



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/27/2014

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

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

**PRODUCER**  
INS NOODLE INC/PHS  
551718 P: (866) 467-8730 F: (888) 443-6112  
PO BOX 29611  
CHARLOTTE NC 28229

CONTACT NAME:	
PHONE (A.C. No. Ext)	(866) 467-8730
FAX (A.C. No.)	(888) 443-6112
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A:	Sentinel Ins Co LTD
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

**INSURED**  
BEYOND THE WORDS INC  
43 QUAIL CT STE 105  
WALNUT CREEK CA 94596

**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 BYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			83 SBA VX4761	05/08/2014	05/08/2015	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	General Liab	X					MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER STATUTE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTHER	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**      **ENDORSEMENT 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**  
Mt Diablo Unified School District  
Attn: Josie Sardea  
1936 CARLOTTA DR  
CONCORD, CA 94519

**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**  
*Josie Sardea*

Policy Number: VCPL062707  
Insured Name: BEYOND THE WORDS INC  
Number:

VP 00 06 03 14

Effective Date: 04/29/2014

## PROFESSIONAL LIABILITY INSURANCE POLICY

**THIS IS A CLAIMS MADE AND REPORTED POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY PAYMENT OF CLAIM EXPENSES.**

**PLEASE REVIEW THIS POLICY CAREFULLY WITH YOUR INSURANCE BROKER OR ADVISOR.**

In consideration of the payment of the premium, the undertaking of the **Insured** to pay the Deductible herein and in reliance upon all statements made and information in the **Application**, which is attached hereto and made a part of this Policy, and subject to all the terms and conditions of this Policy, the **Company** agrees with the **Insureds** as follows:

### I. INSURING AGREEMENT

The **Company** will pay on behalf of the **Insured** any **Loss** and **Claim Expenses** in excess of the Deductible not exceeding the **Limit of Liability** to which this coverage applies that the **Insured** shall become legally obligated to pay because of **Claims** first made against the **Insured** during the **Policy Period**, for **Wrongful Acts** of an **Insured** which occurred on or after the **Retroactive Date**, provided that:

- 1) Written notice of such **Claim** is received by the **Company** during the **Policy Period** or within sixty (60) days thereafter; and
- 2) Prior to the inception date of this Policy, no **Insured** knew, nor could have reasonably foreseen, that the **Wrongful Acts** might result in a **Claim**.

### II. DEFENSE AND SETTLEMENT

The **Company** has the right and duty to select counsel and to defend any **Suit** covered by this Policy even if any of the allegations are groundless, false or fraudulent.

If applicable law gives the **Insured** the right to select defense counsel, then the **Insured** may select independent defense counsel, subject to the consent of the **Company**. Such counsel shall have at least ten (10) years of experience in the defense of similar **Suits** in the area where the **Suit** is being defended and shall maintain errors and omissions insurance coverage. The **Insured** and independent defense counsel shall provide full information, documentation and cooperation with respect to the defense, investigation and settlement of any **Suit**. The **Company** shall be liable only for reasonable and necessary defense costs at rates customarily paid by the **Company** for the defense of

**PROFESSIONAL LIABILITY COVERAGE PART  
DECLARATIONS**

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

**Policy:** VCPL062707

**Effective Date:** 04/29/2014

**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	\$2,118

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<b>Total Premium:</b>	\$2,118
<b>Minimum Term Premium:</b>	\$2,118

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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

**GEMINI INSURANCE COMPANY**

A STOCK COMPANY  
(herein called "the Company")

**COMMON POLICY DECLARATIONS**

Policy No.: VCPL062707

Renewal/Rewrite of: VCPL062078

Named Insured and Mailing Address

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

Policy Period: From 04/29/2014 to 04/29/2015 at 12:01 a.m. Standard Time at the address of the Named Insured as stated herein

THE NAMED INSURED IS: Corporation

PROFESSIONAL SERVICES: SEE ENDORSEMENT 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.

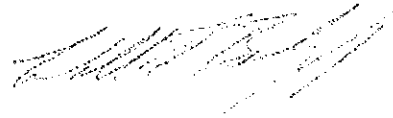
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Professional Liability Coverage Part	\$	2,118
<b>TOTAL PREMIUM</b>	<b>\$</b>	<b>2,118</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: 4/25/2014



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

SEE VE 0525 08 11 - California Disclosure Notice