

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/09/2019

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 SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does

not comer rights to the certificate floider in field of s									
PRODUCER GENE MODGAN INSURANCE AGENCY			CONTACT NAME:	CONTACT NAME:					
GENE MORGAN INSURANCE AGENCY			PHONE (866	(000) 110 0112					
57101696 2020 4TH STREET				(A/C, No, Ext):	(A/C, No, Ext): (A/C, No):				
			E-MAIL ADDRESS:	E-MAIL ADDRESS:					
LIVERMORE CA94550					INSURER(S) AFFORDING COVERAGE				
				INSURER A: The S	INSURER A: The Sentinel Insurance Company				
INSURED				INSURER B:	INSURER B:				
BEYOND THE WORDS, INC 43 QUAIL CT STE 105			INSURER C:	INSURER C:					
WALNUT CREEK CA 94596-8728			INSURER D:	INSURER D:					
			INSURER E :	INSURER E:					
			INSURER F:	INSURER F:					
COVERAGES CERTIFICATE NU			NUMBER:	JMBER: 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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
LTR	COMMERCIAL GENERAL LIABILITY	INSK	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	\$2,000,000	
	CLAIMS-MADE X OCCUR	1					DAMAGE TO RENTED	\$1,000,000	
X	General Liability						PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000	
A		х		57 SBA ID1504	05/08/2019	05/08/2020	PERSONAL & ADV INJURY	\$2,000,000	
GEI	N'L AGGREGATE LIMIT APPLIES PER:	1					GENERAL AGGREGATE	\$4,000,000	
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000	
	OTHER:								
AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED SCHEDULED AUTOS AUTOS			57 SBA ID1504	05/08/2019	05/08/2020	BODILY INJURY (Per accident)	
×	HIRED V NON-OWNED						PROPERTY DAMAGE	,	
	AUTOS AUTOS						(Per accident)		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		
	DED RETENTION \$								
	RKERS COMPENSATION						PER OTH	-	
ANY	DEMPLOYERS' LIABILITY Y/N					Ì	STATUTE ER		
	PRIETOR/PARTNER/EXECUTIVE	N/ A					E.L. DISEASE -EA EMPLOYEE	-	
7882-7	FICER/MEMBER EXCLUDED? Indatory in NH)					-	E.L. DISEASE -EA EMPLOTED		
	s, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	1	
								1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this									
policy .									
CERTIFICATE HOLDER CANCELLATION MA Pights Unified School District CHICAGO CANCELLATION								DE CANCELLED	
	lo Unified School District RLOTTA DR				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED				
CONCORD CA 94519					IN ACCORDANCE WITH THE POLICY PROVISIONS.				
					AUTHORIZED REPRESENTATIVE				
Sugar S. Castareda								1	
							D CORPORATION A	U vielete vesenued	

POLICY NUMBER: 57 SBA ID1504



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PERSON-ORGANIZATION

LOC 001 BLDG 001

MT. DIABLO UNIFIED SCHOOL DISTRICT 1936 CARLOTTA DRIVE CONCORD, CA - 94519

Process Date: 02/21/19 Expiration Date: 05/08/20