



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04-24-2013

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

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

<b>PRODUCER</b> INS NOODLE INC/PHS 551718 P: (866)467-8730 F: (877)538-8526 PO BOX 29611 CHARLOTTE NC 28229	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866)467-8730	<b>FAX (A/C, No):</b> (877)538-8526
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> BEYOND THE WORDS INC 43 QUAIL CT STE 105 WALNUT CREEK CA 94596	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Sentinel Ins Co LTD	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			83 SBA VX4781	05/08/2013	05/08/2014	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> General Liab	<input checked="" type="checkbox"/>	<input type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/>				
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>				
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>	<input type="checkbox"/>				
	DED:      RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						

9.20.13

*Insurance approved as to form.*

*In. in Asst. General Counsel*

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

<b>CERTIFICATE HOLDER</b> Mt Diablo Unified School District Attn: Josie Sardea 1936 CARLOTTA DR CONCORD, CA 94519	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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**GEMINI INSURANCE COMPANY**

A STOCK COMPANY

(herein called "the Company")

**COMMON POLICY DECLARATIONS**

Policy No.: VCPL062078

Renewal/Rewrite of: VCPL061498

**Named Insured and Mailing Address**

BEYOND THE WORDS INC  
43 QUAIL COURT  
STE 105  
WALNUT CREEK, CA 94596

**Policy Period:** From 04/29/2013 to 04/29/2014 at 12:01 a.m. Standard Time at the address of the Named Insured as stated herein

**THE NAMED INSURED IS:**  Individual  Partnership  Corporation  Joint Venture  LLC  Other

**PROFESSIONAL SERVICES:** SEE ATTACHED VP0275

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

<b>Professional Liability Coverage Part</b>	<b>\$</b>	<b>1,645</b>
<b>TOTAL PREMIUM</b>		<b>\$ 1,645</b>

Form (s) and Endorsement (s) made a part of this policy at inception. **See attached schedule:**

This policy is not binding unless sealed and countersigned by Gemini Insurance Company or its Authorized Representative.



Countersigned On: 5/2/2013

By: \_\_\_\_\_

At: Greenwich, Connecticut

Authorized Representative

THESE COMMON POLICY DECLARATIONS AND, IF APPLICABLE, THE COMMERCIAL PROPERTY COVERAGE, THE COMMERCIAL GENERAL LIABILITY DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART (S), FORM (S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBER POLICY

**PROFESSIONAL LIABILITY COVERAGE PART  
DECLARATIONS**

**THIS IS A CLAIMS MADE AND REPORTED POLICY**

**Policy:** VCPL062078

**Effective Date:** 04/29/2013

**Named Insured:** BEYOND THE WORDS INC

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**LIMITS OF INSURANCE**

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General Aggregate Limit	\$1,000,000
Each Claim Limit	\$1,000,000

**Retroactive Date:** 04/29/2011

**Deductible:** \$5,000 Per Claim

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**PREMIUM**

Classification	Advance Premium
TSL - Translator/Interpreter	\$1,645

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<b>Total Premium:</b>	\$1,645
<b>Minimum Term Premium:</b>	\$1,645

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**Rate**

**Comments:**

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THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD