

Payment terms are Net 30 Days from the date that services are provided. Payment for services performed shall be made by check or credit card and submitted to:

Young Mann Inc. dba Fish Window Cleaning, PO Box 496, Eagleville, PA 19408-0496

CONTRACT FOR SERVICES

Page 2 of 2

Fish Window Cleaning

Penn Virtual Charter School

January 4, 2023

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the _____ day of _____.

By: Jason Billups

Title: Jason Billups Chief Financial Officer

Date: 01 / 27 / 2023

Young Mann Inc. dba Fish Window Cleaning

By: Lauren Yag

Title: Owner

Date: 1/27/2023



Electronic Security Solutions, a Division of Sciens Building Solutions
 5115 Campus Drive Plymouth Meeting, PA 19462
 Cody Davis
 cdavis@sciensbuildingsolutions.com
 Phone:215-277-5248

Proposal #: ESSQ31958 INMN
 Date: 3/16/2023

Rich Costa
 PA Virtual Charter School
 630 Park Avenue
 King of Prussia, PA 19406

Electronic Security Solutions, a division of Sciens Building Solutions "ESS", is pleased to provide you with this Service Agreement. ESS shall perform according to the terms and conditions on the following pages that are attached and incorporated herein, as listed below:

Type of Service: Services at the Property Location listed below:
Property location: 630 Park Avenue
 King of Prussia, PA 19406
Services shall commence on: Date contract is signed by customer

Total Contract Amount:	\$2,245.55	
Fire Alarm Inspection		\$1,495.55
Monitoring		\$750.00

List of Equipment

- 1 ADDRESSABLE FIRE ALARM PANEL - Model # EST IO500
- 2 SMOKE DETECTORS
- 7 MANUAL STATIONS
- 5 DUCT DETECTORS
- 1 HEAT DETECTORS
- 3 WATERFLOW SWITCHES
- 1 SUPERVISORY SWITCHES
- 1 SPEAKERS
- 1 SPEAKER/STROBES
- 1 HORN/STROBES

The life safety system(s) and equipment listed above are representative of the known equipment in the facility and may or may not be all inclusive. If the quantities are based on information provided to Sciens Building Solutions, and are found to be inaccurate, an increased price quote will be provided prior to completing testing.



Terms and Conditions

This Service Agreement (this "Agreement") is made and entered into by and between Electronic Security Solutions a PA Limited Liability Company (the "Company"), an independent wholly owned subsidiary of Sciens Building Solutions, LLC, and PA Virtual Charter School ("Customer" and together with Company, the "Parties", and each individually a "Party") for the performance of services as outlined in the Scope of Services of this Agreement ("Work").

1. Term of the Contract

a. Term. The term of this agreement shall be for a period of 3 year(s). This agreement shall renew thereafter under the same terms and conditions as the Original executed contract (the "Initial Term") unless a Party gives the other Party written notice of its intent not to renew this Agreement at least thirty (30) days prior to the end of the Initial Term or the then-current Renewal Term (the Initial Term and any Renewal Terms, collectively, the "Term"). Prices under this Agreement (the "Fee") shall increase at an annual renewal rate of 3%, or at the then current Consumer Price Index (CPI) at the time of renewal, whichever is lower.

b. Termination without Cause. Either Party may terminate this Agreement at any time, without cause, by providing the other Party with thirty (30) days prior written notice. Customer shall promptly pay the Company for work performed up to the date of termination as stipulated in Section 8 - Payment.

c. Termination for Cause. Each Party may terminate this Agreement or the specific Work under this Agreement with cause by giving the other Party prior written notice and the opportunity to cure. After a Party issues a notice of termination for cause, the other Party has forty-eight (48) hours to respond to the notice and initiate the steps necessary to address the breach or default. If such breach or default is not substantially cured within a reasonable time after the notice date, this Agreement shall be terminated immediately.

d. Termination for Bankruptcy. Either Party may terminate this Agreement or the specific Work under this Agreement immediately by giving written notice to the other Party in the event of (a) the liquidation or insolvency of the other Party, (b) an assignment by the other Party for the benefit of its creditors, or (c) commencement of any proceeding by or against the other Party in bankruptcy or seeking composition, extension, or readjustment of all or substantially all of such other Party's obligations, or reorganization, dissolution, liquidation, winding-up arrangement, or any other relief under any bankruptcy, insolvency, reorganization, or other similar applicable law of any jurisdiction.

2. Change Order

Any changes made to the Work must be through written change order signed by both Parties. The Company shall submit the claim for the addition to or deduction from the Fee or time to complete the Work to the Customer, with all documentation necessary to substantiate such claim. If the Customer and the Company cannot agree on the amount of the addition or deletion, the Company shall only perform the unchanged Work and the Customer shall pay for the unchanged Work performed. The Company reserves the right to not perform the changed Work until both Parties have reached an agreement on the amount of the addition or deletion in the Fee or time.

3. Delay

Should the Company be delayed in the performance of Work by the act, neglect, or default of the Customer or any other third party, or by other causes for which the Company is not responsible, then the Company is entitled to extra compensation and/or extension of time by submitting written claims to the Customer as soon as reasonably possible upon such delay. If, through no act or fault of the Company, suspensions, delays, or interruptions of the Work aggregate more than 100 percent of the number of days scheduled for completion, or 60 days in any 365-day period, whichever is less, the Company reserves the right to terminate such Work with written notice if both Parties fail to reach an agreement on updated schedule and/or additional compensation within a reasonable timeframe.

4. Subcontract

The Company has the express right to subcontract any and all Work under this Agreement. The Company shall only engage subcontractors who are duly licensed and qualified to perform the work consistent with this Agreement. The Company agrees that each subcontractor shall be fully bound in the same manner as the Company is bound to this Agreement to the extent applicable to subcontractor's scope of work. The Company assumes responsibility to the Customer for the proper performance of the work of subcontractors and any acts and omissions in connection with performance. Nothing in this Agreement is intended or deemed to create any legal or contractual relationship between Customer and subcontractor, including but not limited to any third-party beneficiary rights.

5. For Monitoring Service Only: Not an Insurer; Limitation of Liability

It is understood and agreed by and between the parties hereto that the Company is not an insurer nor is this Agreement intended to be an insurance policy or a substitute of an insurance policy. Charges are based solely upon the value of the services provided for and are unrelated to the value of Customer's property or the property of others on Customer's premises. Customer agrees that the Company shall not be liable for loss or damage due directly or indirectly to any occurrence, or consequences therefrom, which the service is designed to detect or avert. In no event shall the Company be liable to the Customer for any indirect, incidental, special, consequential or punitive damages (including damages for loss of profits or anticipated profits, loss of business or business opportunity, loss of data, loss of goodwill, or any other intangible loss) arising out of or relating to the Customer's use of or inability to use the monitoring system, whether based on warranty, contract, tort (including negligence), statute, or any other legal theory, and whether or not the Company has been informed of the possibility of damage. The aggregate liability of the Company to Customer for all claims arising out of or relating to the monitoring system or this Agreement, whether in contract, tort or otherwise, is limited to six (6) times the total monthly charge shown herein, or to the sum of two hundred fifty (\$250) dollars, whichever sum shall be greater. The Customer should look to the monitoring subcontractor for any additional legal remedies.

6. For Monitoring Service Only: Disclaimer of Warranties

The Company hereby disclaims all warranties of any kind, whether express or implied, including, without limitation: (a) that the monitoring system may not be compromised or circumvented; (b) that the monitoring system will prevent any loss by burglary, hold-up, fire or otherwise; or that (c) the monitoring system will in all cases provide the protection for which it is installed or intended.

7. Insurance

The Company will be responsible for obtaining adequate insurance coverages. Certificates of Insurance will be provided to the Customer upon request.

a. Proof of Insurance. The Company shall, upon prior request from the Customer, provide proof of insurance with mutually agreed upon insurance requirements.

b. Certificate of Insurance. The Company will provide the Customer with a standard Certificate of Insurance evidencing Workers Compensation, General Liability and Automobile Liability insurance coverages and name the Customer as an additional insured upon request.

8. Payment

a. Payment. Payment to the Company shall be due within thirty (30) days of the invoice date. Any payments past due more than ten (10) days shall be subject to interest of one and one-half percent (1.5%) per month or the highest rate allowed by law, starting from the due date to the date of payment. Customer shall also be responsible for any attorney fees and/or collections fees incurred by the Company in collecting any past due amounts and interest.

b. Payment Dispute. If the Customer wishes to dispute any portion of an invoice, the Customer shall notify the Company in writing within five (5) days of the date of the invoice. The Customer shall identify the specific cause of the dispute and shall pay when due that portion of the invoice not in dispute. The Company and Customer shall work together in good faith to resolve any disputes as soon as reasonably possible. If necessary, the Company shall issue a revised invoice, and Customer shall pay to the Company in accordance with such revised invoice. The Company reserves the right to stop the performance on any or all of the Work until the dispute is resolved. Failure to notify the Company for any payment dispute within the required timeframe will be deemed as the Customer's agreement and acceptance to the amount and terms set forth in the invoice.

c. Tax. Tax is not included.

9. Warranty

a. Warranties by Both Parties. Each Party represents and warrants to the other that: (i) this Agreement has been duly executed and constitutes a valid and binding agreement enforceable against such Party in accordance with its terms; (ii) no authorization or approval from any third party is required in connection with such Party's execution or performance of this Agreement; and (iii) the execution, delivery, and performance of this Agreement does not violate applicable laws of any jurisdiction or the terms or conditions of any other agreement to which it is a party or by which it is otherwise bound.

b. **Disclaimer of Warranties.** EXCEPT AS EXPRESSLY PROVIDED IN THE LIMITED WARRANTY IN THIS SECTION, THE COMPANY DISCLAIMS ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS OR IMPLIED, RELATING TO THE WORK, GOODS AND ALL MATERIALS, INCLUDING: (I) ANY IMPLIED WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, QUIET ENJOYMENT, OR NON-INFRINGEMENT; AND (II) ANY WARRANTY ARISING OUT OF COURSE OF DEALING, USAGE, OR TRADE.

c. **Limited Warranty by the Company.** Unless otherwise agreed herein, the Company shall repair and/or replace any defect found in the monitoring system due to normal wear and tear at Customer's expense during the warranty period (the "Limited Warranty").

d. **Warranty Coverage Exceptions.** The Limited Warranty does not cover any problem that is caused by (a) accident, abuse, neglect, shock, electrostatic discharge, degaussing, heat or humidity beyond product specifications, improper installation, operation, maintenance or modification; or (b) any misuse contrary to the instructions in the user manual, safety guidelines, and quick start guides; or (c) lost passwords; or (d) malfunctions caused by other equipment; or (e) wiring, grounds, weather, and elements of erosion, corrosion or acts of God. Unless otherwise agreed to in writing by both parties, this Limited Warranty does not cover monitoring service and service calls: to reset accidentally triggered equipment, for the reconnection or modification of, or extraordinary repairs to, the monitoring system, including, without limitation, repairs to the monitoring system due to changes in the premises, additions to or changes in the monitoring system, and repairs of damages caused by parties other than the Company ("Extraordinary Repair").

10. Limitation of Liability

IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES, LOST PROFITS OR REVENUES OR DIMINUTION IN VALUE, ARISING OUT OF OR RELATING TO THIS AGREEMENT, WHETHER OR NOT THE POSSIBILITY OF SUCH DAMAGES HAS BEEN DISCLOSED IN ADVANCE BY THE OTHER PARTY OR COULD HAVE BEEN REASONABLY FORESEEN BY THE PARTY, REGARDLESS OF THE LEGAL OR EQUITABLE THEORY (CONTRACT, TORT OR OTHERWISE) UPON WHICH THE CLAIM IS BASED, AND NOTWITHSTANDING THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE. IN NO EVENT SHALL THE PARTY'S LIABILITY ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT TO THE OTHER PARTY EXCEED THE AMOUNTS PAID BY CUSTOMER TO THE COMPANY UNDER THIS AGREEMENT FOR THE WORK.

11. Indemnification

Each Party agrees to indemnify and hold harmless the other Party and its affiliates and their directors, officers and employees from and against all taxes, losses, damages, liabilities, costs and expenses, including attorneys' fees and other legal expenses, arising directly or indirectly from or in connection with any breach by the indemnifying Party and/or its employees, contractors or agents of any of the covenants contained in this Agreement to the extent caused arising out of the misconduct and active negligence of the indemnifying party.

12. Confidential Information

a. **Confidential Information.** Confidential Information shall mean any information disclosed by either Party (the "Discloser") to the other Party (the "Recipient"), whether orally or in writing, that is designated as confidential or is otherwise reasonably expected to be treated in a confidential manner under the circumstances of disclosure under this Agreement or by the nature of the information itself. Confidential Information includes this Agreement and its terms, related discussions and negotiations, and the products, business and marketing plans, forecasts, finance matters, technology and technical information, product plans and designs, and business processes disclosed by either Party.

b. **Non-Use and Non-Disclosure.** Unless otherwise approved by the Discloser in writing, the Recipient shall not use the Confidential Information for any purposes outside the scope of this Agreement and shall not disclose any Confidential Information to its employees or any third party other than those who have a need to know for purposes consistent with this Agreement and who have signed confidentiality agreements with the Recipient containing protections no less stringent than those herein. Recipient shall not reverse engineer, disassemble or decompile any samples, prototypes, software, or other tangible objects that embody the Confidential Information provided by the Discloser to the Recipient except with the express written authorization from the Discloser. Recipient acknowledges and agrees that any unauthorized disclosure or use by the Recipient, whether intentional or unintentional, of any of the Confidential Information shall be detrimental to the Discloser. The obligation of confidentiality will expire three (3) years from the expiration or termination of this Agreement. Upon the expiration or termination of this Agreement, each Party shall, upon request or mutual agreement, destroy or deliver to the other all Confidential Information of the other Party that it has in its possession or control. If requested, Recipient agrees to sign a certification verifying that all Confidential Information received from the Discloser and its agents has been destroyed or returned.

c. **Exceptions.** Confidential Information shall not include any information disclosed or made available to the Recipient which (a) prior to its disclosure by the Discloser, is already lawfully and rightfully known by or available to the Recipient, (b) through no breach of this Agreement on the part of the Recipient is or hereafter becomes generally available to the public, (c) is developed by the Recipient independently without use of or reference to the Confidential Information, (d) is lawfully received by the Recipient from a third party without restriction and without breach of this Agreement or any other agreement, or (e) is approved for public release or use by written authorization of the Discloser.

d. **Compelled Disclosures.** If the Recipient becomes legally compelled to disclose any Confidential Information, other than pursuant to a confidentiality agreement, the Recipient will provide the Discloser prompt written notice, if legally permissible, and will use its best efforts to assist the Discloser in seeking a protective order or other appropriate remedies.

e. **Other Agreements.** The Parties may enter into separate non-disclosure agreements governing the protection of the Confidential Information. To the extent the terms in such separate non-disclosure agreements are more restrictive than the terms of this Agreement, the more restrictive terms will control for the disclosure.

13. Independent Contractor

The Parties shall be and act as independent contractors in the performance of this Agreement. This Agreement shall not be interpreted or construed as creating or evidencing any agency, association, joint venture, partnership, or franchise between the Parties. Neither Party may represent to anyone that it is an agent of the other Party or is otherwise authorized to bind or commit the other Party in any way without such other Party's prior written consent. At no time shall either Party make commitments or incur any charges or expenses for or in the name of the other Party.

14. Assignment

Neither this Agreement nor any right, interest or obligation hereunder may be assigned by the Customer without prior written consent from the Company. Any purported assignment by the Customer without prior written consent shall be null and void. The Company reserves the right to assign this Agreement without the prior written consent of the Customer.

15. Severability

If, for any reason, any provision of this Agreement shall be determined to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the remaining provisions of this Agreement shall be enforced to the extent possible. In such case, this Agreement shall be deemed amended by modifying such provision to the extent necessary to render it valid, legal, and enforceable while preserving its intent or, if such modification is not possible, by substituting therefor another provision that is valid, legal, and enforceable to materially effectuate the Parties' intent.

16. Notice

Each notice or other communication to be given under this Agreement ("Notice") shall be in writing and be given by personal delivery, by facsimile or electronic mail with confirmed receipt, or by a reputable overnight courier with confirmed receipt to the addressee designated for the purpose by the addressee to the other Party. The initial facsimile number, addresses, and relevant person or office holder of each Party as follows:

(a) In the case of the Company:

Electronic Security Solutions, a division of Sciens Building Solutions
Email – kforsyth@sciensbuildingsolutions.com
5115 Campus Drive, Plymouth Meeting PA 19462
Fax-215-277-5263
Attention-Operations Manager

(b) In the case of the Customer:
PA Virtual Charter School
630 Park Avenue
King of Prussia, PA 19406
Email – rcosta@pavcs.us
Attention: Contract Team

17. Waiver

No failure or delay by either Party in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or future exercise of any right, power, or privilege. The failure of any Party to insist on strict performance of any covenant or obligation in accordance with this Agreement shall not be a waiver of such Party's right to demand strict compliance in the future, nor shall the same be construed as a novation of this Agreement.

18. Force Majeure

Neither Party shall be liable for any delays in performance or for failure to perform its obligations (except for payment obligations) hereunder due to circumstances beyond its control, including but not limited to, any breach or nonperformance of this Agreement by the other Party; war, invasion, or hostilities (whether war is declared or not); terrorist threats or acts, riots, civil unrest; acts of God; acts of government; pandemics or epidemics; national or regional emergency; telecommunication breakdowns, power outages or shortages; lack of warehouse or storage space; delays in transportation, embargoes or blockades in effect on or after the date of this Agreement; strikes, labor stoppages or slowdowns, and other delays in delivery or inability of suppliers to obtain and deliver adequate or suitable materials; and other events beyond the control of either Party (each a "Force Majeure Event"). In the event of the happening of such a case, the Party whose performances is so affected (the "Impacted Party") will give prompt, written notice to the other Party, stating the period of time the same is expected to continue, and the date(s) for performance of the obligation affected shall be postponed for as long as is necessary. The Impacted Party shall use diligent efforts to end the failure or delay and ensure the effects of such Force Majeure Event are minimized. The Impacted Party shall resume the performance of its obligations as soon as reasonably practicable after the removal of the cause. Provided, however, if such delay or failure to perform continues for a period exceeding six (6) months, either Party may terminate this Agreement immediately by written notice to the other Party.

19. Disputes Resolution

Controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its Construction Industry Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

20. Governing Law

This Agreement shall be interpreted and construed in accordance with the laws of the State of where the work is located, without regard to conflict of law principles that would require application of the laws of another jurisdiction or to the United Nations Convention on Contracts for the International Sale of Goods.

21. Counterparts

This Agreement may be executed in two or more counterparts, each of which shall be binding as of the date hereof, and all of which shall constitute one and the same instrument. Each such copy shall be deemed an original, and it shall not be necessary in making proof of this Agreement to produce or account for more than one such counterpart. Counterparts delivered by email in PDF, or a similar image format shall have the same effect as originals.

22. Entire Agreement, Amendments

This Agreement constitutes the entire agreement and understanding between the Parties with respect to the subject matter hereof and supersedes and replaces any prior or contemporaneous undertakings, commitments, or agreements, oral or written, as to its subject matter. Shall there be any conflict between this Agreement and any other written agreement or terms and conditions, this Agreement shall prevail. The Company shall not be bound by terms additional to or different from these contained in this Agreement that may appear in Customer's purchase order, work order, work authorization, or in any other communication from the Customer. Acceptance of such communication by the Company shall not constitute the Company's consent to or acceptance of any such terms. This Agreement may be modified or amended only by an instrument in writing signed by authorized representatives of the Parties on or after the date hereof.

Electronic Security Solutions, Inc.

Customer:

A Division of Sciens Building Solutions:

Signed: _____

Name: _____

Date: _____

Signed: _____

Name: _____

Date: _____



ALARM CALL SHEET

SITE NAME: PA Virtual Charter School

MONITORED ADDRESS: 630 Park Ave.

CITY: King of Prussia STATE: PA ZIPCODE: 19406

PREMISE PHONE# 610-937-4886

PASSCODE(S): (UP TO 3) Fire 1215, Security 1492

RESPONDING PARTY #1 NAME: Richard Costa

RESPONDING PARTY #1 PHONE# 610-937-4886
 CELL HOME WORK

RESPONDING PARTY #2 NAME: Nate Achey

RESPONDING PARTY #2 PHONE# 484-680-7775
 CELL HOME WORK

RESPONDING PARTY #3 NAME: Jason Billups

RESPONDING PARTY #3PHONE# 609-209-9283
 CELL HOME WORK

*Passcode(s) – There must be a minimum of one. Can be numbers and/or letters only, no spaces.

*Please provide a minimum of 2 contacts in addition to the property phone number.

*Text Messages – Your monitoring account will be automatically set up to receive text messages for all signals.



Electronic Security Solutions & Anchor Fire Protection

Divisions of Sciens Building Solutions
5115 Campus Drive
Plymouth Meeting PA 19462

HOURLY LABOR RATES – Effective 1/1/2023

Electronic Security Solutions LLC & Anchor Fire Protection, Divisions of Sciens Building Solutions, offer contract and non-contract rates. For contract customers only, any service outside the scope of the contract will be performed on a time and material basis at the stated service contract rates.

Service	Contract Customers	Non-Contract Customer
Fire Alarm	\$180.00	\$240.00
Sprinkler (2 Man Crew)	\$300.00	\$480.00
Suppression	\$180.00	\$240.00
All Services After Hours	\$270.00	\$360.00
Saturday	\$270.00	\$360.00
Sunday & Holidays	\$360.00	\$480.00
Vehicle Charge	\$75.00	\$75.00

The above rates are portal-to-portal with a three (3) hour minimum.

(4) hour minimum after hours, Saturdays and Sundays/holidays.

Rates are subject to change at any time.



PENNSYLVANIA EXEMPTION CERTIFICATE

- STATE AND LOCAL SALES AND USE TAX
STATE 6% AND LOCAL 1% HOTEL OCCUPANCY TAX
PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
VEHICLE RENTAL TAX (VRT)
ADDITIONAL LOCAL, CITY, COUNTY HOTEL TAX *

This form cannot be used to obtain a Sales Tax Account ID, PTA Account ID or Exempt Status.

(Please Print or Type)
**Read Instructions
On Reverse Carefully**

THIS FORM MAY BE PHOTOCOPIED – VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

CHECK ONE: PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller, Vendor or Lessor
EPICRONIC SECURITY SOLUTIONS LLC

Street <i>5115 Campus Drive</i>	City <i>Plymouth Meeting</i>	State <i>PA</i>	ZIP Code <i>19462</i>
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NOTE: Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:

FORM MV-1, Application for Certificate of Title (first-time registrations)

FORM MV-4ST, Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate **are exempt** from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested).

1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: _____
2. Purchaser is a/an: Public Charter School holding Sales Tax Exemption Number 75553605
3. Property will be resold under Account ID _____ (If purchaser does not have a PA Sales Tax Account ID, include a statement under Number 8 explaining why a number is not required).
4. Property or services will be used directly and predominately by purchaser performing a public utility service.
PA Public Utility Commission PUC Number _____ and/or U.S. Department of Transportation MC/MX _____
5. Exempt wrapping supplies, Account ID _____ (If purchaser does not have a PA Sales Tax Account ID, include a statement under Number 8 explaining why a number is not required).
6. Canned computer software purchased by a financial institution subject to the Bank and Trust Company Shares Tax (Article VII) or the Mutual Thrift Institutions Tax (Article XV).
7. Canned computer software licenses that are billed to a PA address but used outside of PA. The total number of software licenses purchased for invoice # _____ is _____. The total number of users accessing and using the software outside PA is _____
8. Other _____
(Explain in detail. Additional space on reverse side).

I am authorized to execute this certificate and claim this exemption. Misuse of this certificate by seller, lessor, buyer, lessee or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee <i>Pennsylvania Virtual Charter School</i>	Signature <i>Jean Belluso</i>	EIN <i>23-3075231</i>	Date <i>1/4/2023</i>
Street <i>630 Park Avenue</i>	City <i>King of Prussia</i>	State <i>PA</i>	ZIP Code <i>19406</i>

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.

⚠ IMPORTANT: DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.

4. NONPROFIT EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75000000).

INVOICE TO	
CUSTOMER NAME	PA VIRTUAL CHARTER SCHOOL
ATTN	Richard Costa
ADDRESS	630 PARK AVE
CITY	KING OF PRUSSIA, PA
STATE	
ZIP CODE	19406-1408
TEL. NO.	(610) 275-8500 FAX NO.

SITE LOCATION	
SITE NAME	PA VIRTUAL CHARTER SCHOOL
ADDRESS	630 PARK AVE
CITY	KING OF PRUSSIA, PA
STATE	
SUITE	
ZIP CODE	19406
TEL. NO.	(484) 680-7752
FAX NO.	
AUTHORIZED BY	Richard Costa
TITLE	
CONTACT	Richard Costa
TITLE	

Customer Service Agreement



REPUBLIC SERVICES

AGREEMENT NUMBER A239374158

ACCOUNT NUMBER 324-20327

EMAIL : rcosta@pavcs.us

N/O	CONT. GRP	TYPE	SIZE	C	QTY	ACCT. TYPE	C/O	SERV. FREQUENCY	EST. LIFTS	S	P.O. REQ	RECPT. REQ	L/F CODE	OPEN/ CLOSE DATE	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	DISP RATE	ADDITIONAL CHARGES	SUPPLEMENTAL CHARGES	TC/RC CMP
N	1	FL	4.0 Yd(s)	N	1	P	N	1/4/W				N	RR01	2/1/2023		\$31.50	\$182.50			Delivery \$238.80 Exchange \$200.00 Extra Yds \$60.50 Relocate \$182.50 Removal \$165.77	
O	1	FL	4.0 Yd(s)	N	1	P	N	1/4/W				N	RR01	1/31/2023		\$37.95	\$182.50				
N	2	FR	4.0 Yd(s)	N	1	P	N	1/2/W				N	KP20	2/1/2023		\$52.50	\$182.50			Delivery \$238.80 Exchange \$200.00 Extra Yds \$60.50 Relocate \$182.50 Removal \$165.77 Contaminated \$150.00	
O	2	FR	4.0 Yd(s)	N	1	P	N	1/2/W				N	KP20	1/31/2023		\$63.25	\$182.50				

BFI Waste Services of Pennsylvania, LLC DBA Allied Waste Services of Valley Forge, Republic Services of King of Prussia, Republic Services of Valley Forge

The undersigned individual signing this Agreement on behalf of the Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of the Customer.

HEREINAFTER REFERRED TO AS THE "COMPANY"

Diane Gay
BY:

(AUTHORIZED SIGNATURE)

AA

TITLE:

BY :

Jason Billups

(AUTHORIZED SIGNATURE)

Jason Billups

CUSTOMER NAME (PLEASE PRINT)

TITLE:

Chief Financial Officer

01 / 27 / 2023

DATE OF AGREEMENT

4.0 Yd(s) - Recycling Processing Charge - Yes;

Rate Firm Until 02/2024

Increase 8% 02/2024

Increase 8% 02/2025

COMMENTS:

Delivery Notes:

Safety: No Safety Concerns

Fuel Recovery Fee - Yes, Environmental Recovery Fee - Yes, Administrative Fee - Yes,

See reverse for Terms and Conditions

TERMS AND CONDITIONS

AGREEMENT. This Customer Service Agreement consists of the service details above, including the Comments ("Service Details"), and these Terms and Conditions (together, the "Agreement"). If Customer's Site is located within a franchised service area and the Terms and Conditions in this Agreement conflict with the applicable franchise agreement with respect to the Services covered by such franchise agreement, the terms and conditions in the franchise agreement shall control.

TERM (SCHEDULED AND ON-CALL SERVICES). FOR ALL SCHEDULED AND ON-CALL SERVICES, THE INITIAL TERM OF THIS AGREEMENT SHALL BEGIN ON THE DATE WHEN SERVICE COMMENCES AND CONTINUE FOR 36 MONTHS. UNLESS OTHERWISE SPECIFIED, THIS AGREEMENT SHALL AUTOMATICALLY AND SUCCESSIVELY RENEW FOR 36 MONTH UNLESS EITHER PARTY GIVES WRITTEN NOTICE OF TERMINATION TO THE OTHER AT LEAST 60 DAYS, BUT NOT MORE THAN 180 DAYS, BEFORE THE END OF THE THEN-CURRENT TERM.

TERM (TEMPORARY SERVICES). FOR ALL TEMPORARY SERVICES, THE TERM SHALL BEGIN ON THE EFFECTIVE DATE AND CONTINUE THROUGH THE FINAL LIFT OF THE TEMPORARY CONTAINER(S).

WASTE DEFINITIONS. "Waste Material" means all non-hazardous solid waste and Recyclable Material. Waste Material excludes all radioactive, volatile, flammable, corrosive, explosive, regulated medical, infectious, biomedical, biohazardous, pollutants, contaminants, or hazardous waste, toxic substance or material, each as defined by, characterized or listed under Applicable Law (collectively, "Excluded Waste"). "Recyclable Material" is material that Company determines can be recycled such as aluminum, used beverage containers, cardboard (free of wax), ferrous metal cans, mixed office paper, newspaper, and plastics containers.

SCOPE OF SERVICES. Customer grants to Company the exclusive right to collect and dispose of and/or recycle all of Customer's Waste Material on a scheduled and/or temporary basis as set forth in the Service Details ("Services"), and Company agrees to furnish such Services in compliance with all applicable international, federal, state, or local laws or regulations ("Applicable Laws"). Customer represents and warrants that all material to be collected under this Agreement shall be only acceptable Waste Material. Customer agrees not to deposit, or permit the deposit for collection of, any Excluded Waste. Title to and liability for any Excluded Waste shall remain with Customer and shall at no time pass to Company. Company shall acquire title to conforming Waste Materials when they are collected or received by Company.

PAYMENT AND CHARGES. Customer shall pay Company all rates, fees, taxes and other amounts payable under this Agreement for the Services ("Charges") within 20 days after the date of Company's invoice. Any invoiced amounts not received by their due date are subject to a late payment fee, and any payment returned for insufficient funds is subject to an insufficient funds fee, both in an amount at Company's discretion up to the maximum amount allowed by Applicable Law. Customer acknowledges that any late or insufficient funds fees charged by Company are not to be considered a penalty or interest but are a reasonable charge for late or insufficient payments. If indicated in the Service Details, Customer shall pay administrative fees ("ADMIN"), fuel recovery fees ("FRF") environmental recovery fees ("ERF") and a recycling processing charge ("RPC") in the amounts shown on each of Company's invoices, which fees Company may change from time to time by showing the amount on Customer's invoice (additional information regarding these fees is available on the "Understanding Our Fees" page of Company's website, www.republicservices.com). ADMIN, FRF and ERF are not associated with any explicit cost to service Customer's account but are designed to help Company recover certain costs and achieve an acceptable operating margin. If applicable, Company may impose additional Charges at its prevailing rates for extra service, extra yards, minimum lift, contamination, service attempts and container delivery, relocation, removal and exchange, and other additional services not listed in the Service Details. If Company becomes concerned about Customer's creditworthiness and/or Customer makes any late payment, Company may require Customer to pay a deposit in an amount equal to two months' Charges under this Agreement if allowed by Applicable Law. The rates set forth in the Service Details do not include taxes or franchise and/or local fees, which shall be separately itemized on Customer's invoice where applicable.

ADJUSTMENTS TO CHARGES. Notwithstanding any information contained in the Service Details, Company may, from time to time by notice to Customer (on its invoice), add a surcharge, fee or increase any Charges provided in this Agreement to account for: (a) increased Company costs due to uncontrollable events including, but not limited to, changes in Applicable Laws, imposition of taxes, fees or surcharges, or acts of God such as fires, weather, disease, strikes or terrorism; (b) increased disposal or processing costs; (c) increased transportation costs; (d) costs or fees due to the inclusion of Excluded Waste and/or contamination; (e) decreased value of Recyclable Material or changes in commodity markets; or (f) actual Services or equipment that differ from those listed in the Service Details. Subject to any Comments in the Service Details, Company may, from time to time by notice to Customer (on its invoice), increase any Charges provided in this Agreement to achieve or maintain an acceptable operating margin as determined in Company's sole discretion. Company may also increase Charges for any other reason with Customer's consent, which may be evidenced verbally, in writing, or by the parties' actions and practices.

SERVICE CHANGES. The parties may change the type, size or amount of equipment, the type or frequency of Service, and correspondingly the Charges by mutual agreement, which may be evidenced verbally, in writing, by payment of the invoice, or by the parties' actions and practices. In the event there are changes to Services and/or Charges, or Customer changes its Site Location within the area in which Company provides collection and disposal (or processing) services, the parties agree that this Agreement shall continue in full force and effect as so adjusted.

RESPONSIBILITY FOR EQUIPMENT; ACCESS. Any equipment furnished by Company shall remain Company's property. Customer shall be liable for all loss or damage to such equipment (except for normal wear and tear and for loss or damage resulting from Company's handling of the equipment). Customer shall use the equipment only for its proper and intended purpose and shall not overload (by weight or volume), move, or alter the equipment. If a Company container is moved from Customer's Site Location by anyone other than Company, Customer agrees to pay Company \$250 per moved container, which amount is a reasonable estimate of the damage Company will incur from the unauthorized moving of its container. After the Initial Term, Company may increase the fee for the unauthorized moving of its container at its discretion. Customer shall provide safe, unobstructed access to the equipment on the scheduled collection day. Company may charge an additional fee for any additional collection service required by Customer's failure to provide access. Company shall not be responsible for any damages to Customer's pavement, curbing, or other driving surfaces resulting from Company providing service at Customer's Site Location.

INDEMNIFICATION. COMPANY SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS CUSTOMER FROM AND AGAINST ANY LOSSES TO THE EXTENT ARISING FROM (A) COMPANY'S BREACH OF THIS AGREEMENT; OR (B) COMPANY'S NEGLIGENCE OR WILLFUL MISCONDUCT. THE OBLIGATIONS SET FORTH IN THIS SECTION SHALL SURVIVE THE EXPIRATION AND/OR TERMINATION OF THIS AGREEMENT. CUSTOMER SHALL INDEMNIFY, DEFEND, AND HOLD HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW COMPANY, ITS PARENT, AND CORPORATE AFFILIATES FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, SUITS, PENALTIES, FINES, REMEDIATION COSTS, AND LIABILITIES (INCLUDING COURT COSTS AND REASONABLE ATTORNEYS' FEES) (COLLECTIVELY, "LOSSES") ARISING FROM (A) CUSTOMER'S BREACH OF THIS AGREEMENT; (B) CUSTOMER'S NEGLIGENCE OR WILLFUL MISCONDUCT; (C) EXCLUDED WASTE CONTAINED IN CUSTOMER'S WASTE MATERIAL; AND (D) CUSTOMER'S USE, OPERATION, OR POSSESSION OF COMPANY'S EQUIPMENT.

SUSPENSION; TERMINATION. If any amount due from Customer is not paid within 60 days after the date of Company's invoice, Company may, without notice and without terminating this Agreement, suspend collecting and disposing of Waste Material until Customer has paid such amount to Company. If Company suspends service, Customer shall pay Company a service interruption fee in an amount determined by Company in its discretion up to the maximum amount allowed by Applicable Law. Either party may terminate this Agreement upon 30 days prior written notice to the other party if the other party breaches a material obligation of the Agreement (including non-payment) and fails to cure such breach within 10 days after receiving written notice of the breach. Company may terminate this Agreement for its convenience upon 30 days prior written notice to Customer.

LIQUIDATED DAMAGES. If Customer terminates this Agreement before its expiration for any reason other than Company's breach (or if Company terminates this Agreement due to Customer's non-payment), Customer shall pay Company an amount equal to the average Charges from Customer's last 6 invoices multiplied by the lesser of (a) six months or (b) the number of months remaining in the Term. Customer acknowledges that in the event of such a termination, actual damages to Company would be uncertain and difficult to ascertain, such amount is the best, reasonable and objective estimate of the actual damages to Company, such amount does not constitute a penalty, and such amount is reasonable under the circumstances. Any amount payable under this paragraph shall be in addition to amounts already owing under this Agreement.

RIGHT OF FIRST REFUSAL. Customer agrees to notify Company in writing of any offer that Customer receives from any third party relating to the provision of any permanent or temporary collection, disposal or recycling services during any term of this Agreement ("Offer") and agrees to give Company the right of first refusal and reasonable opportunity to match such Offer prior to acceptance.

COMMUNICATIONS. To ensure timely and accurate receipt of communications, all communications to Company regarding this Agreement and/or the Services must come directly from Customer. Customer acknowledges that Company will not accept any communications from any third parties acting as the Customer's agent or representative (absent proof of medical necessity as reasonably determined by Company). All written notices to Company pertaining to this Agreement shall be sent prepaid certified or overnight mail, return receipt requested, and must be received by Company. Any notice related to this Agreement will be deemed effective no less than 60 days from the certified mail return receipt date.

DISPUTE RESOLUTION-ARBITRATION; CLASS ACTION WAIVER. (a) Except for Excluded Claims (defined below), Customer and Company agree that any and all existing or future controversy or claim between them arising out of or related to this Agreement, whether based in contract, law or equity or alleging any other legal theory, or arising prior to, in connection with, or after the termination of this Agreement, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules with a single arbitrator, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. (b) Customer and Company agree that under no circumstances, whether in arbitration or otherwise, may Customer bring any claim against Company, or allow any claim that Customer may have against Company to be asserted, as part of a class action, on a consolidated or representative basis or otherwise aggregated with claims brought by, or on behalf of, any other entity or person, including other customers of Company or its parent or corporate affiliates. (c) The following claims constitute "Excluded Claims" and are not subject to mandatory binding arbitration: (i) either party's claims against the other in connection with bodily injury or real property damage; (ii) claims for indemnity pursuant to the Indemnification Section of this Agreement; and (iii) Company's claims against Customer for collection or payment of Charges, damages (liquidated or otherwise), or any other amounts due or payable to Company by Customer under this Agreement.

MISCELLANEOUS. (a) This Agreement shall be governed by and construed in accordance with the internal laws of the State where the Services are provided, without giving effect to any conflict of law provision. (b) This Agreement represents the entire agreement between the parties and supersedes all prior agreements, whether written or verbal, that may exist between the parties for the same Services. (c) Except for Customer's obligation to pay amounts due to Company, any failure or delay in performance due to contingencies beyond a party's reasonable control, including strikes, riots, terrorist acts, compliance with Applicable Laws or governmental orders, fires and acts of God, shall not constitute a breach of this Agreement. (d) Company shall have no confidentiality obligation with respect to any waste or recyclable materials. (e) Company may assign this Agreement without Customer's consent. This Agreement shall be binding upon and inure solely to the benefit of the parties and their permitted successors and assigns. (f) If any provision of this Agreement is declared invalid or unenforceable, it shall be modified so as to be valid and enforceable but so as most nearly to retain the intent of the Parties. If such modification is not possible, such provision shall be severed from this Agreement. In either case, the validity and enforceability of the remaining provisions of this Agreement shall not in any way be affected thereby. (g) Failure or delay by either party to enforce any provision of this Agreement will not be deemed a waiver of future enforcement of that or any other provision. (h) If any litigation or arbitration is commenced under this Agreement, the successful party shall be entitled to recover, in addition to such other relief as the court may award, its reasonable attorneys' fees, expert witness fees, litigation and arbitration related expenses, and court or other costs incurred in such litigation, arbitration or proceeding. (i) Customer and Company agree that electronic signatures are valid and effective, and that an electronically stored copy of this Agreement constitutes proof of the signature and contents of this Agreement, as though it were an original.

The following Terms and Conditions apply to Customer only if Customer is receiving the applicable Service from Company.

CONTAINER REFRESH. If the Services include Container Refresh, Customer is limited to one (1) exchange of each participating container every 12 months of paid enrollment; any additional exchange is subject to Company's standard container exchange fee. Customer agrees that during any enrollment year in which Customer receives an exchange under the program, any request by Customer to cancel Container Refresh will not be effective until Customer completes payment for 12 consecutive months of enrollment in the program. The Charge for Container Refresh will be itemized on Customer's invoice, which Charge may be changed by Company by showing the amount of the new Charge on Customer's invoice. Company reserves the right to suspend or cancel the Container Refresh program at any time.

RECYCLABLE MATERIAL. If the Services include recycling, Customer shall comply with all Applicable Laws regarding the separation of solid waste from Recyclable Material and not place items in any recycling container that may make the Recyclable Material unsuitable for recycling or decrease the value of the Recyclable Material. Customer agrees that Company in its sole discretion may determine whether any load of Recyclable Material is contaminated and may refuse to collect it or may collect it but charge Customer for any additional costs, fees or surcharges associated with sorting, processing, contamination, transportation, and/or disposal. ROLL-OFF. Republic may charge rent or a minimum lift charge if a roll-off container is not lifted or hauled at least once per month. The following additional terms shall apply to any roll-off service: (a) Company will not accept: white goods, tires, drums, paint, solvents, chemicals, or other such materials that would be considered flammable or explosive, or other materials not permitted to be disposed of at the designated disposal facility. (b) If the roll-off is loaded with extremely heavy material, such as block concrete, asphalt, dirt or roofing material, such material must be evenly distributed at the bottom of the roll-off and shall not exceed three feet in depth. (c) Customer shall not load materials above the top of the rolloff. (d) Customer shall close and latch the back door of the roll-off before service. The driver cannot load a roll-off with an open or unlatched back door. (e) If Company is unable to safely haul a roll-off, Customer shall off-load the impermissible overage or type of materials or otherwise improve any conditions necessary to enable safe hauling. Customer will be charged a dry run fee for each attempted trip where hauling does not occur. (f) If Company hauls an overloaded roll-off, Customer shall be responsible for all service charges based on the actual tonnage hauled, plus any tickets, fines, penalties or damages incurred by Republic due to the overweight container.

EQUIPMENT RENTAL. Rented equipment shall remain at Customer's Site Location at all times, except when handled by Company. Customer shall not make any changes, alterations, additions, or improvements in or to the equipment or move or relocate the equipment without Company's prior written consent. Customer shall allow Company and/or its designee to enter the Site to examine or inspect the equipment, perform preventative maintenance and repairs, or for any other purpose permitted by this Agreement. Customer agrees that the installation of the equipment is for the primary benefit of Company to provide services, and that Company has the right, at any time and at its sole discretion, to substitute the equipment for similar equipment of make and size, or of a make and size that provides for more efficient or economical service.

MAINTENANCE. Company shall maintain the equipment in good operating condition and make repairs necessitated only by normal wear and tear. Customer shall be responsible for repairs, replacement parts, and labor necessitated by abuse or negligent operation or care of the equipment. Once installed, Customer shall have the care, custody, and control of the equipment. Customer assumes all risks of loss, damage, destruction or interference with the use of, and accepts responsibility for, the equipment and the supervision and operation of the equipment, accessories and contents during the term of this Agreement. Company will not be responsible for installation of utility service necessary to operate the equipment or any utility service charges attributable to the equipment's operation. If electrical or any other installment requirements are not satisfied prior to delivery of the equipment, Company may charge Customer all costs incurred by Company for its inability to complete the installation of the equipment. Customer shall be responsible for (a) connecting the equipment to the electrical service and any other utility services in conformance with all applicable building and zoning codes and regulations, (b) providing the necessary electrical power to operate the equipment, and (c) all costs of electrical wiring, and/or other utility hook-up and inspection thereof necessary for use of the equipment.

CUSTOMER'S OBLIGATIONS. Customer shall operate the equipment solely for its intended purpose and in strict conformance with this Agreement, the manufacturer's and Company's instructions, and shall not allow the equipment to be used by any person other than Customer's employees without Company's written consent. Customer shall comply with all reporting and operating requirements related to the operation, maintenance, and management of the equipment as required by Company or as otherwise mandated by Applicable Laws. Any Site-related licenses and permits concerning the equipment shall be obtained and maintained by Customer at Customer's sole cost and expense. Customer shall take all action necessary to ensure that the equipment is not abused, misused, or otherwise harmed by Customer or its employees, agents, and representatives or any other persons. Customer shall immediately notify Company of any damage to the equipment, or any injuries relating to the use or operation of the equipment. Customer shall keep the equipment free from any and all liens and claims and shall not do or permit any act whereby Company's title or rights might be encumbered or impaired.

DISCLAIMER OF WARRANTIES; DAMAGES. COMPANY MAKES NO WARRANTIES, EITHER EXPRESS OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, WITHOUT LIMITATION, THE CONDITION OF THE EQUIPMENT, ITS MERCHANTABILITY OR ITS FITNESS FOR ANY PARTICULAR PURPOSE, AND COMPANY HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES THEREFOR. COMPANY EXPRESSLY DISCLAIMS ALL INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR EXEMPLARY DAMAGES ARISING IN CONNECTION WITH THIS AGREEMENT OR THE EQUIPMENT, INCLUDING, WITHOUT LIMITATION, LOST SALES AND PROFITS AND OTHER BUSINESS INTERRUPTION DAMAGES, EVEN IF COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES AND WITHOUT REGARD TO THE NATURE OF THE CLAIM OR THE UNDERLYING THEORY OR CAUSE OF ACTION (WHETHER IN CONTRACT, TORT, OR OTHERWISE), AND CUSTOMER HEREBY EXPRESSLY WAIVES AND RELEASES COMPANY FROM AND AGAINST ANY SUCH DAMAGES.

ELECTRONIC MATERIAL AND/OR BULB & BATTERY (UNIVERSAL) RECYCLING SERVICES. Electronic Material Services and/or Bulb & Battery (Universal) Recycling Services are provided only within the continental United States (not available in Alaska or Hawaii). Company or its subcontractor shall collect, transport, or receive via mail, treat, recycle, and/or dispose of Electronic Material and/or Bulbs & Batteries as provided in the Service Details. Customer acknowledges and understands that due to a variety of factors, including without limitation market conditions and processing costs, some or all of the Electronic Material and Bulbs & Batteries may be disposed of in a disposal facility and not recycled. Weights and/or unit counts of all Electronic Material and Bulbs & Batteries shall be determined upon receipt by Company or its subcontractor. All references to "Company" in this section of the Agreement shall also include Company's subcontractor(s).

ADDITIONAL DEFINITIONS. The following additional definitions apply to Electronic Material Services and Bulb & Battery Recycling Services only:

"Box Mail-Back Services" means services in which Company delivers boxes or containers designated for the packing and shipping of Electronic Material or Bulbs & Batteries by Customer (hereinafter "Box") to the designated processing facility.

"Bulbs & Batteries" means those materials included in the Environmental Protection Agency's Universal Waste regulations set forth in 40 C.F.R. 273, including bulbs, batteries, TSCA-exempt ballasts and non-PCB ballasts, lamps, and other mercury-containing items and materials.

"Bulb & Battery Recycling Services" includes Box Mail-Back Services as a means to recycle or dispose of Bulbs & Batteries.

"Electronic Material" consists of any High Grade, Low Grade and Video Display Devices that are not excluded by these provisions relating to Electronic Material Services. Electronic Material does not include any solid waste, non-electronic Recyclable Material or Excluded Waste.

"Electronic Material Services" includes Box Mail-Back, Pack-Up and Pick-Up and/or Full Service as a means to recycle or dispose of Electronic Material. "Excluded Waste" means any material other than Electronic Material or Bulbs & Batteries. Electronic Material and Bulbs & Batteries may not be commingled. If Electronic Material is commingled with Bulbs & Batteries for a Bulb & Battery Recycling Service, the Electronic Material will be treated as Excluded Waste, and vice versa.

"Full Service" means services in which Company provides all necessary containers, packaging, removal, loading and shipping of the Electronic Material to the designated processing facility.

"High Grade" means electronic items that contain gold, silver and/or large circuit boards including, but not limited to, computers, switching equipment, telephones (cellular, cordless, wireless), and telephone carrier switching equipment.

"Low Grade" means electronic items that consist mostly of plastic and metal including, but not limited to, printers, keyboards/mice, countertop appliances with cords, media storage devices, and video games and accessories.

"Pack Up & Pick Up Services" means services in which pre-packaged or palletized Electronic Material are collected by Company from a Site Location and transported directly to the designated processing facility. "Video Display Device" means computer terminal, oscilloscope, TV (CRT, LCD, plasma, rear projection), IT equipment, E-waste containing glass, monitor (CRT, LCD, plasma), and tablets.

BOX MAIL-BACK SERVICES. In connection with Box Mail-Back Services, the following additional terms shall apply:

Pre-Payment; No Refunds. With respect to Electronic Material, payment for Box Mail-Back Services is made in advance and if Customer returns an unused Box, Customer will receive a refund of up to 50% of the purchase price. If Customer subsequently requests a Box for Electronic Material, Customer will be responsible for full pre-payment. With respect to Bulbs & Batteries, payment for Box Mail-Back Services is made in advance and will not be refunded after a Box has been shipped to Customer. If Customer returns an unused Box, Customer will be responsible for its shipping cost to return the Box plus a restocking fee, which is \$14 for a lamp box and \$12 for a battery/ballast box (restocking fees for other types of Boxes may vary). If Customer subsequently decides they require a Box, Customer will be responsible for the cost of re-shipping the Box.

Expiration of Boxes. Each Box must be received by Company or its subcontractor by the expiration date printed on the prepaid return shipping label, which is typically twelve (12) months (the "Expiration Date"). If Customer ships a Box (for Electronic Material only) after its original Expiration Date or requests up to a one-year extension of the Expiration Date, Customer shall pay Company an additional fee in the amount of 50% of the original Box purchase price. Company has no obligation after the Expiration Date (original or extended, if applicable) to process materials sent in for recycling and may return such materials to Customer at Customer's expense.

Safe Packaging Obligation. Customer is responsible for complying with all packaging (including safely packaging contents), sealing, and shipping instructions included with each Box.

Electronic Material Specifications. With respect to Electronic Material Box Mail-Back Services, Company reserves the right to bill additional amounts for any of the following: (i) any Box exceeding its specified maximum weight in the amount of up to \$0.83 per pound; (ii) shipping materials in the wrong Box or mixing materials in a Box; (iii) shipping materials that require additional labor for unpacking or disassembly up to \$0.37 per pound; (iv) processing electronics containing wood up to \$0.23 per pound; (v) additional shipping charges beyond the amounts prepaid for any prepaid label; and/or (vi) return shipping charges for any Excluded Waste or Boxes received with expired labels.

Bulbs & Batteries Specifications. With respect to Bulb & Battery Recycling Box Mail-Back Services, Company reserves the right to bill additional amounts for any of the following: (i) any Box exceeding its specified maximum weight up to \$1.50 per pound; (ii) shipping materials in the wrong Box or mixing materials in a Box; (iii) shipping materials that require additional labor for unpacking or disassembly; (iv) additional shipping charges beyond the amounts prepaid for any prepaid label; and/or (v) return shipping charges for any Excluded Waste or boxes with expired labels received by Company.

Automatic Reordering. For automatic reordering of Box Mail-Back Services, the following provisions will apply:

Upon receipt of a Box from Customer, Company will automatically send Customer a Box identical to the one returned by Customer. Any Box must be used by Customer within twelve (12) months of receipt or an additional charge may apply.

Company may increase rates to cover increases in shipping, recycling, refurbishment, reuse, and/or disposal rates upon notice to Customer.

Customer shall have 30 days following the expiration or termination of the Electronic Material Services or Bulb & Battery Recycling Services, as applicable, to use and return all of the Boxes in Customer's possession. Company reserves the right to bill Customer for any Boxes not received by Company within 30 days following the expiration or termination of the Electronic Material Services or Bulb & Battery Recycling Services, as applicable.

PACK-UP & PICK UP SERVICES. In connection with Pack Up & Pick Up Services, the following additional terms shall apply:

Safe Packaging Obligation. Customer is responsible for complying with all safety, packaging, sealing, and loading/palletizing instructions (including removing materials from their original packaging and/or not individually wrapping all materials) included with each order, and shall ensure such is completed prior to the scheduled pickup date.

Electronic Material Specifications. With respect to Electronic Material Pack-Up and Pick-Up Services, Customer shall ensure that Electronic Material is sorted into the following categories: (1) Video Display Devices; (2) High Grade; (3) Low Grade. A full list of Video Display Devices, High Grade and Low Grade Electronic Material is available upon request. If the Electronic Material is not properly sorted, Customer shall pay Company a sorting charge of up to \$0.22 per pound. If Electronic Material are not removed from their original packaging, an additional unpacking fee in the amount of up to \$0.37 per pound will apply. If Electronic Material are not properly loaded and palletized, an additional unsafe load conditions fee in the amount of up to \$0.37 per pound will apply.

FULL SERVICE. There is a minimum charge for Full Service. For loads of Electronic Material up to 466 pounds, the minimum charge for Full Service will be \$660. For loads of Electronic Material over 466 pounds, the charge for Full Service will be the weight of the load multiplied by the per pound charge quoted in the Service Details.

CUSTOMER'S INITIAL:

LB

DATE: 01 / 27 / 2023



2024 -2029 Charter Renewal Application
Benefits Package
(1 of 45 Pages)



PA Virtual Benefits At-a-Glance

INFORMATION

- Eligible Employees:** Full-Time Teachers – Eligible for Employee, Spouse & Dependent coverage
Part-Time Teachers & PT Staff working 20+ hours – Eligible for Employee Only coverage
Full-Time Administrative & Support Staff (Non-Union) – Eligible for Employee, Spouse & Dependent coverage
- Eligibility Period:** Date of Hire for Medical, Dental, Vision;
1st of the month following date of hire for STD, LTD, Life/ADD
- Insurance Stipend:** Pennsylvania Virtual Charter School offers a monetary stipend to employees that opt out of the medical/prescription and/or employer sponsored dental benefits.

PREMIUMS

Medical: Independence Administrators

	Premier	Standard	High Deductible (HSA)
Employee Only	\$38.00	\$16.87	\$7.55
Employee + Child(ren)	\$94.07	\$37.63	\$14.97
Employee + Spouse	\$131.70	\$56.44	\$24.32
Employee + Family	\$206.96	\$94.07	\$42.09

Dental: MetLife

- Pennsylvania Virtual Charter School covers 100% of the employee’s dental coverage (including spouse and dependents- “Low” plan).
- There is a buy-up option (“High” plan) that has an increased Annual Max Benefit and coverage for Orthodontia. Please see below for the bi-weekly payroll deductions.

High Plan	Bi-Weekly Premium
Employee Only	\$3.76
Employee + Family	\$10.35

Vision: VSP


- There is a buy-up option for vision. Please see below for the bi-weekly payroll deductions.
 - Take note that “Employee + 1” means you can have the employee plus a spouse **or** 1 child.

	Bi-Weekly Premium
Employee Only	\$2.76
Employee + 1	\$4.43
Employee + Children	\$4.52
Employee + Family	\$7.29

Short Term Disability, Long Term Disability, Life/AD&D, Voluntary Life-Employee/Spouse/Dependent: MetLife

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-864-4352 or visit us at www.ibxtpa.com. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-844-864-4352 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Preferred \$500 person / \$1,000 family, Non-Preferred \$5,000 person / \$10,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and services that require a copay.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For Preferred providers \$3,000 person / \$6,000 family, for Non-Preferred providers \$10,000 person / \$20,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, health care this plan doesn't cover, and preauthorization penalties.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.ibxtpa.com or call: 1-844-864-4352 for a list of Preferred providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay per visit Deductible waived	30% coinsurance	---None---
	Specialist visit	\$30 copay per visit Deductible waived	30% coinsurance	Chiropractic services are limited to 20 visits per benefit period combined Preferred and Non-Preferred.
	Preventive care/screening/immunization	No Charge Deductible waived	30% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for. Age and frequency schedules may apply.
If you have a test	Diagnostic test (x-ray, blood work)	\$30 copay per visit and no deductible for X-rays. No charge and no deductible for blood work.	30% coinsurance	---None---
	Imaging (CT/PET scans, MRIs)	\$100 copay per scan Deductible waived	30% coinsurance	Precertification is required. Imaging copay not applicable if performed in ER or office setting. Precertification penalty could be up to 20%.
If you need drugs to treat your illness or condition More information about prescription drug coverage is	Generic drugs	\$15 copay per fill retail \$30 copay per fill mail order (1-30 days: \$15 copay; 31-90 days: \$30 copay) Deductible waived	70% coinsurance retail Mail Order Not Covered	Medical deductible does not apply to prescription drug costs. Prior authorization required on some drugs; age, gender and quantity limits for some drugs; day supply limits on retail & mail order. Prior Authorization penalty could be up to 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
	Preferred brand drugs	\$25 copay per fill retail \$50 copay per fill mail order (1-30 days: \$25 copay; 31-90 days: \$50 copay) Deductible waived	70% coinsurance retail Mail Order Not Covered	
	Non-preferred drugs	\$50 copay per fill retail \$100 copay per fill mail order (1-30 days: \$50 copay; 31-90 days: \$100 copay) Deductible waived	70% coinsurance retail Mail Order Not Covered	
	Specialty drugs	Paid the same as generic, preferred and non-preferred drugs	Paid the same as generic, preferred and non-preferred drugs	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	30% coinsurance	Precertification is required for some outpatient surgeries. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	30% coinsurance	
If you need immediate medical attention	Emergency room care	\$100 copay per visit Deductible waived	\$100 copay per visit Deductible waived	Your costs for emergency room services are not waived if you are admitted to the hospital.
	Emergency medical transportation	No Charge Deductible waived	No Charge Deductible waived	---None---
	Urgent care	\$50 copay per visit Deductible waived	30% coinsurance	Your costs for urgent care are based on care received at a designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay per visit Deductible waived	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Inpatient services	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
If you are pregnant	Office visits	\$15 copay per visit	30% coinsurance	Your cost is for the first OB visit only.
	Childbirth/delivery professional services	No Charge	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Childbirth/delivery facility services	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
If you need help recovering or have other special health needs	Home health care	No Charge Deductible waived	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Rehabilitation services	\$30 copay per visit Deductible waived	30% coinsurance	The following limits are per benefit period: Physical & Occupational Therapies combined - 30 visits; Speech Therapy - 20 visits. All visit limits combined preferred and non-preferred. Precertification is required. Precertification penalty could be up to 20%.
	Habilitation services	\$30 copay per visit Deductible waived	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Skilled nursing care	No Charge	30% coinsurance	Limited to 120 days per benefit period combined Preferred and Non-Preferred. Precertification is required. Precertification penalty could be up to 20%.
	Durable medical equipment	50% coinsurance	30% coinsurance	Preauthorization penalty could be up to 20%. Precertification penalty could be up to 20%.
	Hospice services	No Charge	30% coinsurance	---None---
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	---None---
	Children's glasses	Not Covered	Not Covered	---None---
	Children's dental check-up	Not Covered	Not Covered	---None---

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|--|---|---|
| <ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult) | <ul style="list-style-type: none">• Hearing Aids• Infertility Treatment• Long Term Care | <ul style="list-style-type: none">• Routine eye care (Adult)• Routine foot care• Weight loss programs |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Bariatric surgery• Chiropractic care (20 visits per benefits period) | <ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S. (See www.bcbsglobalcore.com) | <ul style="list-style-type: none">• Private-duty nursing |
|---|---|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 1-844-864-4352 or www.ibxtpa.com. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Nondiscrimination Notice and Notice of Availability of Auxiliary Aids and Services

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

There are four ways to file a grievance directly with Independence Administrators:

- by mail: Independence Administrators, ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103.
- by phone: 844-864-4352 (TTY 711);
- by fax: 215-761-0920; or
- by email: IACivilRightsCoordinator@ibxtpa.com.

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-864-4352 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-864-4352 (TTY: 711).

注意: 如果您使用简体中文, 您可以免费获得语言协助服务。请致电1-844-864-4352。

LƯU Ý: Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-844-864-4352.

ВНИМАНИЕ: Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону 1-844-864-4352.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-864-4352.

알림: 한국어 통역서비스가 필요한 분은 1-844-864-4352로 전화하십시오.
통역서비스를 무료로 받으실 수 있습니다.

ATTENZIONE: se parla italiano, sono disponibili per lei servizi di assistenza linguistica gratuiti. Contatti il numero 1-844-864-4352.

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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$30
- Hospital (facility) no [cost sharing](#) 0%
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$30
- Hospital (facility) no [cost sharing](#) 0%
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$800
Coinsurance	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,620

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$30
- Hospital (facility) no [cost sharing](#) 0%
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800


In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$500
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,100

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-864-4352 or visit us at www.ibxtpa.com. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-844-864-4352 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Preferred \$1,500 person / \$3,000 family, Non-Preferred \$5,000 person / \$10,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and services that require a copay.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For Preferred providers \$3,000 person / \$6,000 family, for Non-Preferred providers \$10,000 person / \$20,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, health care this plan doesn't cover, and preauthorization penalties.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.ibxtpa.com or call: 1-844-864-4352 for a list of Preferred providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit Deductible waived	30% coinsurance	---None---
	Specialist visit	\$40 copay per visit Deductible waived	30% coinsurance	Chiropractor services are limited to 20 visits per benefit period combined Preferred and Non-Preferred.
	Preventive care/screening/immunization	No Charge Deductible waived	30% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for. Age and frequency schedules may apply.
If you have a test	Diagnostic test (x-ray, blood work)	\$40 copay per visit and no deductible for X-rays. No charge and no deductible for bloodwork.	30% coinsurance	---None---
	Imaging (CT/PET scans, MRIs)	\$150 copay per scan Deductible waived	30% coinsurance	Precertification is required. Imaging copay not applicable if performed in ER or office setting. Precertification penalty could be up to 20%.
If you need drugs to treat your illness or condition More information about prescription drug coverage is	Generic drugs	\$15 copay per fill retail No deductible \$30 copay per fill mail order (1-30 days: \$15 copay; 31-90 days: \$30 copay) Deductible waived	70% coinsurance retail Deductible waived Mail Order Not Covered	Medical deductible does not apply to prescription drug costs. Prior authorization required on some drugs; age, gender and quantity limits for some drugs; day supply limits on retail & mail order. Prior Authorization penalty could be up to 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
	Preferred brand drugs	\$25 copay per fill retail No deductible \$50 copay per fill mail order (1-30 days: \$25 copay; 31-90 days: \$50 copay) Deductible waived	70% coinsurance retail Deductible waived Mail Order Not Covered	
	Non-preferred drugs	\$50 copay per fill retail No deductible \$100 copay per fill mail order (1-30 days: \$50 copay; 31-90 days: \$100 copay) Deductible waived	70% coinsurance retail Deductible waived Mail Order Not Covered	
	Specialty drugs	Paid the same as generic, preferred and non-preferred drugs	Paid the same as generic, preferred and non-preferred drugs	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	30% coinsurance	Precertification is required for some outpatient surgeries. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	30% coinsurance	
If you need immediate medical attention	Emergency room care	\$150 copay per visit Deductible waived	\$150 copay per visit Deductible waived	Your costs for emergency room services are not waived if you are admitted to the hospital.
	Emergency medical transportation	No Charge Deductible waived	No Charge Deductible waived	---None---
	Urgent care	\$50 copay per visit Deductible waived	30% coinsurance	Your costs for urgent care are based on care received at a designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay per visit Deductible waived	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Inpatient services	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
If you are pregnant	Office visits	\$20 copay per visit Deductible waived	30% coinsurance	Your cost is for the first OB visit only
	Childbirth/delivery professional services	No Charge	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Childbirth/delivery facility services	No Charge	30% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
If you need help recovering or have other special health needs	Home health care	No Charge Deductible waived	30% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Rehabilitation services	\$40 copay per visit Deductible waived	30% coinsurance	The following limits are per benefit period: Physical & Occupational Therapies combined - 30 visits; Speech Therapy - 20 visits. All visit limits combined Preferred and Non-Preferred. Precertification is required. Precertification penalty could be up to 20%.
	Habilitation services	\$40 copay per visit Deductible waived	30% coinsurance	
	Skilled nursing care	No Charge	30% coinsurance	Limited to 120 days per benefit period combined Preferred and Non-Preferred. Precertification is required. Precertification penalty could be up to 20%.
	Durable medical equipment	50% coinsurance	30% coinsurance	Precertification is required on purchases over \$500 (including repairs and replacements) and on all rentals. Precertification penalty could be up to 20%.
	Hospice services	No Charge	30% coinsurance	---None---
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|--|---|---|
| <ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult) | <ul style="list-style-type: none">• Hearing Aids• Infertility Treatment• Long Term Care | <ul style="list-style-type: none">• Routine eye care (Adult)• Routine foot care• Weight loss programs |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Bariatric surgery• Chiropractic care (20 visits per benefit period) | <ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S. (See www.bcbsglobalcore.com) | <ul style="list-style-type: none">• Private-duty nursing |
|--|---|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 1-844-864-4352 or www.ibxtpa.com. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Nondiscrimination Notice and Notice of Availability of Auxiliary Aids and Services

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

There are four ways to file a grievance directly with Independence Administrators:

- by mail: Independence Administrators,
ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 844-864-4352 (TTY 711);
- by fax: 215-761-0920; or
- by email: IACivilRightsCoordinator@ibxtpa.com.

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-864-4352 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-864-4352 (TTY: 711).

注意: 如果您使用简体中文, 您可以免费获得语言协助服务。请致电1-844-864-4352。

LƯU Ý: Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-844-864-4352.

ВНИМАНИЕ: Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону 1-844-864-4352.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-864-4352.

알림: 한국어 통역서비스가 필요한 분은 1-844-864-4352로 전화하십시오.
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This EXAMPLE event includes services like:
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Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,160

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist copayment](#) \$40
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- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$500
Coinsurance	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist copayment](#) \$40
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- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800


In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$500
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,100

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-864-4352 or visit us at www.ibxtpa.com. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-844-864-4352 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Preferred \$1,750 person / \$3,500 family, Non-Preferred \$5,000 person / \$10,000 family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For Preferred providers \$6,650 person / \$13,300 family, for Non-Preferred providers \$10,000 person / \$20,000 family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, health care this plan doesn't cover, and preauthorization penalties.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.ibxtpa.com or call: 1-844-864-4352 for a list of Preferred providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	50% coinsurance	---None---
	Specialist visit	No Charge	50% coinsurance	Chiropractor services are limited to 20 visits per benefit period combined Preferred and Non-Preferred.
	Preventive care/screening/immunization	No Charge Deductible waived	50% coinsurance Deductible waived	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	50% coinsurance	---None---
	Imaging (CT/PET scans, MRIs)	No Charge	50% coinsurance	Precertification is required. Imaging copay not applicable if performed in ER or office setting. Precertification penalty could be up to 20%.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.ibxtpa.com	Generic drugs	\$15 copay per fill retail \$30 copay per fill mail order (1-30 days: \$15 copay; 31-90 days: \$30 copay)	70% coinsurance retail Mail Order Not Covered	Prior authorization required on some drugs; age, gender and quantity limits for some drugs; day supply limits on retail & mail order. Prior Authorization penalty could be up to 20%.
	Preferred brand drugs	\$25 copay per fill retail \$50 copay per fill mail order (1-30 days: \$25 copay; 31-90 days: \$50 copay)	70% coinsurance retail Mail Order Not Covered	
	Non-preferred drugs	\$50 copay per fill retail \$100 copay per fill mail order (1-30 days: \$50 copay; 31-90 days: \$100 copay)	70% coinsurance retail Mail Order Not Covered	
	Specialty drugs	Paid the same as generic, preferred and non-preferred drugs	Paid the same as generic, preferred and non-preferred drugs	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	50% coinsurance	Precertification is required for some outpatient surgeries. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	50% coinsurance	
If you need immediate medical attention	Emergency room care	No Charge	No Charge	Your costs for emergency room services are not waived if you are admitted to the hospital.
	Emergency medical transportation	No Charge	No Charge	---None---
	Urgent care	No Charge	50% coinsurance	Your costs for urgent care are based on care received at a designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	50% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
	Physician/surgeon fees	No Charge	50% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge	50% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Inpatient services	No Charge	50% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.
If you are pregnant	Office visits	No Charge	50% coinsurance	Your cost is for the first prenatal visit only.
	Childbirth/delivery professional services	No Charge	50% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Childbirth/delivery facility services	No Charge	50% coinsurance	Non-Preferred inpatient days are limited to 70 per benefit period for all medical, maternity, mental health & substance abuse expenses. Precertification is required. Precertification penalty could be up to 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	Non-Preferred Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No Charge	50% coinsurance	Precertification is required. Precertification penalty could be up to 20%.
	Rehabilitation services	No Charge	50% coinsurance	The following limits are per benefit period: Physical & Occupational Therapies combined - 30 visits; Speech Therapy - 20 visits. All visit limits combined Preferred and Non-Preferred. Precertification is required. Precertification penalty could be up to 20%.
	Habilitation services	No Charge	50% coinsurance	
	Skilled nursing care	No Charge	50% coinsurance	Limited to 120 days per benefit period combined Preferred and Non-Preferred. Precertification is required. Precertification penalty could be up to 20%.
	Durable medical equipment	No Charge	50% coinsurance	Precertification is required on purchases over \$500 (including repairs and replacements) and on all rentals. Precertification penalty could be up to 20%.
	Hospice services	No Charge	50% coinsurance	---None---
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	---None---
	Children's glasses	Not Covered	Not Covered	---None---
	Children's dental check-up	Not Covered	Not Covered	---None---

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) | <ul style="list-style-type: none"> • Hearing Aids • Infertility Treatment • Long Term Care | <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care • Weight loss programs |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care | <ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. (See www.bcbsglobalcore.com) | <ul style="list-style-type: none"> • Private-duty nursing |
|--|---|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: 1-844-864-4352 or www.ibxtpa.com. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Nondiscrimination Notice and Notice of Availability of Auxiliary Aids and Services

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides free aids and services to people with disabilities to communicate effectively with us and written information in other formats, such as large print
- Provides free language services to people whose primary language is not English and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

There are four ways to file a grievance directly with Independence Administrators:

- by mail: Independence Administrators, ATTN: Civil Rights Coordinator, 1900 Market Street, Philadelphia, PA 19103;
- by phone: 844-864-4352 (TTY 711);
- by fax: 215-761-0920; or
- by email: IACivilRightsCoordinator@ibxtpa.com.

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-864-4352 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-864-4352 (TTY: 711).

注意: 如果您使用简体中文, 您可以免费获得语言协助服务。请致电1-844-864-4352。

LƯU Ý: Nếu quý vị nói tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-844-864-4352.

ВНИМАНИЕ: Если вы говорите по-русски, вам предлагаются бесплатные услуги переводчика. Позвоните по телефону 1-844-864-4352.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-864-4352.

알림: 한국어 통역서비스가 필요한 분은 1-844-864-4352로 전화하십시오.
통역서비스를 무료로 받으실 수 있습니다.

ATTENZIONE: se parla italiano, sono disponibili per lei servizi di assistenza linguistica gratuiti. Contatti il numero 1-844-864-4352.

انتباه: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على الرقم: 1-844-864-4352.

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-844-864-4352.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen über Language Assistance Services ein Dolmetscher kostenlos zur Verfügung. Wählen Sie 1-844-864-4352.

ધ્યાન આપો : જો તમે ગુજરાતી બોલી શકતા હો, તો તમારા માટે ભાષા સહાય સેવાઓ, વિના મૂલ્યે, ઉપલબ્ધ છે. 1-844-864-4352 પર કોલ કરો.

UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-864-4352.

ATANSYON: Si ou pale kreyòl ayisyen, gen asistans ak lang disponib pou ou gratis. Rele 1-844-864-4352.

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសា មន-ខ្មែរ ប្រទេសខ្មែរ សេវាជំនួយភាសាដែលឥតគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកលេខ 1-844-864-4352។

ATENÇÃO: se você fala português, serviços de assistência a idioma estão disponíveis gratuitamente para você. Ligue para 1-844-864-4352.

BAA !KON&N&ZIN: Din4 bizaad bee yln7[ti'go, ata' hane' bee 1kl i'iilyeed t'l1 j77k'e bee n1 ah00t'i'. Koj8' hod77lnih 1-844-864-4352.

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong para sa wika nang walang bayad. Tumawag sa 1-844-864-4352.

注意: 日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。1-844-864-4352にお電話ください。

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان، به رایگان در اختیار شما می باشد. با شماره 1-844-864-4352 تماس بگیرید.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:

⚠ This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,750
- [Specialist](#) no [cost sharing](#) \$0
- Hospital (facility) no [cost sharing](#) \$0
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,750
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,820

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,750
- [Specialist](#) no [cost sharing](#) \$0
- Hospital (facility) no [cost sharing](#) \$0
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,750
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,170

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,750
- [Specialist](#) no [cost sharing](#) \$0
- Hospital (facility) no [cost sharing](#) \$0
- Other no [cost sharing](#) \$0

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,750
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,760

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Dental Benefits

Metropolitan Life Insurance Company

Overview of Benefits for: PENNSYLVANIA VIRTUAL CHARTER SCHOOL

Date Prepared: 02-04-2021

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Low Plan

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of Negotiated Fee
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$1000	\$1000

High Plan

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of Negotiated Fee
Type A	100%	100%
Type B	90%	90%
Type C	60%	60%
Orthodontia	50%	50%
Deductible: Individual/Family*	\$50 (Type B & C)	\$50 (Type B & C)
Annual Maximum Benefit: Per Individual	\$2000	\$2000
Orthodontia Lifetime Maximum: Per Individual	\$2000	\$2000
Ortho applies to Child Only (up to age 19)		

Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

* If you are enrolled for dependent coverage, a maximum family deductible may apply.

Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Selected Covered Services and Frequency Limitations*

Low Plan

Type A	
• Oral Examinations	1 in 6 months.
• Fluoride	Children to age 14 / 1 in 12 months.
• Bitewing X-rays	Adult - 1 in 6 months / Children - 1 in 6 months.
• Full Mouth X-rays	1 in 60 months.
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Space Maintainers	
• Sealants (1st & 2nd permanent molars)	1 per tooth in 60 months of a dependent child up to 14 th birthday.
• Cleanings	1 in 6 months.
Type B	
• Emergency Palliative Treatment	
• Periodontal Root Planing & Scaling	1 per quadrant in any 12 months period.
• Periodontal Surgery	1 in 12 months.
• Amalgam & Composite Fillings	No Limit. Composites covered on all teeth.
• Simple Extractions	
Type C	
• Crowns	1 in 60 months.
• Dentures	1 in 10 years.
• Bridges	1 in 10 years.
• Root Canal	One per tooth per Lifetime.
• Surgical Extractions	
• Repairs (Crowns)	
• Implants	1 in 60 months.

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Selected Covered Services and Frequency Limitations*

High Plan

Type A	
• Oral Examinations	1 in 6 months.
• Fluoride	Children to age 14 / 1 in 12 months.
• Bitewing X-rays	Adult - 1 in 6 months / Children - 1 in 6 months.
• Full Mouth X-rays	1 in 60 months.
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Space Maintainers	
• Sealants (1st & 2nd permanent molars)	1 per tooth in 60 months of a dependent child up to 14 th birthday.
• Cleanings	1 in 6 months.
Type B	
• Emergency Palliative Treatment	
• Periodontal Root Planing & Scaling	1 per quadrant in any 12 months period.
• Periodontal Surgery	1 in 12 months.
• Amalgam & Composite Fillings	No Limit. Composites covered on all teeth.
• Simple Extractions	
Type C	
• Crowns	1 in 60 months.
• Dentures	1 in 10 years.
• Bridges	1 in 10 years.
• Root Canal	One per tooth per Lifetime.
• Surgical Extractions	
• Repairs (Crowns)	
• Implants	1 in 60 months.
Orthodontia	
<ul style="list-style-type: none"> • Dependent children are covered up to their 19th birthday. • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Payments are on a repetitive basis. • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage. 	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

***Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual

payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature.
2. Services for which You would not be required to pay in the absence of Dental Insurance.
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person.
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.
18. Services for which the submitted documentation indicates a poor prognosis.
19. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
20. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
21. Caries susceptibility tests.
22. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
23. Other fixed Denture prosthetic services not described elsewhere in this certificate.
24. Precision attachments.
25. Adjustment of a Denture
26. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.¹
27. Orthodontic services or appliances.¹
28. Repair or replacement of an orthodontic device.¹
29. Duplicate prosthetic devices or appliances.
30. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
31. Intra and extraoral photographic images.

¹ Some of these exclusions may not apply. Please see your plan design and certificate for details.

COMMON QUESTIONS... IMPORTANT ANSWERS

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. Based on internal analysis by MetLife, negotiated fees typically range from 15-45% below the average fees charged for the same services by dentists in the same geographic area.

*Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

How do I find a participating dentist?

You can access a list of participating dentists with directions and mapping capabilities online at www.metlife.com/dental or call 1-800-ASK-4-MET (800-275-4638) to have a list faxed or mailed to you based upon the requested ZIP code. **Please Note:** Be sure to verify provider participation when you make your appointment.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife program, your out-of-pocket expenses may be greater, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating dentist, you are only responsible for the difference between the in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for participation in network?

Yes. If your current dentist does not participate in the MetLife network and you would like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/dental or request one by calling 1-800-ASK-4-MET (800-275-4638).

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics). To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at www.metdental.com or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate online or by fax for most procedures while you are still in the office so you can discuss treatment and payment options and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Do I need an ID card?

No, you do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?

No, you and your dependents each have the freedom to choose any dentist.

If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?

Yes, eligible employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage elected after the 31-day application period is subject to the following waiting periods:*

- No waiting period for Preventive Services
- 6 months on Basic Restorative (Fillings)

- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

*If the policy holder participates in a section 125 plan and has an annual open enrollment period, the dental coverage will not be subject to any waiting periods. Please consult your Benefits Administrator or your certificate for this plan information.

Am I eligible for all benefits the first day of coverage?

Your plan may include benefit waiting periods. Please refer to the certificate of insurance or your Benefits Administrator for details about the services that are subject to the waiting periods and the length of time they apply.

How can I learn about what dentists in my area charge for different procedures?

If you have MyBenefits you can access the Dental Procedure Tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area. * You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at www.metlife.com/mybenefits.

* The Dental Procedure Fee Tool application is provided by VerifPoint, an independent vendor. Network fee information is supplied to VerifPoint by MetLife and is not available for providers who participate with MetLife through a third-party. Out-of-network fee information is provided by VerifPoint. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through MetLife's International Dental Travel Assistance program¹ you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network² benefits. Please remember to hold on to all receipts to submit a dental claim.

1 International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

2 Refer to your dental benefits plan summary your out-of-network dental coverage.

**CALIFORNIA HEALTHCARE LANGUAGE ASSISTANCE PROGRAM
NOTICE TO INSUREDS**

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card, if any, or 1-800-942-0854. For more help call the CA Dept. of Insurance at 1-800-927-4357.
To receive a copy of the attached MetLife document translated into Spanish or Chinese, please mark the box by the requested language statement below, and mail the document with this form to:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Please indicate to whom and where the translated document is to be sent.

- Servicio de Idiomas Sin Costo.** Puede obtener la ayuda de un intérprete. Se le pueden leer documentos y enviar algunos en español. Para recibir ayuda, llámenos al número que aparece en su tarjeta de identificación, si tiene una, o al 1-800-942-0854. Para recibir ayuda adicional llame al Departamento de Seguros de California al 1-800-927-4357.
Para recibir una copia del documento adjunto de MetLife traducido al español, marque la casilla correspondiente a esta oración, y envíe por correo el documento junto con este formulario a:
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
Por favor, indique a quién y a dónde debe enviarse el documento traducido.
NOMBRE _____
DIRECCIÓN _____

- 免費語言服務。** 您可獲得免費口譯服務。您可要求翻譯員向你口譯文件，或可要求向你發回文件的中文譯本。如需協助，請致電您的ID卡上所示號碼（如有），或 1-800-942-0854。如需更多協助，請致電加州保險部熱線1-800-927-4357。
為收取隨附MetLife文件的中文譯本，請勾選此陳述前的方框，並將文件連同此表一併郵寄至：
Metropolitan Life Insurance Company
PO Box 14587
Lexington, KY 40512
請指明經翻譯文件收件人的姓名及地址。
姓名 _____
地址 _____

Անվճար թարգմանչական ծառայություններ: Ձեզ կտրամադրվի հայերենի թարգմանիչ, որի օգնությամբ կարող եք հայերենով կարդալ փաստաթղթերը: Հարցերի դեպքում զանգահարեք մեզ Ձեր ID քարտի վրա նշված հեռախոսահամարով կամ 1-800-942-0854: Առավել մանրամասն տեղեկատվության համար զանգահարեք Կալիֆոռնիայի Ապահովագրական Դեպարտամենտ 1-800-927-4357 հեռախոսահամարով:

សេវាកម្មប្រយោជន៍ពិតប្រាកដ ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់ និងឱ្យគេអានឯកសារនានាឱ្យអ្នកស្តាប់ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នកប្រសិនបើមាន ឬ តាមលេខ 1-800-942-0854 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងនៃរដ្ឋកាលីហ្វ័រញ៉ា (CA Dept. of Insurance) តាមលេខ 1-800-927-4357 ។

Kev pab txhais lus tsis kom them nqi. Koj thov tau kom nrhiav neeg txhais lus thiab nyeem ntaub ntawv hais ua lus Hmoob rau koj mloog. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj sau hauv koj daim npav ID, yog muaj, lossis 1-800-942-0854. Yog xav kom pab lwm yam hu rau lub CA Hauv Paus Iv-saws-las ntawm 1-800-927-4357.

無料の通訳サービス。 通訳を通して日本語で文書を読み上げてもらうことができます。サービスの利用をご希望の方は、お手持ちのIDカードに記載されている番号、または1-800-942-0854へお電話ください。さらなる支援が必要な場合は、カリフォルニア州保険庁1-800-927-4357までお問い合わせください。

무료 통역 서비스. 통역자가 문서를 한국어로 읽어드릴 수 있습니다. 도움이 필요하시면, 귀하의 ID 카드에 있는 번호나 1-800-942-0854로 전화하십시오. 다른 도움이 필요하시면, 전화번호 1-800-927-4357로 캘리포니아 보험국에 연락하여 주십시오.

Бесплатные услуги устного перевода. Вы можете воспользоваться услугами переводчика, который прочитает вам документы на русском языке. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке, если у вас она есть, либо по номеру 1-800-942-0854. Если вам нужна помощь в других вопросах, позвоните в горячую линию Департамента страхования (CA Dept. of Insurance) 1-800-927-4357.

Libreng serbisyo sa pagsalin. Maaari kang kumuha ng tagasalin para basahin sa iyo ang mga dokumento sa wikang Tagalog. Para ikaw ay matulungan, tawagan kami sa numerong nakalista sa iyong ID card, kung mayroon man, o sa numerong 1-800-942-0854. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa numerong 1-800-927-4357.

Dịch vụ thông dịch miễn phí. Quý vị có thể tìm một thông dịch viên và nhờ đọc các tài liệu này cho quý vị bằng tiếng Việt. Để được giúp đỡ, gọi cho chúng tôi tại số nêu trên thẻ ID của quý vị, nếu có, hoặc 1-800-942-0854. Để được giúp đỡ thêm gọi cho Ban Bảo Hiểm CA tại số 1-800-927-4357.

لا تتوفر خدمات ترجمة بتكلفة. يمكنك الاتصال بمترجم والحصول على خدمة قراءة المستندات باللغة العربية للمساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك، أو اتصل بالرقم 1-800-942-0854. ولمزيد من المساعدة، اتصل بقسم التأمينات التابع لـ CA على الرقم 1-800-927-4357.
سرويس های ترجمه رایگان. شما می توانید مترجم و اسنادی را به زبان فارسی برای مطالعه دریافت کنید. برای راهنمایی، از طریق شماره درج شده در کارت شناسایی خود (در صورت وجود) یا شماره 1-800-942-0854 با ما تماس بگیرید. برای راهنمایی بیشتر با بخش بیمه کالیفرنیا 1-800-927-4357 تماس بگیرید.
بلا معاوضه مترجم دی خدمات مل سکدی اے۔ کسی ایک مترجم دی خدمات حاصل کرسکدے او جو توڈے واسطے دستاویزات پنجابی وچ پڈ سکدا اے۔ مدد واسطے ایڑیں آئی ڈی کارڈ، گروپ تو، دے وچ نمبر یا 1-800-942-0854 پہ کال کرو۔ آگے مزید مدد واسطے اے نمبر 1-800-927-4357 پہ سی اے ڈیپارٹمنٹ برائے انشورنس نال گال کرو۔

CA LAP STANDALONE NOTICE September 2008



Protect
your vision
with VSP.

Get the best in eye care and eyewear with Pennsylvania Virtual Charter School and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more'. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary



Pennsylvania Virtual Charter School and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 04/01/2017

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

¹Brands/Promotion subject to change.

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Basic Term Life / AD&D

Metropolitan Life Insurance Company

Plan Design for: Pennsylvania Virtual Charter School

Date Prepared: February 4, 2021

For All Active Full-Time Employees Working 20 or More Hours per week

Basic Life	An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000.
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	\$250,000
Non-Medical Maximum	\$150,000
Age Reduction Formula (reduces by)	35% at age 65, 60% at age 70, 75% at age 75
Employee Contribution	
• Basic Life	0%
• AD&D	0%

Term Life Features (1):

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Grief Counseling (5)
- Funeral Discounts and Planning Services (6)

Additional Features:

- WillsCenter.com (7)

AD&D Features (1):

- Seat Belt Benefit (8)
- Child Care Benefit
- Life Settlement Account (4)
- Air Bag Benefit
- Common Carrier Benefit
- Travel Assistance and Identity Theft Solutions (9)

What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

- (1) Features may vary depending on jurisdiction.
- (2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.
- (3) When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.
- (4) Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.
- (5) Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have masters or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
- (6) Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for

- services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
- (7) WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.
- (8) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt _or a child restraint if the insured is a child_. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than \$1,000 or more than \$25,000.
- (9) Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

Short Term Disability

Metropolitan Life Insurance Company

Pennsylvania Virtual Charter School Plan Benefits

Date Prepared: February 4, 2021

Explore the coverage that helps you protect your income and your lifestyle.

What is Short Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

Eligibility Requirements

All Active Full-Time Employees Working 20 or More Hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, etc.).

The Benefit amount is 60% of your predisability weekly earnings subject to the plan's maximum weekly benefit of \$2,000.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

For Injury: 7 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 12 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a short period, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and financial incentives.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow you to receive Disability benefits or partial benefits while attempting to return to work

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures. However, pregnancies and complications from any of these procedures will be treated as a sickness.
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Long Term Disability

Metropolitan Life Insurance Company

Pennsylvania Virtual Charter School Plan Benefits

Date Prepared: February 4, 2021

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

All Active Full-Time Employees Working 20 or More Hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 80% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$10,000.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Is there a pre-existing conditions provision?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any other limitations or exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.



2024 -2029 Charter Renewal Application
Leases, Deeds, Real Estate Agreements
(1 of 21 Pages)



February 14, 2012

Mark Morford, Esquire
Latsha Davis & McKenna
350 Eagleview Boulevard - Suite 100
Exton, PA 19341

REFERENCE: Our File No.: 3718533MA/13497778
Premises: 630 Park Avenue
King of Prussia, PA

Dear Mark:

Enclosed please find the following with regard to the above referenced matter:

(x) Documents:

- (x) Deed
- () Mortgage
- () Assignment
- (x) Owner's Policy
- () Mortgagee's Policy
- (x) Tax Receipt - 2012 County/Township Taxes
- (x) *CHECK FOR EXCESS RECORDING FEES.*
- ()
- ()
- ()
- ()
- () Release of part of mortgaged premises. Kindly have the same properly executed and return the same to our office for recording.

Very truly yours,

James B. Keane

OWNER'S POLICY OF TITLE INSURANCE

Issued by

Commonwealth Land Title Insurance Company

Any notice of claim and any other notice or statement in writing required to be given to the Company under this Policy must be given to the Company at the address shown in Section 18 of the Conditions.

COVERED RISKS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, COMMONWEALTH LAND TITLE INSURANCE COMPANY, a Nebraska corporation (the "Company") insures, as of Date of Policy and, to the extent stated in Covered Risks 9 and 10, after Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

1. Title being vested other than as stated in Schedule A.
2. Any defect in or lien or encumbrance on the Title. This Covered Risk includes but is not limited to insurance against loss from
 - (a) A defect in the Title caused by
 - (i) forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
 - (ii) failure of any person or Entity to have authorized a transfer or conveyance;
 - (iii) a document affecting Title not properly created, executed, witnessed, sealed, acknowledged, notarized, or delivered;
 - (iv) failure to perform those acts necessary to create a document by electronic means authorized by law;
 - (v) a document executed under a falsified, expired, or otherwise invalid power of attorney;
 - (vi) a document not properly filed, recorded, or indexed in the Public Records including failure to perform those acts by electronic means authorized by law; or
 - (vii) a defective judicial or administrative proceeding.
 - (b) The lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
3. Unmarketable Title.
4. No right of access to and from the Land.
5. The violation or enforcement of any law, ordinance, permit, or governmental regulation (including those relating to building and zoning) restricting, regulating, prohibiting, or relating to
 - (a) the occupancy, use, or enjoyment of the Land;
 - (b) the character, dimensions, or location of any improvement erected on the Land;
 - (c) the subdivision of land; or
 - (d) environmental protectionif a notice, describing any part of the Land, is recorded in the Public Records setting forth the violation or intention to enforce, but only to the extent of the violation or enforcement referred to in that notice.
6. An enforcement action based on the exercise of a governmental police power not covered by Covered Risk 5 if a notice of the enforcement action, describing any part of the Land, is recorded in the Public Records, but only to the extent of the enforcement referred to in that notice.
7. The exercise of the rights of eminent domain if a notice of the exercise, describing any part of the Land, is recorded in the Public Records.
8. Any taking by a governmental body that has occurred and is binding on the rights of a purchaser for value without Knowledge.
9. Title being vested other than as stated in Schedule A or being defective
 - (a) as a result of the avoidance in whole or in part, or from a court order providing an alternative remedy, of a transfer of all or any part of the title to or any interest in the Land occurring prior to the transaction vesting Title as shown in Schedule A because that prior transfer constituted a fraudulent or preferential transfer under federal bankruptcy, state insolvency, or similar creditors' rights laws; or
 - (b) because the instrument of transfer vesting Title as shown in Schedule A constitutes a preferential transfer under federal bankruptcy, state insolvency, or similar creditors' rights laws by reason of the failure of its recording in the Public Records
 - (i) to be timely, or

- (ii) to impart notice of its existence to a purchaser for value or to a judgment or lien creditor.
10. Any defect in or lien or encumbrance on the Title or other matter included in Covered Risks 1 through 9 that has been created or attached or has been filed or recorded in the Public Records subsequent to Date of Policy and prior to the recording of the deed or other instrument of transfer in the Public Records that vests Title as shown in Schedule A.

The Company will also pay the costs, attorneys' fees, and expenses incurred in defense of any matter insured against by this Policy, but only to the extent provided in the Conditions.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed with the facsimile signatures of its President and Secretary and sealed as required by its By-Laws.


Authorized Signatory

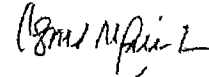
PA81260013718533MA/13497778
Commonwealth Land Title Insurance Company
1700 Market St, Suite 2110
Philadelphia, PA 19103
Tel: (215) 568-9502
Fax: (215) 665-3430

COMMONWEALTH LAND TITLE INSURANCE COMPANY



By:

ATTENT



President



Secretary

EXCLUSIONS FROM COVERAGE

The following matters are expressly excluded from the coverage of this policy, and the Company will not pay loss or damage, costs, attorneys' fees, or expenses that arise by reason of:

1. (a) Any law, ordinance, permit, or governmental regulation (including those relating to building and zoning) restricting, regulating, prohibiting, or relating to
 - (i) the occupancy, use, or enjoyment of the Land;
 - (ii) the character, dimensions, or location of any improvement erected on the Land;
 - (iii) the subdivision of land; or
 - (iv) environmental protection;or the effect of any violation of these laws, ordinances, or governmental regulations. This Exclusion 1(a) does not modify or limit the coverage provided under Covered Risk 5.
 - (b) Any governmental police power. This Exclusion 1(b) does not modify or limit the coverage provided under Covered Risk 6.
2. Rights of eminent domain. This Exclusion does not modify or limit the coverage provided under Covered Risk 7 or 8.
 3. Defects, liens, encumbrances, adverse claims, or other matters
 - (a) created, suffered, assumed, or agreed to by the Insured Claimant;
 - (b) not Known to the Company, not recorded in the Public Records at Date of Policy, but Known to the Insured Claimant and not disclosed in writing to the Company by the Insured Claimant prior to the date the Insured Claimant became an Insured under this policy;
 - (c) resulting in no loss or damage to the Insured Claimant;
 - (d) attaching or created subsequent to Date of Policy (however, this does not modify or limit the coverage provided under Covered Risk 9 and 10); or
 - (e) resulting in loss or damage that would not have been sustained if the Insured Claimant had paid value for the Title.
 4. Any claim, by reason of the operation of federal bankruptcy, state insolvency, or similar creditors' rights laws, that the transaction vesting the Title as shown in Schedule A, is
 - (a) a fraudulent conveyance or fraudulent transfer; or
 - (b) a preferential transfer for any reason not stated in Covered Risk 9 of this policy.
 5. Any lien on the Title for real estate taxes or assessments imposed by governmental authority and created or attaching between Date of Policy and the date of recording of the deed or other instrument of transfer in the Public Records that vests Title as shown in Schedule A.

Form 8130638
Reorder 1190-202

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DbI Cover -- ALTA Owner's Policy (06/17/06)



CONDITIONS

1. DEFINITION OF TERMS

The following terms when used in this policy mean:

(a) "Amount of Insurance": The amount stated in Schedule A, as may be increased or decreased by endorsement to this policy, increased by Section 8(b), or decreased by Sections 10 and 11 of these Conditions.

(b) "Date of Policy": The date designated as "Date of Policy" in Schedule A.

(c) "Entity": A corporation, partnership, trust, limited liability company, or other similar legal entity.

(d) "Insured": The Insured named in Schedule A.

(i) The term "Insured" also includes

(A) successors to the Title of the Insured by operation of law as distinguished from purchase, including heirs, devisees, survivors, personal representatives, or next of kin;

(B) successors to an Insured by dissolution, merger, consolidation, distribution, or reorganization;

(C) successors to an Insured by its conversion to another kind of Entity;

(D) a grantee of an Insured under a deed delivered without payment of actual valuable consideration conveying the Title

(1) if the stock, shares, memberships, or other equity interests of the grantee are wholly-owned by the named Insured,

(2) if the grantee wholly owns the named Insured,

(3) if the grantee is wholly-owned by an affiliated Entity of the named Insured, provided the affiliated Entity and the named Insured are both wholly-owned by the same person or Entity, or

(4) if the grantee is a trustee or beneficiary of a trust created by a written instrument established by the Insured named in Schedule A for estate planning purposes.

(ii) With regard to (A), (B), (C), and (D) reserving, however, all rights and defenses as to any successor that the Company would have had against any predecessor Insured.

(e) "Insured Claimant": An Insured claiming loss or damage.

(f) "Knowledge" or "Known": Actual knowledge, not constructive knowledge or notice that may be imputed to an Insured by reason of the Public Records or any other records that impart constructive notice of matters affecting the Title.

(g) "Land": The land described in Schedule A, and affixed improvements that by law constitute real property. The term "Land" does not include any property beyond the lines of the area described in Schedule A, nor any right, title, interest, estate, or easement in abutting streets, roads, avenues, alleys, lanes, ways, or waterways, but this does not modify or limit the extent that a right of access to and from the Land is insured by this policy.

(h) "Mortgage": Mortgage, deed of trust, trust deed, or other security instrument, including one evidenced by electronic means authorized by law.

(i) "Public Records": Records established under state

statutes at Date of Policy for the purpose of imparting constructive notice of matters relating to real property to purchasers for value and without Knowledge. With respect to Covered Risk 5(d), "Public Records" shall also include environmental protection liens filed in the records of the clerk of the United States District Court for the district where the Land is located.

(j) "Title": The estate or interest described in Schedule A.

(k) "Unmarketable Title": Title affected by an alleged or apparent matter that would permit a prospective purchaser or lessee of the Title or lender on the Title to be released from the obligation to purchase, lease, or lend if there is a contractual condition requiring the delivery of marketable title.

2. CONTINUATION OF INSURANCE

The coverage of this policy shall continue in force as of Date of Policy in favor of an Insured, but only so long as the Insured retains an estate or interest in the Land, or holds an obligation secured by a purchase money Mortgage given by a purchaser from the Insured, or only so long as the Insured shall have liability by reason of warranties in any transfer or conveyance of the Title. This policy shall not continue in force in favor of any purchaser from the Insured of either (i) an estate or interest in the Land, or (ii) an obligation secured by a purchase money Mortgage given to the Insured.

3. NOTICE OF CLAIM TO BE GIVEN BY INSURED CLAIMANT

The Insured shall notify the Company promptly in writing (i) in case of any litigation as set forth in Section 5(a) of these Conditions, (ii) in case Knowledge shall come to an Insured hereunder of any claim of title or interest that is adverse to the Title, as insured, and that might cause loss or damage for which the Company may be liable by virtue of this policy, or (iii) if the Title, as insured, is rejected as Unmarketable Title. If the Company is prejudiced by the failure of the Insured Claimant to provide prompt notice, the Company's liability to the Insured Claimant under the policy shall be reduced to the extent of the prejudice.

4. PROOF OF LOSS

In the event the Company is unable to determine the amount of loss or damage, the Company may, at its option, require as a condition of payment that the Insured Claimant furnish a signed proof of loss. The proof of loss must describe the defect, lien, encumbrance, or other matter insured against by this policy that constitutes the basis of loss or damage and shall state, to the extent possible, the basis of calculating the amount of the loss or damage.

5. DEFENSE AND PROSECUTION OF ACTIONS

(a) Upon written request by the Insured, and subject to the options contained in Section 7 of these Conditions, the Company, at its own cost and without unreasonable delay, shall provide for the defense of an Insured in litigation in

Form 8130638

Reorder 1190-202

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Dbi Cover - ALTA Owner's Policy (06/17/06)



Policy of Title Insurance

Commonwealth Land Title Insurance Company

Schedule A

File No.: 3718533MA Policy No.: 3718533MA/13497778

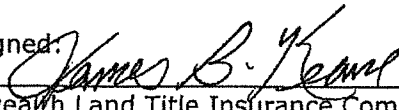
Address Reference: 630 Park Avenue
Upper Merion Township
Montgomery County, PA

Amount of Insurance: \$2,750,000.00

Date of Policy: February 07, 2012

1. Name of Insured
Pennsylvania Virtual Charter School, a Pennsylvania non-profit corporation
2. The estate or interest in the Land that is insured by this policy is:
Fee Simple
3. Title is vested in:
Pennsylvania Virtual Charter School, a Pennsylvania non-profit corporation by Deed from 630 Park Avenue, LP, a Pennsylvania limited partnership dated 2/6/2012 and recorded 2/7/2012 in Deed Book 5826 page 2583
4. The land referred to in this policy is described as follows:
See attached Exhibit A

Countersigned:



Commonwealth Land Title Insurance Company
1700 Market Street, Suite 2110
Philadelphia, PA 19103

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Exhibit A

Policy Number: 3718533MA/13497778

ALL THAT CERTAIN lot or piece of ground with the buildings and improvements thereon erected.

SITUATE in Upper Merion Township, Montgomery County, Pennsylvania and described in accordance with a certain As-Built Survey prepared for Hansen Properties by James H. Strothers Associates, 604 South Main Street, Sellersville, Pennsylvania, dated 1/14/1982 last revised 8/29/1983, as follows, to wit:

BEGINNING at a point on the center line of Park Avenue (50 feet wide), which point is the Three following courses and distances, measured along said center line as extended, from the point of intersection with the center line of First Avenue (80 feet wide); (1) South 00 degrees 01 minute 20 seconds West 58.47 feet to a point of curve; (2) on an arc of a circle on a line curving to the right having a radius of 150.00 feet the arc distance of 84.74 feet to a point of tangency and; (3) South 32 degrees 23 minutes 20 seconds West 323.50 feet to the point of beginning; thence extending from said point of beginning partly along said center line of Park Avenue South 32 degrees 23 minutes 20 seconds West 249.16 feet to a point in the cul-de-sac terminus of Park Avenue; thence extending through said cul-de-sac terminus of Park Avenue, North 57 degrees 38 degrees 40 seconds West 32.83 feet to a point; thence still extending through said cul-de-sac terminus of Park Avenue South 77 degrees 02 minutes 20 seconds West 44.18 feet to a point on the side of said cul-de-sac terminus of Park Avenue; thence extending from said side of the cul-de-sac terminus of Park Avenue and along other land of Cabot, Cabot & Forbes Pennsylvania Park, crossing the Northeasterly boundary of a certain 30 feet wide Drainage and General Utility Easement and extending into the bed of same South 77 degrees 02 minutes 20 seconds West 235.95 feet to a point in said Drainage and General Utility Easement; thence extending through the bed of said Drainage and General Utility Easement and along said other lands of Cabot, Cabot & Forbes Pennsylvania Park, North 48 degrees 09 minutes 55 seconds West 98.71 feet to a point on the line of lands of The Upjohn Company; thence leaving said 30 feet wide Drainage and Utility Easement, recrossing the aforesaid Northeasterly boundary of same and along the said line of land of The Upjohn Company and also partly along the Northwesterly boundary of a 30 feet wide General Utility Easement, North 00 degrees 01 minute 20 seconds East 190.00 feet to a point, a corner of lands of Parr Industrial Corporation; thence leaving said line of lands of The Upjohn Company and extending partly along line of land of Parr Industrial Corporation, partly along other lands of Cabot, Cabot & Forbes Pennsylvania Park, and extending partly through another 30 feet wide General Utility Easement and crossing the Northwesterly side of Park Avenue, South 89 degrees 58 minutes 40 seconds East 507.66 feet to a point on the aforesaid center line of Park Avenue, the aforesaid first mentioned point and place of beginning.

WHICH PROPERTY IS ALSO DESCRIBED AS SET FORTH AS FOLLOWS:

ALL THAT CERTAIN tract or parcel of land; situate in the Township of Upper Merion, County of Montgomery, Commonwealth of Pennsylvania and being more particularly described in accordance with a ALTA/ASCM Survey prepared by Nave, Newell & Stampfl, Ltd., dated 7/16/97, last revised 7/30/97, as follows, to wit:

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Exhibit A continued

Policy Number: 3718533MA/13497778

BEGINNING at a point in the center line of Park Avenue (50.00 feet wide) being the following (3) courses and distances as measured along said centerline from its intersection with the centerline of First Avenue (60.000 feet wide); thence, (a) South 00 degree 01 minute 20 seconds West 56.47 feet to a point of curvature; thence along a curve to the right with a radius of 150.00 feet, delta angle 32 degrees 22 minutes 00 seconds (b) Southwardly, an arc distance of 84.74 feet to a point of tangency; thence (c) South 32 degrees 23 minutes 20 seconds West 323.50 feet said point also being the Northeasterly corner of the parcel herein described and from said beginning point runs; thence continue along the center line of Park Avenue, (1) South 32 degrees 23 minutes 20 seconds West 249.16 feet to a point in the cul-de-sac at the Southwesterly end of Park Avenue; (2) North 57 degrees 36 minutes 40 seconds West 32.83 feet to a point in the same; thence continue through said cul-de-sac and partly along the lands now or late of Trustees of Reef USA Fund-1 (Deed Book 4576 page 297, (3) South 77 degrees 02 minutes 20 seconds West 280.13 feet to a point corner to the same; thence still along the same, (4) North 48 degrees 09 minutes 55 seconds West 98.71 feet to a point corner to the lands now or late of IL First Avenue Associates, L.P. (Deed Book 5154 page 907), (5) North 00 degrees 01 minute 20 seconds East 190.00 feet to a point corner to the lands now or late of 1045 Centre, Limited Partnership (Deed Book 5143 page 729, and the aforesaid lands now or later of Trustees of Reef USA Fund-1 (Deed Book 4576 page 297), (6) South 89 degrees 58 minutes 40 seconds East 507.65 feet to the point and place of beginning.

CONTAINING 97.266 Square feet more or less.

Tax ID / Parcel No. 58-00-14389-00-7

Schedule B

Exceptions from Coverage

Policy Number: 3718533MA/13497778

In the event that one or more of the Exceptions listed below references covenants, conditions and/or restrictions, please note that the Exception(s) specifically exclude any provisions therein that is or are based on race, color, religion, sex, handicap, familial status or national origin, if any, unless and only to the extent that the restriction is not in violation of state or federal law, or relates to a handicap, but does not discriminate against handicapped people.

This policy does not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of:

1. Easements, encroachments, overlaps, shortages of area, boundary line disputes and other matters affecting title that an accurate and complete survey would disclose.
2. Right of Way Grant to Philadelphia Electric Company in Deed Book 3122 page 251 and Deed Book 3154 page 188.
3. Rights granted to Philadelphia Suburban Water Company in Deed Book 3308 page 502.
4. Dedication of the Bed of Park Avenue and reservations therein to Township of Upper Merion as in Deed Book 3439 page 11.
5. Rights granted to The Bell Telephone Company of Pennsylvania in Deed Book 3550 page 928.
6. Conditions disclosed by survey made by A.W. Martin Associates, dated 1/19/1966 and recorded in Plan Book A-10 page 23:-General Utility Easement.
7. Rights of the public and others entitled thereto in and to the use of that portion of the premises within the bounds of Park Avenue.
8. Conditions disclosed by survey made by A.W. Martin Associates dated 9/27/1968:- General Utility Easements.
9. Water and Sewer Rents for the current year, 2012, due from date of Deed to Insured.

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which any third party asserts a claim covered by this policy adverse to the Insured. This obligation is limited to only those stated causes of action alleging matters insured against by this policy. The Company shall have the right to select counsel of its choice (subject to the right of the Insured to object for reasonable cause) to represent the Insured as to those stated causes of action. It shall not be liable for and will not pay the fees of any other counsel. The Company will not pay any fees, costs, or expenses incurred by the Insured in the defense of those causes of action that allege matters not insured against by this policy.

(b) The Company shall have the right, in addition to the options contained in Section 7 of these Conditions, at its own cost, to institute and prosecute any action or proceeding or to do any other act that in its opinion may be necessary or desirable to establish the Title, as insured, or to prevent or reduce loss or damage to the Insured. The Company may take any appropriate action under the terms of this policy, whether or not it shall be liable to the Insured. The exercise of these rights shall not be an admission of liability or waiver of any provision of this policy. If the Company exercises its rights under this subsection, it must do so diligently.

(c) Whenever the Company brings an action or asserts a defense as required or permitted by this policy, the Company may pursue the litigation to a final determination by a court of competent jurisdiction, and it expressly reserves the right, in its sole discretion, to appeal any adverse judgment or order.

6. DUTY OF INSURED CLAIMANT TO COOPERATE

(a) In all cases where this policy permits or requires the Company to prosecute or provide for the defense of any action or proceeding and any appeals, the Insured shall secure to the Company the right to so prosecute or provide defense in the action or proceeding, including the right to use, at its option, the name of the Insured for this purpose. Whenever requested by the Company, the Insured, at the Company's expense, shall give the Company all reasonable aid (i) in securing evidence, obtaining witnesses, prosecuting or defending the action or proceeding, or effecting settlement, and (ii) in any other lawful act that in the opinion of the Company may be necessary or desirable to establish the Title or any other matter as insured. If the Company is prejudiced by the failure of the Insured to furnish the required cooperation, the Company's obligations to the Insured under the policy shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation, with regard to the matter or matters requiring such cooperation.

(b) The Company may reasonably require the Insured Claimant to submit to examination under oath by any authorized representative of the Company and to produce for examination, inspection, and copying, at such reasonable times and places as may be designated by the authorized representative of the Company, all records, in whatever medium maintained, including books, ledgers, checks, memoranda, correspondence, reports, e-mails, disks, tapes, and videos whether bearing a date before or

after Date of Policy, that reasonably pertain to the loss or damage. Further, if requested by any authorized representative of the Company, the Insured Claimant shall grant its permission, in writing, for any authorized representative of the Company to examine, inspect, and copy all of these records in the custody or control of a third party that reasonably pertain to the loss or damage. All information designated as confidential by the Insured Claimant provided to the Company pursuant to this Section shall not be disclosed to others unless, in the reasonable judgment of the Company, it is necessary in the administration of the claim. Failure of the Insured Claimant to submit for examination under oath, produce any reasonably requested information, or grant permission to secure reasonably necessary information from third parties as required in this subsection, unless prohibited by law or governmental regulation, shall terminate any liability of the Company under this policy as to that claim.

7. OPTIONS TO PAY OR OTHERWISE SETTLE CLAIMS; TERMINATION OF LIABILITY

In case of a claim under this policy, the Company shall have the following additional options:

(a) To Pay or Tender Payment of the Amount of Insurance.

To pay or tender payment of the Amount of Insurance under this policy together with any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment or tender of payment and that the Company is obligated to pay.

Upon the exercise by the Company of this option, all liability and obligations of the Company to the Insured under this policy, other than to make the payment required in this subsection, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation.

(b) To Pay or Otherwise Settle With Parties Other Than the Insured or With the Insured Claimant.

(i) To pay or otherwise settle with other parties for or in the name of an Insured Claimant any claim insured against under this policy. In addition, the Company will pay any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment and that the Company is obligated to pay; or

(ii) To pay or otherwise settle with the Insured Claimant the loss or damage provided for under this policy, together with any costs, attorneys' fees, and expenses incurred by the Insured Claimant that were authorized by the Company up to the time of payment and that the Company is obligated to pay.

Upon the exercise by the Company of either of the options provided for in subsections (b)(i) or (ii), the Company's obligations to the Insured under this policy for the claimed loss or damage, other than the payments required to be made, shall terminate, including any liability or obligation to defend, prosecute, or continue any litigation.

Form 8130638

Reorder 1190-202

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DbI Cover - ALTA Owner's Policy (06/17/08)



8. DETERMINATION AND EXTENT OF LIABILITY

This policy is a contract of indemnity against actual monetary loss or damage sustained or incurred by the Insured Claimant who has suffered loss or damage by reason of matters insured against by this policy.

(a) The extent of liability of the Company for loss or damage under this policy shall not exceed the lesser of

(i) the Amount of Insurance; or

(ii) the difference between the value of the Title as insured and the value of the Title subject to the risk insured against by this policy.

(b) If the Company pursues its rights under Section 5 of these Conditions and is unsuccessful in establishing the Title, as insured,

(i) the Amount of Insurance shall be increased by 10%, and

(ii) the Insured Claimant shall have the right to have the loss or damage determined either as of the date the claim was made by the Insured Claimant or as of the date it is settled and paid.

(c) In addition to the extent of liability under (a) and (b), the Company will also pay those costs, attorneys' fees, and expenses incurred in accordance with Sections 5 and 7 of these Conditions.

9. LIMITATION OF LIABILITY

(a) If the Company establishes the Title, or removes the alleged defect, lien, or encumbrance, or cures the lack of a right of access to or from the Land, or cures the claim of Unmarketable Title, all as insured, in a reasonably diligent manner by any method, including litigation and the completion of any appeals, it shall have fully performed its obligations with respect to that matter and shall not be liable for any loss or damage caused to the Insured.

(b) In the event of any litigation, including litigation by the Company or with the Company's consent, the Company shall have no liability for loss or damage until there has been a final determination by a court of competent jurisdiction, and disposition of all appeals, adverse to the Title, as insured.

(c) The Company shall not be liable for loss or damage to the Insured for liability voluntarily assumed by the Insured in settling any claim or suit without the prior written consent of the Company.

10. REDUCTION OF INSURANCE; REDUCTION OR TERMINATION OF LIABILITY

All payments under this policy, except payments made for costs, attorneys' fees, and expenses, shall reduce the Amount of Insurance by the amount of the payment.

11. LIABILITY NONCUMULATIVE

The Amount of Insurance shall be reduced by any amount the Company pays under any policy insuring a Mortgage to which exception is taken in Schedule B or to which the Insured has agreed, assumed, or taken subject, or which is executed by an Insured after Date of Policy and which is a charge or lien on the Title, and the amount so paid shall be deemed a payment to the Insured under this

Form 8130638

Reorder 1190-202

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policy.

12. PAYMENT OF LOSS

When liability and the extent of loss or damage have been definitely fixed in accordance with these Conditions, the payment shall be made within 30 days.

13. RIGHTS OF RECOVERY UPON PAYMENT OR SETTLEMENT

(a) Whenever the Company shall have settled and paid a claim under this policy, it shall be subrogated and entitled to the rights of the Insured Claimant in the Title and all other rights and remedies in respect to the claim that the Insured Claimant has against any person or property, to the extent of the amount of any loss, costs, attorneys' fees, and expenses paid by the Company. If requested by the Company, the Insured Claimant shall execute documents to evidence the transfer to the Company of these rights and remedies.

The Insured Claimant shall permit the Company to sue, compromise, or settle in the name of the Insured Claimant and to use the name of the Insured Claimant in any transaction or litigation involving these rights and remedies.

If a payment on account of a claim does not fully cover the loss of the Insured Claimant, the Company shall defer the exercise of its right to recover until after the Insured Claimant shall have recovered its loss.

(b) The Company's right of subrogation includes the rights of the Insured to indemnities, guaranties, other policies of insurance, or bonds, notwithstanding any terms or conditions contained in those instruments that address subrogation rights.

14. ARBITRATION

Either the Company or the Insured may demand that the claim or controversy shall be submitted to arbitration pursuant to the Title Insurance Arbitration Rules of the American Land Title Association ("Rules"). Except as provided in the Rules, there shall be no joinder or consolidation with claims or controversies of other persons.

Arbitrable matters may include, but are not limited to, any controversy or claim between the Company and the Insured arising out of or relating to this policy, any service in connection with its issuance or the breach of a policy provision, or to any other controversy or claim arising out of the transaction giving rise to this policy. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured. All arbitrable matters when the Amount of Insurance is in excess of \$2,000,000 shall be arbitrated only when agreed to by both the Company and the Insured. Arbitration pursuant to this policy and under the Rules shall be binding upon the parties. Judgment upon the award rendered by the Arbitrator(s) may be entered in any court of competent jurisdiction.

Dbl Cover - ALTA Owner's Policy (06/17/06)



15. LIABILITY LIMITED TO THIS POLICY; POLICY ENTIRE CONTRACT

(a) This policy together with all endorsements, if any, attached to it by the Company is the entire policy and contract between the Insured and the Company. In interpreting any provision of this policy, this policy shall be construed as a whole.

(b) Any claim of loss or damage that arises out of the status of the Title or by any action asserting such claim shall be restricted to this policy.

(c) Any amendment of or endorsement to this policy must be in writing and authenticated by an authorized person, or expressly incorporated by Schedule A of this policy.

(d) Each endorsement to this policy issued at any time is made a part of this policy and is subject to all of its terms and provisions. Except as the endorsement expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsement, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance.

16. SEVERABILITY

In the event any provision of this policy, in whole or in part, is held invalid or unenforceable under applicable law, the policy shall be deemed not to include that provision or such part held to be invalid, but all other provisions shall remain in full force and effect.

17. CHOICE OF LAW; FORUM

(a) Choice of Law: The Insured acknowledges the Company has underwritten the risks covered by this policy and determined the premium charged therefor in reliance upon the law affecting interests in real property and applicable to the interpretation, rights, remedies, or enforcement of policies of title insurance of the jurisdiction where the Land is located.

Therefore, the court or an arbitrator shall apply the law of the jurisdiction where the Land is located to determine the validity of claims against the Title that are adverse to the Insured and to interpret and enforce the terms of this policy. In neither case shall the court or arbitrator apply its conflicts of law principles to determine the applicable law.

(b) Choice of Forum: Any litigation or other proceeding brought by the Insured against the Company must be filed only in a state or federal court within the United States of America or its territories having appropriate jurisdiction.

18. NOTICES, WHERE SENT

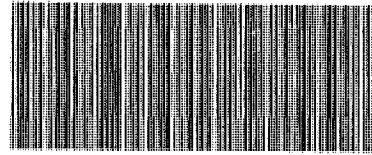
Any notice of claim and any other notice or statement in writing required to be given to the Company under this Policy must be given to the Company at: P.O. Box 45023, Jacksonville, FL 32232-5023.



RECORDER OF DEEDS
MONTGOMERY COUNTY
Nancy J. Becker

One Montgomery Plaza
 Swede and Airy Streets ~ Suite 303
 P.O. Box 311 ~ Norristown, PA 19404
 Office: (610) 278-3289 ~ Fax: (610) 278-3869

DEED BK 5826 PG 02583 to 02589
INSTRUMENT # : 2012012475
RECORDED DATE: 02/07/2012 10:45:15 AM



2673539-0011U

MONTGOMERY COUNTY ROD

OFFICIAL RECORDING COVER PAGE


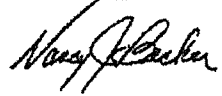
Page 1 of 7

Document Type: Deed	Transaction #: 2605742 - 1 Doc(s)
Document Date: 02/06/2012	Document Page Count: 6
Reference Info:	Operator Id: thordije
RETURN TO: (Simplifile) LandAmerica - Philly 1700 Market St 21st Floor Philadelphia, PA 19103 (215) 241-6392	PAID BY: LANDAMERICA - PHILLY

*** PROPERTY DATA:**

Parcel ID #:	58-00-14389-00-7
Address:	630 PARK AVE
	PA
Municipality:	Upper Merion Township (100%)
School District:	Upper Merion Area

*** ASSOCIATED DOCUMENT(S):**

CONSIDERATION/SECURED AMT: \$2,750,000.00	DEED BK 5826 PG 02583 to 02589
TAXABLE AMOUNT: \$2,750,000.00	Recorded Date: 02/07/2012 10:45:15 AM
FEES / TAXES:	I hereby CERTIFY that this document is recorded in the Recorder of Deeds Office in Montgomery County, Pennsylvania.
Recording Fee:Deed \$65.00	
Additional Pages Fee \$4.00	
Affordable Housing Pages \$4.00	
State RTT \$27,500.00	
Upper Merion Township RTT \$13,750.00	
Upper Merion Area School District RTT \$13,750.00	
Rejected Document Fee \$5.00	  Nancy J. Becker Recorder of Deeds
Total: \$55,078.00	

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS LEGAL DOCUMENT

NOTE: If document data differs from cover sheet, document data always supersedes.

*COVER PAGE DOES NOT INCLUDE ALL DATA, PLEASE SEE INDEX AND DOCUMENT FOR ANY ADDITIONAL INFORMATION.

Prepared By: Margaret A. Joy, Esq.
555 Croton Road, Suite 120
King of Prussia, PA 19406
(610) 337-7619

Return To: Commonwealth Land Title Insurance Company
1700 Market Street, Suite 2110
Philadelphia, PA 19103
Attn: James Keane

Parcel No. 58-00-14389-00-7

SPECIAL WARRANTY DEED

This Indenture is made the 6th day of February in the year two thousand and twelve (2012).

BETWEEN 630 PARK AVENUE, LP, with an address at 237 Lancaster Avenue, Devon, PA 19333 (hereinafter called the "**Grantor**"), and PENNSYLVANIA VIRTUAL CHARTER SCHOOL, with an address of 1 West Main Street, Suite 400, Norristown, PA 19401 (hereinafter called the "**Grantee**").

WITNESSETH, That Grantor, for and in consideration of the sum of Two Million Seven Hundred Fifty Thousand Dollars (\$2,750,000.00) lawful money of the United States of America, unto them well and truly paid by the said Grantee, at or before the sealing and delivery hereof, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, has granted, bargained, sold, aliened, enfeoffed, released and confirmed,

and by these presents does hereby grant, bargain sell, alien, enfeoff, release and confirm unto the said Grantee, its heirs, executors, successors and assigns all that certain real property located at 630 Park Avenue, King of Prussia, Upper Merion Township, Montgomery County, Pennsylvania as more particularly described in Exhibit "A" attached hereto and made a part hereof (the "**Property**");

TOGETHER with any and all buildings, improvements and fixtures situate on or otherwise belonging to the premises hereby granted, and all and singular the ways, streets, alleys, driveways, passages, waters, water-courses, riparian rights, rights, liberties, privileges, hereditaments, easements, rights-of-way, rights of ingress and egress, reversionary interests and appurtenances, whatsoever unto the hereby granted premises belonging or benefiting, or in any wise appertaining, and the reversions and remainders, rents, issues, and profits thereof; and all the estate, right, title, interest, property, claim and demand whatsoever of them, the said Grantor, as well at law as in equity, of, in, and to the same (the "**Appurtenances**"; the Property and the Appurtenances are collectively referred to herein as the "**Premises**");

TO HAVE AND TO HOLD the Premises unto the said Grantee, its heirs, executors, successors and assigns forever; and Grantor does by these presents bind itself, and its successors, assigns and representatives to WARRANT and FOREVER DEFEND, all and singular, the Premises unto Grantee, its heirs, executors, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under Grantor.

[Signatures follow on next page]

IN WITNESS WHEREOF, the undersigned Grantor has caused these presents to be executed, under seal, as of the 6TH day of February, 2012.

WITNESS:

Margaret A Joy
Name: Margaret A Joy
Title: Attorney

GRANTOR:

630 PARK AVENUE, LP
By: Bohemian Management Corporation,
its sole general partner

By: John M. Sargent
Name: John M Sargent
Title: President

ADDRESS OF GRANTEE:

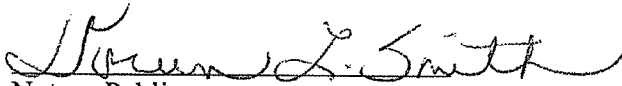
1 West Main Street, Suite 400
Norristown, PA 19401

By: Jaime A. Jones Barnett
Name: Jaime A. Jones Barnett
Title: CEO

COMMONWEALTH OF PENNSYLVANIA)
)SS:
COUNTY OF MONTGOMERY)

On this, the 6TH day of February, 2012, before me, the undersigned, personally appeared John M. Surmat, satisfactorily proven to be the President of Bohemian Management Corporation, sole general partner of 630 Park Avenue, LP, the Grantor named in this instrument, and acknowledged that he executed the same on behalf of the Grantor for the purposes contained therein.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.


Notary Public

My Commission Expires:

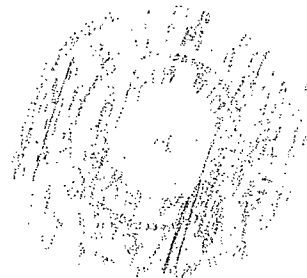
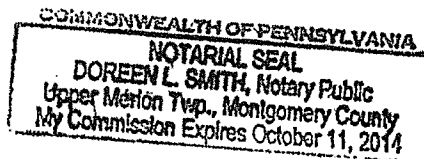


EXHIBIT "A"
TO
SPECIAL WARRANTY DEED

Legal Description

ALL THAT CERTAIN lot or piece of ground with the buildings and improvements thereon erected.

SITUATE in Upper Merion Township, Montgomery County, Pennsylvania and described in accordance with a certain As-Built Survey prepared for Hansen Properties by James H. Strothers Associates, 604 South Main Street, Sellersville, Pennsylvania, dated 1/14/1982 last revised 8/29/1983, as follows, to wit:

BEGINNING at a point on the center line of Park Avenue (50 feet wide), which point is the Three following courses and distances, measured along said center line as extended, from the point of intersection with the center line of First Avenue (80 feet wide); (1) South 00 degrees 01 minute 20 seconds West 56.47 feet to a point of curve; (2) on an arc of a circle on a line curving to the right having a radius of 150.00 feet the arc distance of 84.74 feet to a point of tangency and; (3) South 32 degrees 23 minutes 20 seconds West 323.50 feet to the point of beginning; thence extending from said point of beginning partly along said center line of Park Avenue South 32 degrees 23 minutes 20 seconds West 249.16 feet to a point in the cul-de-sac terminus of Park Avenue; thence extending through said cul-de-sac terminus of Park Avenue, North 57 degrees 36 degrees 40 seconds West 32.83 feet to a point; thence still extending through said cul-de-sac terminus of Park Avenue South 77 degrees 02 minutes 20 seconds West 44.18 feet to a point on the side of said cul-de-sac terminus of Park Avenue; thence extending from said side of the cul-de-sac terminus of Park Avenue and along other land of Cabot, Cabot & Forbes Pennsylvania Park, crossing the Northeasterly boundary of a certain 30 feet wide Drainage and General Utility Easement and extending into the bed of same South 77 degrees 02 minutes 20 seconds West 235.95 feet to a point in said Drainage and General Utility Easement; thence extending through the bed of said Drainage and General Utility Easement and along said other lands of Cabot, Cabot & Forbes Pennsylvania Park, North 48 degrees 09 minutes 55 seconds West 98.71 feet to a point on the line of lands of The Upjohn Company; thence leaving said 30 feet wide Drainage and Utility Easement, recrossing the aforesaid Northeasterly boundary of same and along the said line of land of The Upjohn Company and also partly along the Northwesterly boundary of a 30 feet wide General Utility Easement, North 00 degrees 01 minute 20 seconds East 190.00 feet to a point, a corner of lands of Parr Industrial Corporation; thence leaving said line of lands of The Upjohn Company and extending partly along line of land of Parr Industrial Corporation, partly along other lands of Cabot, Cabot & Forbes Pennsylvania Park, and extending partly through another 30 feet wide General Utility Easement and crossing the Northwesterly side of Park Avenue, South 89 degrees 58 minutes 40 seconds East 507.66 feet to a point on the aforesaid center line of Park Avenue, the aforesaid first mentioned point and place of beginning.

WHICH PROPERTY IS ALSO DESCRIBED AS SET FORTH AS FOLLOWS:

ALL THAT CERTAIN tract or parcel of land; situate in the Township of Upper Merion, County of Montgomery, Commonwealth of Pennsylvania and being more particularly described in accordance with a ALTA/ASCM Survey prepared by Nave, Newell & Stampfl, Ltd., dated 7/16/97, last revised 7/30/97, as follows, to wit:

BEGINNING at a point in the center line of Park Avenue (50.00 feet wide) being the following (3) courses and distances as measured along said centerline from its intersection with the centerline of First Avenue (60.000 feet wide); thence, (a) South 00 degree 01 minute 20 seconds West 56.47 feet to a point of curvature; thence along a curve to the right with a radius of 150.00 feet, delta angle 32 degrees 22 minutes 00 seconds (b) Southwardly, an arc distance or 84.74 feet to a point of tangency; thence (c) South 32 degrees 23 minutes 20 seconds West 323.50 feet said point also being the Northeasterly corner of the parcel herein described and from said beginning point runs; thence continue along the center line of Park Avenue, (1) South 32 degrees 23 minutes 20 seconds West 249.16 feet to a point in the cul-de-sac at the Southwesterly end of Park Avenue; (2) North 57 degrees 36 minutes 40 seconds West 32.83 feet to a point in the same; thence continue through said cul-de-sac and partly along the lands now or late of Trustees of Reef USA Fund-1 (Deed Book 4576 page 297, (3) South 77 degrees 02 minutes 20 seconds West 280.13 feet to a point corner to the same; thence still along the same, (4) North 48 degrees 09 minutes 55 seconds West 98.71 feet to a point corner to the lands now or late of IL First Avenue Associates, L.P. (Deed Book 5154 page 907), (5) North 00 degrees 01 minute 20 seconds East 190.00 feet to a point corner to the lands now or late of 1045 Centre, Limited Partnership (Deed Book 5143 page 729, and the aforesaid lands now or later of Trustees of Reef USA Fund-1 (Deed Book 4576 page 297), (6) South 89 degrees 58 minutes 40 seconds East 507.65 feet to the point and place of beginning.

CONTAINING 97.266 Square feet more or less.

Tax ID / Parcel No. 58-00-14389-00-7

Being the same premises which MBM Park, L.P., a Delaware limited partnership by Deed dated 4/16/2002 and recorded 5/14/2002 in Montgomery County in Deed Book 5407 Page 2091 conveyed unto 630 Park Avenue, LP, a Pennsylvania limited partnership, in fee.

TAX BILL

2012 MONTGOMERY COUNTY & UPPER MERION TOWNSHIP REAL ESTATE TAX BILL
 TAX PERIOD 01-01-12 TO 12-31-12 DATE: FEBRUARY 1, 2012

NO RECEIPT MAILED UNLESS
 BOTH COPIES OF BILL AND
 SELF-ADDRESSED STAMPED
 ENVELOPE ARE ENCLOSED.

PAYABLE TO:
 ROSE M. HYKEL, ESQ
 UPPER MERION TAX COLLECTOR
 175 W. VALLEY FORGE ROAD
 KING OF PRUSSIA, PA. 19406

NOTE: BECAUSE TOWNSHIP ADMINISTRATION
 IS CLOSED ON FRIDAYS, TAX OFFICE
 IS ALSO CLOSED ON FRIDAYS.

PARCEL # 58-00-14389-00-7
 COUNTY ASSESSMENT 17531

MON-THUR 9:30-12:30 & 1:30-4:00 TAX OFFICE 610-265-2604

TYPE OF TAX	MILLAGE OR RATE	AMOUNT OF TAX	DISCOUNT AMOUNT	PENALTY AMOUNT		IF PAYMENT RECEIVED	TOTAL AMOUNT ALL TAXE
COUNTY	3.1520	5526.00	111.00	553.00			
TWNSHP GEN. FUND	1.2550	2200.17	44.00	220.02	DISCOUNT	BY	
LIBRARY	.5080	890.58	17.81	89.06	2 %	04/02/12	9243.1
MUN BLD DEBT	.2050	359.39	7.19	35.94	FACE	FROM: 04/03/12	
FIRE PROT.	.0960	168.30	3.37	16.83	AMOUNT	TO: 05/31/12	9432.1
OPEN SPACE	.0950	166.55	3.33	16.66			
WASTE GEN. FEE	.0000	122.00	2.44	12.20	PENALTY	AFTER	
					10 %	05/31/12	10376.1

PAID

630 PARK AVE LP
 C/O BOHEMIAN MGT CO
 237 LANCASTER AVE STE 240
 DEVON PA 19333

FEB 08 2012 630 PARK AVE
 027 U 058 # 4326

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

ROSE M. HYKEL
 TAX COLLECTOR DATE:
 2212 Y

RECEIVED BY:

If serviced by a Mortgage Company - Forward bill to them immediately.

TAX PAYER COPY



2024 -2029 Charter Renewal Application
Lease Agreements for Equipment
(1 of 5 Pages)



PURCHASE ORDER REQUEST

630 Park Avenue
King of Prussia, PA 19406
Phone: (610) 275-8500 Fax: (610) 275-1719

54 19-20

Vendor: ePlus
ePlus Group, Inc
13595 Dulles Technology Drive
Herndon, VA 20171
Attention - Mr. Jason Marsh, VP of Operations

Ship To:
PA Virtual Charter School
Attn: Nate Achey
630 Park Avenue
King of Prussia, PA 19406

RECEIVED
MAY 14 19
A/P DEPT

Accepts Credit Card Pmt: No

Phone: 703-984-8095
Fax:

Phone: (610) 275-8500
Fax: (610) 275-1719

Department To Be Charged :	IT	Expense Type	Due By
	Information Technology	Technology - Hardware	05/14/19

Check Handling	Additional Notes	Job ID
Return Ck to Requester		Hardware - Std

QTY	GL Code	Description	Unit Price	Total
3,000.00	0652 A	Principal - eplus HP student Laptop Probook 450 I3	726.50	\$ 2,179,500.00
		includes 3 year ADP		\$ -
3,000.00	Student A2	3 Year Absolute DDS Premium EDU service	51.92	\$ 155,760.00
3,000.00	AI	Imaging, shipping from RTII quote 22324889	16.50	\$ 49,500.00
				\$ -
				\$ -
		Pa-Costars Commonwealth of PA contract		\$ -
		" Dept. IT "		\$ -
				\$ -
		" Invoice to follow "		\$ -
				\$ -
		" Records Transfer "		\$ -
		EFT		\$ -

SUBTOTAL \$ 2,384,760.00

SHIPPING & HANDLING

OTHER

TOTAL \$ 2,384,760.00

Please notify us immediately if you are unable to ship as specified.

Nate Achey
Requested/Completed by 5/10/19 Date

Send all correspondence to:

PA Virtual Charter School
Attn: Nate Achey
630 Park Avenue
King of Prussia, PA 19406
Phone: (610) 275-8500 Fax: (610) 275-1719
Printed: 5/9/2019 12:26 PM

N/A Date
Jan Bellini 5/10/19
ELT/SLT Authorization Date
Jan Bellini 5/10/19
Budgetary Approval (FI use only) Page 1 of Date

Quote Name:



Quotation

Bill To
PENNSYLVANIA VIRTUAL CHARTER S 630 PARK AVE KING OF PRUSSIA PA 19406 UNITED STATES ATTN ACCOUNTS PAYABLE

Ship To
PENNSYLVANIA VIRTUAL CHARTER S UNITED STATES

RECEIVED
MAY 14 19
A/P DEPT

Quotation #:	22324889
Order #:	
Quotation Date:	03/04/2019
Expiration Date:	04/30/2019
Client Reference:	
Account Rep:	Brandon Holmes

Line No.	Quantity	Part Number	MFG	Description	Unit Price	Ext Price
001	3000	4SZ45AV	HP	PROBOOK 450 I3 Line Note: HP IDS UMA i3-8145U 450 G6 Base NB PC Pike Silver Aluminum OS Localization US Windows 10 Pro 64 National Academic Standard Integrated HD 720p DualAryMic Webcam 15.6 inch HD (1366x768) Anti-Glare LED SVA for HD Webcam with 2 Antennas slim 8GB (1x8GB) DDR4 2400 256GB PCIe NVMe Value Solid State Drive Intel 9560 ac 2x2 MU-MIMO nvP 160MHz +Bluetooth 5 WW No WWAN No Fingerprint Sensor 3 Cell 45 WHr Long Life 45 Watt Smart nPFC Right Angle AC Adapter C5 1.0m Sticker Conventional Power Cord US 1/1/0 Warranty US Country Localization US Clickpad with numeric keypad spill-resistant US eStar Enable IOPT Core i3 G8 Label : HP 3y ADP PickupReturn Notebook Only SVC,Commercial Mobile TC PCs with 1/1/0 Wty,3y Pickup Return Svc w/ADP, CPU only, HP pickup, repair/replace, return. 8am-5pm, Std bus days excl HP hol. 3 days TAT	726.50	2,179,500.00
002	3000	U8UK1E	HP	CAREPACK 3YR ABSOLUTE DDS PREM EDU SVC	51.92	155,760.00
003	3000	IMAGING RTI	RTI	CUSTOM LOADING OF IMAGE	16.50	49,500.00
004	1	COSTARS3	EPLUS	AS PER COSTARS-3 IT HARDWARE CONTRACT NUMBER 003-078 - FAX PO TO 610-495-1208	0.00	0.00

By placing an order with ePlus for products or services you agree to comply with the Terms and Conditions for Purchasing Products and Services located at <http://www.eplus.com/terms-and-conditions/Pages/Products-Services-Terms-and-Conditions.aspx> (the 'Order Terms'). Unless there is a separate written agreement signed on behalf of both you and ePlus, the Order Terms shall be the only terms and conditions applicable to transactions between you and ePlus, and no additional or contrary terms referenced in a purchase order, document, or electronic communication shall apply. In no event shall ePlus performance under a purchase order be deemed to constitute acceptance of any terms and conditions set forth therein.

ePlus offers flexible and easy leasing options for your IT equipment. Use leasing to increase your IT acquisition capability, overcome limited budgets, and manage the lifecycle of your assets. Contact an ePlus Leasing Coordinator at 1-703-984-8021 or leasing@eplus.com to receive a lease quote today.

Thank you for your inquiry. Recent US govt tariffs assessed to Chinese imports are causing price increases for many IT products, with little or no notice, and beyond ePlus' control. As a result, this quote is subject to change without notice, even before the expiration date reflected above. Please confirm pricing prior to order placement. Unless freight amount is indicated, or is zero, freight will be added to the invoice. Unless Bill-To company is exempt from Sales Tax, it will be added to the invoice. Extended Warranties and Professional Services are available.

<p>Customer Acceptance</p> <p>Signature: _____ Date: _____ Name: _____ PO #: _____ Title: _____ Ship Via: _____</p> <p>This quotation is confidential for your internal use only.</p> <p>This is a solicitation for an offer and is subject to credit approval. No contract is formed unless a purchase order or other offer is received AND ACCEPTED BY OUR OFFICE. If you intend to have your chosen leasing company pay the costs directly, please note that if the Lessor does not pay ePlus for any reason, you will be responsible for payment to ePlus.</p>	<p>To Place An Order , Please Contact:</p> <p>ePlus Technology Inc Sales: Melissa Penhale Phone: 610-495-1242 Fax: 610-495-1208 Email: mpenhale@eplus.com Address: 130 Futura Drive - Pottstown, PA 19464</p>	<table border="1"> <tr> <td>Sub Total (USD):</td> <td>2,384,760.00</td> </tr> <tr> <td>Tax (USD):</td> <td>TBD if Applicable</td> </tr> <tr> <td>Shp&Hnd (USD):</td> <td>TBD</td> </tr> <tr> <td>Total (USD):</td> <td>2,384,760.00</td> </tr> </table>	Sub Total (USD):	2,384,760.00	Tax (USD):	TBD if Applicable	Shp&Hnd (USD):	TBD	Total (USD):	2,384,760.00
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ePlus offers flexible and easy leasing options for your IT equipment. Use leasing to increase your IT acquisition capability, overcome limited budgets, and manage the lifecycle of your assets. Contact an ePlus Leasing Coordinator at 1-703-984-8021 or leasing@eplus.com to receive a lease quote today.

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