

Gene Morgan Ins. Agency
2020 Fourth Street
Livermore, CA 94550
Phone: 925-447-2565
Fax: 925-447-2463

CONDITIONAL BINDER**ASSIGNED POLICY NUMBER VCPL060520**

THIS IS TO CERTIFY that we have procured insurance subject to all terms and conditions herein stated, from the Insurer(s) listed below:

CERTIFICATE PERIOD: From 12:01 A.M. 04/29/11 To 05/29/11
POLICY PERIOD: From 12:01 A.M. 04/29/11 To 04/29/12

Policy wording is subject in all respects to the terms, conditions and limitations of the policy in current use by the Insurer(s) listed, unless otherwise specified:

INSURER(S): Gemini Insurance Company (Non-Admitted)
POLICY FORM: VP0275
TYPE OF INSURANCE: E&O Misc Professional
NAME OF INSURED: Beyond the Words, Inc.
LOCATION/ADDRESS: 43 Quail Court Suite 105
 Walnut Creek, CA 94598

LIMIT(S) OF LIABILITY: \$1,000,000 Each Claim Limit
 \$1,000,000 General Aggregate Limit

DEDUCTIBLE: \$2,500 Each Claim

RETROACTIVE DATE: 04/29/2011

PREMIUM: \$1,495.00
STATE TAXES: \$ 44.85
STATE STAMPING FEES: \$ 3.74
SOCIUS BROKER FEES: \$ 150.00
TOTAL: \$1,693.59

- **ENDORSEMENTS:**
- 25% Minimum Earned Premium
- SIG_APP 09 10 Signed Application
- SCHED 03 08 Schedule Forms
- POLCVLTR 07 09 Vela Policy Coverletter
- CMNDEC 03 08 Common Declarations
- VP 0006 02 11 Professional Liability Coverage Form
- MPLDEC 09 09 Professional Liability Coverage Part Declarations
- VP 4402 01 11 Service of Suit
- VP 0275 12 07 Named Insureds Professional Services Description Endorsement
- VP 0636 12 10 Minimum Premium and Minimum Retained Premium
- VP 0326 07 07 Spousal Extension Coverage Endorsement
- VP 0291 0707 Independent Contractor Endorsement
- VP 0308 0707 Final Adjudication Wording Endorsement
- VP 0334 0707 Claim Expenses in addition to the Limit of Liability Endorsement
- VP 0325 09 09 Supplementary Payments Endorsement

SUBJECT TO RECEIPT, REVIEW AND ACCEPTANCE OF THE FOLLOWING:

- Copy of Surplus Lines Form D-1 (1999 Version only)
- *Premium is due within 20 days from inception date or policy may be cancelled by the insurer.*

THIS BINDER CANNOT BE CANCELED FLAT. In the event of cancellation of this policy the Insurer(s) shall be entitled to an earned premium for the time in force (a) a short rate of the annual premium if canceled by the Insured, or (b) at pro rata of the annual premium if canceled by the Insurer(s). If the Binder of Insurance is subject to a **MINIMUM RETAINED PREMIUM** and is canceled by the Insured, the greater of the minimum retained premium or the short rate premium shall apply.

This insurance is subject to all of the terms and conditions of the Policy to be issued. The Binder of Insurance shall automatically be terminated and voided by the delivery of the Policy to the Insured or their representative.

Please be aware that if there is:

- a) any material change in the information provided; or
- b) any claim made by or against any insured or any notice of potential claim, occurrence, circumstance or wrongful act given under the expiring policy (if applicable); or
- c) any material change in the hazard or risk contemplated,

Socius Insurance Services, Inc. must be advised immediately and quote, indication or binder provided may be rescinded or amended.

Dated at San Francisco, California, on April 29, 2011