

RECEIVED

FEB 17 2016

MT. DIABLO UNIFIED SCHOOL DISTRICT
1936 Carlotta Drive
Concord, CA 94519

BUDGET & FISCAL

On File ✓

W-9

Attached Insurance

**AGREEMENT BETWEEN
MT. DIABLO UNIFIED SCHOOL DISTRICT
AND INDEPENDENT CONTRACTOR**

THIS AGREEMENT is made this 10th day of February, by and between the Mt. Diablo Unified School District (hereinafter "District") and Learning for Living Inc (hereinafter "Contractor").

District hereby engages Contractor to render services under the terms and conditions of this Agreement.

1. Performance of Services

- (a) Contractor agrees to perform the services described on Exhibit "A" (hereinafter "Services") on page 4 of this Agreement as an independent contractor. Contractor will determine the means, manner, method, and details of performing the Services. Contractor shall be responsible for providing the materials, tools and transportation necessary for the performance of the services. Contractor may, at Contractor's own expense, use non-District employees to perform the Services under this Agreement. Subcontractors may be used only with the written approval of the District.
- (b) Contractor represents that Contractor has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of the District. Contractor shall be solely responsible for the professional performance of the services, and shall receive no assistance, direction, or control from District. Contractor shall have sole discretion and control of Contractor's services and the manner in which they are performed.

2. Compensation. District agrees to compensate Contractor for the performance of the services on the following basis:

Not to exceed \$ 3,500.00 for Services 326 - 0930 - 10 - 5800 \$ 3,500.00

The basis of the fee for Services shall be as follow _____ \$ _____

- a. \$ _____ per hour, _____ \$ _____
- b. \$ _____ per day, or **BUDGET CODE(S)**
- c. \$ _____ per engagement.

Check One:

- Partial Payments: Contractor shall invoice District on a monthly basis or as agreed to for all hours worked pursuant to this Agreement.
- Partial Payments: District shall make a payment per schedule detailed in Exhibit A. District Administrator will verify invoice indicating that all required services have been performed by each timeline.
- Payment in Full: Contractor shall invoice District on completion of services. District Administrator will verify invoice indicating that all required services have been performed.

Contractor shall be responsible for all expenses incurred in association with the performance of the Services.

3. Term and Termination. This Agreement will become effective on 2/24/2016. This Agreement will terminate upon the completion of the Services or when terminated as set forth below.

Either party may terminate this Agreement at any time by giving thirty (30) days written notice to the other party. Should either party default in the performance of this Agreement or materially breach any of its provisions, the non-breaching party may terminate this Agreement by giving written notice to the breaching party. Termination shall be effective immediately on receipt of said notice.

4. Relationship of the Parties. Contractor enters into this Agreement as, and shall continue to be, an independent contractor. Under no circumstances shall Contractor be considered an employee of District within the meaning of any federal, state, or local law or regulation including, but not limited to, laws or regulations governing unemployment insurance, old age benefits, workers' compensation, industrial illness or accident coverage, taxes, or labor and employment in general. Under no circumstances shall Contractor look to District as his/her employer, or as a partner, agent, or principal. Contractor shall not be entitled to any benefits accorded to District's employees, including, without limitation, workers' compensation, disability insurance, vacation, or sick pay. Contractor shall be responsible for providing, at Contractor's expense, and in the Contractor's name, disability, workers' compensation or other insurance, as well as licenses and permits usual or necessary for conducting the Services hereunder.

Contractor shall pay, when and as due, any and all local, state and federal income or other taxes incurred as a result of Contractor's compensation hereunder, including estimated taxes, and shall provide District with proof of said payments upon demand.

5. Fingerprinting and Criminal Records Check of Contractor's Employees. Contractor shall comply with the provisions of California Education Code §45125.1 regarding the submission of fingerprints to the California Department of Justice and the completion of criminal background investigations of the contractor and/or its employees. To the extent Education Code §45125.1 is applicable, Contractor shall not permit any employee to have any contact with District pupils until such time as Contractor has verified in writing to the governing board of the District that such employee has not been convicted of a felony, as defined in Education Code §45125.1. Contractor shall provide the certification document attached hereto as Exhibit ____ prior to commencing work under this Agreement.
6. Rules and Regulations. All rules, policies, and regulations of the Mt. Diablo Unified School District Board of Education and all federal, state, and local laws, ordinances and regulations are to be observed strictly by Contractor pursuant to this Agreement.
7. Indemnification. Contractor shall hold harmless, defend and indemnify District and its officers, elected and appointed officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the District.
8. Insurance. Contractor shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors. Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. **EXCEPTION:** Contracts of less than \$5,000 need only provide general liability insurance of \$1,000,000 per occurrence.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with a limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability/Errors & Omissions Liability,** if applicable: \$1,000,000 per occurrence.

If the contractor maintains higher limits than the minimums shown above, the District requires and shall be entitled to coverage for the higher limits maintained by the contractor.

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The District, its officers, officials, employees, and volunteers are to be named as additional insured by endorsement to the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.

INSURANCE REQUIREMENTS

No waiver will be granted to eliminate the insurance requirements outlined in this contract. However, in special circumstances, certain insurance requirements may be modified or waived. The following items in Insurance section 8 are hereby waived or modified as follows:

Limits: Car Insurance is short \$500,000

Other: _____

The initials of the Superintendent, or his/her designee, and the General Counsel, are required to waive or modify any Insurance requirements in this Agreement:

JA 2/23/16
Superintendent

MC 2.23.16 provided we receive proof of insurance info. if copy of policy
General Counsel

- 9. **Ownership of Designs and Plans.** Contractor agrees that all designs, plans, reports, specifications, drawings, schematics, prototypes, models, inventions and all other information and items made during the course of this Agreement and arising from the Services shall be owned by and assigned to District as its sole and exclusive property.
- 10. **Notice.** Any notice required or permitted to be given under this Agreement shall be deemed to have been given, served and received if given in writing and either personally delivered or deposited in the United States mail, registered or certified mail, postage prepaid, return receipt required, or sent by telegram, overnight delivery service, or facsimile transmission, addressed as follows:

DISTRICT

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519-1397
Attn: Superintendent

CONTRACTOR

Name: Learning for Living Inc
Attn: Laurie Boyte
Address: PO Box 657
Auburn, CA 95604
Phone: 800-874-1100
Fax: 530-653-2049
Tax ID #: 20-1038575

Any notice personally given or sent by telegram or facsimile transmission shall be effective upon receipt. Any notice sent by overnight delivery service shall be effective the next business day following delivery thereof to

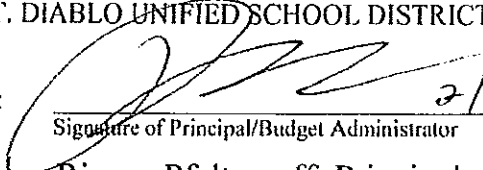
the overnight delivery service. Any notice given by mail shall be effective three (3) days after deposit in the United States mail.

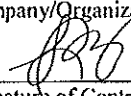
- 11. Entire Agreement of Parties. This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, negotiations and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both parties.
- 12. California Law. This Agreement shall be governed by and the rights, duties and obligations of the parties shall be determined and enforced in accordance with the laws of the State of California. The parties further agree that any action or proceeding brought to enforce the terms and conditions of this Agreement shall be maintained in Contra Costa County, California.
- 13. Attorneys' Fees. If either party files any action or brings any proceedings against the other arising out of this Agreement, the prevailing party shall be entitled to recover, in addition to its costs of suit and damages, reasonable attorneys' fees to be fixed by the court. The "prevailing party" shall be the party who is entitled to recover its costs of suit as awarded by a court of competent jurisdiction, whether or not suit proceeds to final judgment. No sum for attorneys' fees shall be counted in calculating the amount of a judgment for purposes of determining whether a party is entitled to its costs or attorneys' fees.
- 14. Waiver. The waiver by either party of any breach of any term, covenant, or condition herein contained shall not be deemed to be a waiver of such term, covenant, condition, or any subsequent breach of the same or any other term, covenant, or condition herein contained.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

MT. DIABLO UNIFIED SCHOOL DISTRICT

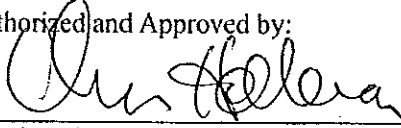
Learning for Living Inc

By:  2/10/16
Signature of Principal/Budget Administrator Date


Name of Company/Organization or Independent Contractor/Consultant
By:  2.11.16
Signature of Contractor/Consultant Date

Title: Rianne Pfaltzgraff, Principal
Print Name and Title

Title: Laurie Boyte
Print Name and Title

Authorized and Approved by:
 2/23/16
Superintendent or Designee Date

Prior to commencement of service, sign and forward completed original contract to Fiscal Services.

 2/10/16
Originator's Signature Date
Rianne Pfaltzgraff, Principal
Print Name of Originator and Title

Concord High School
Site/Department Originating this Contract

Billing Address if reimbursed by outside agency—i.e. ASB, PTA, PFC

Distribution
original: Fiscal Services for payment
copy: Contractor
copy: Originator/Budget Administrator

EXHIBIT A

LIST OF SERVICES, INCLUDING DATE(S), TO BE PERFORMED BY CONTRACTOR

**IF PARTIAL PAYMENTS ARE TO BE MADE TO CONTRACTOR ON A SCHEDULE
AS INDICATED ON PAGE 1, PLEASE LIST PAYMENT SCHEDULE HERE**

February 24, 2016

4 hours keynote and workshop with Student Leadership Exchange (8:00 am - 12:00pm)

3.5 hour staff workshop (12:30 - 4:00)

Purchase Requisition # R90423


EXHIBIT B
Contractor REQUIRED to Complete
CRIMINAL BACKGROUND CHECK CERTIFICATION

Mt. Diablo Unified School District
Consultant/Independent Contractor Agreement - Criminal Background Check

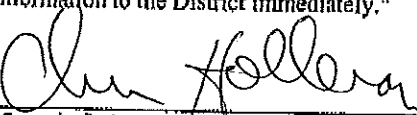
Name of Independent Consultant/Contractor:		Learning for Living/Phil Boyte
Services to be performed under the Agreement:		7.5 hour student/staff workshop
Schools/Locations where services will be performed:		Concord High School
Total amount to be paid by the District under this Agreement:		\$ 3,500.00
Term of Agreement:		
Check the applicable box(es) and fill in any blanks.		
1	<input checked="" type="checkbox"/>	I certify that none of my employees, nor myself, will have more than limited contact (as defined by the District) with District students during the term of the Agreement. Therefore, we have not been fingerprinted.
2A	<input type="checkbox"/>	If this box is checked, then Box 2B also applies and must be checked to indicate these employees have been fingerprinted. The following employees will have more than limited contact (as defined by the District) with District students during the term of the Agreement (attach and sign additional pages, as needed):
2B	<input type="checkbox"/>	I certify that the employees noted in 2A above have been fingerprinted under procedures established by the California Department of Justice, and the results of those fingerprints reveal that none of these employees have been arrested or convicted of a serious or violent felony, as defined by the California Penal Code.

Certification by Contractor/Consultant

"I certify that the information provided herein is true and accurate. I further acknowledge that during the term of my Agreement with the District, if I learn of additional information which differs from the responses provided above, I promise to forward this additional information to the District immediately."



 Independent Contractor/Consultant Signature
Laurie Boyte
 Print Name
 _____ 02/10/2016
 Date
 Independent Contractor/Consultant



 Superintendent or Designee's Signature
Chris Holleran
 Print Name
 _____ 2/23/16
 Date
 Superintendent or Designee's Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2016

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 StateFarm 	John H. Hughes 2425 Kildaire Farm Rd. Suite 401 Cary, NC 27518	CONTACT NAME: Javan Norman PHONE (A/C No. Ext.): 919-851-0151 E-MAIL ADDRESS: javan@johnhughes.com FAX (A/C No.): 919-851-7642
	INSURED Learning for Living 12603 Bellstone Ln Raleigh, NC 27614	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		93-CP-T165-0	02/04/2016	02/04/2017	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 4,000,000
						PRODUCTS - COMP/OP AGG	\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		360 0472-E02-33A-001	11/02/2016	11/02/2017	COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$ 250,000
						BODILY INJURY (Per accident)	\$ 500,000
						PROPERTY DAMAGE (Per accident)	\$ 100,000
						Medical Payments	\$ 25,000
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						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)
 Business Liability and Automobile Liability Insurance Proof of Coverage
 Policies Effective and Valid for Date of Service 2/24/2016
 Named Additional Insured:
 Mt. Diablo Unified School District
 Contact: Michele McKimmie - Administrative Assistant to High School Superintendent

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Dr. Concord, CA 94519 925-682-8000 x4024/Fax (925) 689-597 McKimmie@mdusd.org	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
--	--



ADDITIONAL REMARKS SCHEDULE

AGENCY John H. Hughes - State Farm Agency		NAMED INSURED Learning For Living 12603 Bellstone Ln Raleigh, NC 27614	
POLICY NUMBER 93-CP-T165-0		EFFECTIVE DATE: 02/02/2016	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Specified Coverage Endorsement Page

Policy Number: 93-CP-T165-0

Additional Insured/Certificate Holder:
 Mt. Diablo Unified School District
 1936 Carlotta Dr. Concord, CA 94519
 925-682-8000 x4024/Fax (925) 689-597

Endorsement: Coverage of Policy liability limits extends to Additional Insured/Certificate Holder

Learning for Living, Inc.
 PO Box 657
 Auburn, CA 95604
 (800) 874-1100

Invoice

Date	Invoice No.
02/08/16	15005

Bill To:
Concord High School Accounts Payable/Leah Darby 4200 Concord Blvd. Concord, CA 94521

Ship To
Concord High School Attn: Leah Darby 4200 Concord Blvd. Concord, CA 94521

P.O. Number	Terms	Rep	Ship Date	Ship Via	FOB	Project
	Due on receipt		02/08/16	US Mail	spk:1516	

Item	Description	Quantity	Price Each	Amount
Phil	Creating a Community of CARE - Wednesday, February 24, 2015 Phil Boyte's all-inclusive fee for presenting keynote and workshop for students; and afternoon staff workshop.		3,500.00	3,500.00
deposit/spk	A deposit of \$1000, or a PO for the full amount is requested by February 19, 2016, to hold this date. Thank You!		0.00	0.00

<p>We accept MC/Visa. A 2% charge will be added on purchases over \$1000. Thank you.</p> <p>FEIN: 20-1038575</p>
--

Final payment is due on day of presentation. Thank You!	Total	\$3,500.00
---	--------------	-------------------

AGREEMENT FOR THE SERVICES OF LEARNING FOR LIVING, INC.

SPONSOR: Concord High School
CONTACT: Leah Darby
WORK PHONE: (925) 687-2030
EMAIL: darbyl@mdusd.org
CELL PHONE: (650) 868-3646

ADDRESS: 4200 Concord Boulevard
CITY,ST,ZIP: Concord, CA 94521
ALT CONTACT: Rianne Pfaltzgraff
ALT EMAIL: pfaltzgraff@mdusd.org
ALT CELL PHONE:

PRESENTATION INFORMATION

SPEAKER: Phil Boyte
DATE(S): Wednesday, February 24, 2016
PROGRAM NAME: *Creating a Community of CARE*
PROGRAM LENGTH: Various Times
ARRIVAL TIME: 7:45 AM COMPLETION TIME: 4 PM
AUDIENCE: 350 students and advisors and Staff

DETAILS: Phil will present keynote and workshops for high school leaders in AM; Phil will present to staff in PM.

FINANCIAL AGREEMENT

*Speaker's fee is **\$3,500.00** and is to be paid on the day of presentation. Checks are to be payable to Learning for Living, Inc. An invoice is included with this contract. All fees in US funds only. Learning for Living, Inc. Federal ID #20-1038575


*A deposit of **\$1,000.00**, and a Purchase Order are requested to hold this date. If final payment cannot be made on the day of the presentation, speaker's fee will be \$3,850.00.

*Speaker's fee is all-inclusive, including all fees and expenses.

*In the event of cancellation, four weeks notice will be needed. If this is not possible, there will be a 50% cancellation fee of speaker's honorarium. If, through events beyond the control of the speaker, the speaker is unable to appear, Learning for Living Inc. will arrange to send a suitable and qualified replacement, reschedule the engagement or refund the deposit.

*Please provide a wireless microphone and a quality sound system. Presenter will also need a table.

THE ABOVE INFORMATION IS AGREED AND ACCEPTED BY:



Laurie Boyte, Learning for Living, Inc. Text Date



Leah Darby, Concord High School 2/10/16 Date

Learning for Living, PO Box 657, Auburn, CA 95604
www.learningforliving.com 800/874.1100



1500 State Farm Blvd
Charlottesville VA 22909

DECLARATIONS PAGE

NAMED INSURED
AT3 090990 0053 33-1843-5 S A
BOYTE, LAURIE L & PHILLIP D
12603 BELLSTONE LN
RALEIGH NC 27614-8072

POLICY NUMBER 360 0472-E02-33
POLICY PERIOD SEP 18 2015 to MAY 02 2016
12:01 A.M. Standard Time

AGENT
JOHN HUGHES
2425 KILDAIRE FARM RD STE 401
CARY, NC 27518-8425

PHONE: (919)851-0151

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID NUMBER	CLASS
2013	BMW	X3	SPORT WG	5UXWX9C52D0A18802	10100051

SYMBOLS	COVERAGE & LIMITS	
A	Liability Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
C	Medical Payments Coverage	
	Limit, Each Person	
	\$25,000	
D	Other Than Collision Coverage	
G	Collision Coverage - \$250 Deductible	
H00	Towing and Labor Costs Coverage	
R1	Increased Limits Transportation Expenses Coverage	
U1	Combined Uninsured/Underinsured Motorists Coverage	
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$250,000 \$500,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
Total Premium for SEP 18 2015 to MAY 02 2016		This is not a bill

IMPORTANT MESSAGES

Coverage U1 applies once per policy to all vehicles.

Replaced policy number 1751851-55.

New Policy Form

Your total renewal premium for NOV 02 2015 to MAY 02 2016 is

* The total premium listed above reflects a recent change to your policy and the 6 month renewal premium.

In the repair of your covered auto under the physical damage coverage provisions of this policy, we may require or specify the use of automobile parts not made by the original manufacturer. These parts are required to be at least equal in terms of fit, quality, performance and warranty to the original manufacturer parts they replace.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

CONTINUED

See Reverse Side

State Farm®
Providing Insurance and Financial Services



1500 State Farm Blvd
Charlottesville VA 22909

Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS
STATE FARM

State Farm
NORTH CAROLINA INSURANCE CARD

INSURED **BOYTE, LAURIE L & PHILLIP D** MUTL VOL

POLICY NUMBER **360 0472-E02-33** EFFECTIVE
YR 2013 MAKE **BMW** SEP 18 2015 TO MAY 02 2016
MODEL **X3** VIN **5UXWX9C52D0A18802**
AGENT **JOHN HUGHES** 1843-C17
PHONE (919)851-0151 NAIC 25178 CAR NO. 001

A BODILY INJURY/PROPERTY DAMAGE LIABILITY
C MEDICAL PAYMENTS
D DAMAGE TO YOUR AUTO
G 250 DEDUCT COLLISION
H100, R1, U1

State Farm THIS CARD MUST BE KEPT IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.

IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to statefarm.com®, or visit State Farm Pocket Agent® to file a claim.

For Emergency Road Service call 1-877-627-5757.
EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.
How to identify your coverage. See policy for full name and definition

A, AB Liability	G Collision	T Total Disability
C Medical Payments	H Towing and Labor	U Uninsured Motorists
CRV Cov. For Rented Veh.	R Extended Transportation Expenses	U1 Uninsured/Underinsured Motorists
D Damage To Your Auto	R1 Increased Limits Transportation Expenses	UNOC Use of Nonowned Cars
E Fire, Windstorm and Theft	S Death, Indemnity, Specific Disability	

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.
A toll free number is available for Emergency Road Service and is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS
STATE FARM

State Farm
NORTH CAROLINA INSURANCE CARD

INSURED **BOYTE, LAURIE L & PHILLIP D** MUTL VOL

POLICY NUMBER **360 0472-E02-33** EFFECTIVE
YR 2013 MAKE **BMW** SEP 18 2015 TO MAY 02 2016
MODEL **X3** VIN **5UXWX9C52D0A18802**
AGENT **JOHN HUGHES** 1843-C17
PHONE (919)851-0151 NAIC 25178 CAR NO. 001

A BODILY INJURY/PROPERTY DAMAGE LIABILITY
C MEDICAL PAYMENTS
D DAMAGE TO YOUR AUTO
G 250 DEDUCT COLLISION
H100, R1, U1

State Farm THIS CARD MUST BE KEPT IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.

IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY

1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles.
2. Don't admit fault or discuss the accident with anyone but State Farm or police.
3. Promptly notify your agent, log on to statefarm.com®, or visit State Farm Pocket Agent® to file a claim.

For Emergency Road Service call 1-877-627-5757.
EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.
How to identify your coverage. See policy for full name and definition

A, AB Liability	G Collision	T Total Disability
C Medical Payments	H Towing and Labor	U Uninsured Motorists
CRV Cov. For Rented Veh.	R Extended Transportation Expenses	U1 Uninsured/Underinsured Motorists
D Damage To Your Auto	R1 Increased Limits Transportation Expenses	UNOC Use of Nonowned Cars
E Fire, Windstorm and Theft	S Death, Indemnity, Specific Disability	

KEEP A CARD IN YOUR CAR.
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.
A toll free number is available for Emergency Road Service and is located on your insurance card.