



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/25/2015

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> INSURANCE NOODLE INC/PHS 551718 P:(866) 467-8730 F:(888) 443-6112 PO BOX 29611 CHARLOTTE NC 28229	<b>CONTACT NAME:</b> PHONE (AC, Ho, Ext) (866) 467-8730		<b>FAX (AC, No):</b> (888) 443-6112
	<b>E-MAIL ADDRESS:</b> INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Ins Co LTD		
<b>INSURED</b> BEYOND THE WORDS INC 43 QUAIL CT STE 105 WALNUT CREEK CA 94596	<b>INSURER B:</b>		<b>NAIC#</b>
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 LTD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			83 SBA VX4781	05/03/2015	05/03/2016	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) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEC						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE/IN OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**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.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Mt Diablo Unified School District Attn: Josie Sardea 1936 CARLOTTA DR CONCORD, CA 94519	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 <i>Jos Sardea</i>

81 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
47 other Forms and Endorsements issued to be a part of the Policy. This Insurance is provided by the stock  
VX insurance company of The Hartford Insurance Group shown below.  
SBA

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED  
ONE HARTFORD PLAZA, HARTFORD, CT 06155  
**COMPANY CODE:** A

**Policy Number:** 83 SBA VX4781 DV



**SPECTRUM POLICY DECLARATIONS**

**Named Insured and Mailing Address:** BEYOND THE WORDS, INC.  
(No., Street, Town, State, Zip Code)

43 QUAIL CT STE 105  
WALNUT CREEK CA 94596

**Policy Period:** From 05/08/15 To 05/08/16 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** INSURANCE NOODLE INC/PHS  
**Code:** 551718

**Previous Policy Number:** 83 SBA VX4781

**Named Insured Is:** CORPORATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$500 MP

IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR  
POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

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Countersigned by *Suarez Castaneda*  
Authorized Representative

02/20/15  
Date

BEYOND THE WORDS, INC.

43 QUAIL CT STE 105  
WALNUT CREEK CA 94596

Policy Number: 83 SBA VX4781  
Renewal Date: 05/08/15



Thank you for being a loyal customer of The Hartford.

**# 1: Your Hartford Policy**

Enclosed are renewal documents for your policy, which is scheduled to renew on 05/08/15. Along with a new Declarations Page, which details the coverages provided by your policy, we are enclosing important policy documents. Please be aware that you will receive an invoice separately for this new policy term approximately 30 days prior to the renewal date; no action is required now.

To ensure the premium you paid for this past policy term was accurate, we may contact you by letter, phone or email to conduct a premium audit. If contacted, we will advise what information is needed to complete the audit.

**# 2: Your Business Insurance Coverage Checkup**

Now is a great time to complete a business insurance coverage checkup with a Hartford Insurance Professional. Because you wear so many hats each day, you may not be thinking about how changes to your business can impact the type and amount of insurance coverage needed to protect it.

Together we will evaluate how your needs may have changed over the past year. Examples include:

- Has your mailing address and/or the physical location of your business changed?
- Has there been any increase/decrease in the amount of business property/equipment you own?
- Has there been any increase/decrease in your company's payroll or sales?
- Have you added or eliminated any vehicles used in your business operations?
- Are the bill plan and deductible on your policy right for your business?

During the review we may make coverage recommendations, provide peace of mind solutions, and possibly reduce your costs. Here is all you need to do:

- Call toll free (866) 467-8730, and select our renewal review service option any weekday from 8 A.M. to 6 P.M. EST and request your business insurance check-up.
- To best serve you, please have your Policy Number or Account Number and a Copy of your current Renewal Policy in hand when you call.

**# 3: Servicing Your Needs**

To login or register for our Online Business Service Center, go to [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) where any time, day or night you can:

- Pay your bill, view payment history and enroll in Auto Pay
- Request Auto ID Cards and Certificates of Insurance
- View electronic copies of billing and policy documents and sign up for paperless delivery

**# 4: If You've Had A Loss or Accident... Report It Immediately**

We want to help! Contact us as quickly as possible at 1-800-327-3636.

- Representatives are available 24-7 to assist in helping you recover from your loss.

On behalf of INSURANCE NOODLE INC/PHS and The Hartford, we appreciate the opportunity to have been of service to you this past year and look forward to serving your business insurance needs for the upcoming year.

Sincerely,  
Your Hartford Team

POLICY FACE SHEET

81  
47 INSURER:  
VX SENTINEL INSURANCE COMPANY, LIMITED  
SBA

POLICY NO. 83 SBA VX4781 DV

RECORDS RETENTION - PERMANENT

DECLARATIONS  
ITEMS

1. NAMED INSURED AND  
MAILING ADDRESS:

BEYOND THE WORDS, INC.  
43 QUAIL CT STE 105  
WALNUT CREEK, CONTRA COSTA  
CA. 94596

2. POLICY PERIOD:

05/08/15	05/08/16	1
INCEPTION	EXPIRATION	YEAR

AGENT'S CODE: 551718  
AGENT'S NAME: INSURANCE NOODLE INC/PHS

PREVIOUS POLICY NO. 83 SBA VX4781

3. THE NAMED INSURED IS: CORP

POLICY STATUS: ACTIVE  
LOB LEVEL OF SUPPORT: SP-S  
MARKET SEGMENTATION: 830

SELECT CUSTOMER  
AGENT SALES AGREEMENT (COMMISSION STATUS )  
DIRECT ACCOUNT BILL NUMBER - 12567985  
DEDUCTIBLE  
ADDITIONAL INSURED(S)

ABBREVIATED AUTOMATICALLY BOOKED  
POLICY ISSUED  
AUTOMATICALLY RENEWED

TRANS TYPE: RENL CNTL#: 001  
POLICY FACE SHEET TERMINAL ID: U022V9YA PAGE 2  
02/20/15 83 SBA VX4781 DV (05/08/16)

REGIONAL OFFICE INSTRUCTION SHEET

POLICY NUMBER: 83 SBA VX4781 DV

ROUTING INSTRUCTIONS

\_SEND TO RECORDS. TRANSFER CORR IF APPLICABLE.