

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/29/11

PRODUCER
FEDERATED MUTUAL INSURANCE COMPANY
 Home Office: P.O. Box 328
 Owatonna, MN 55060
 Phone: 1-888-333-4949

INSURED 279-281-0
JEWELRY VISIONS INC
 9750 MIRAMAR RD STE 133
 SAN DIEGO CA 92126

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| COMPANIES AFFORDING COVERAGE | |
|------------------------------|--|
| COMPANY A | FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY |
| COMPANY B | |
| COMPANY C | |
| COMPANY D | |

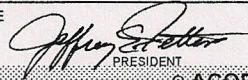
COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. 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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | |
|-----------------------------|---|---------------|----------------------------------|-----------------------------------|--|---------------------|-------|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> BUSINESSOWNER'S POLICY | 639685 | 10/06/11 | 10/06/12 | GENERAL AGGREGATE \$ 2,000,000 | | |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | | |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 | | |
| | | | | | EACH OCCURRENCE \$ 1,000,000 | | |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 | | |
| | | | | | MED EXP (Any one person) \$ 5,000 | | |
| | 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 | | | | COMBINED SINGLE LIMIT \$ | | |
| | | | | | BODILY INJURY (Per person) \$ | | |
| | | | | | BODILY INJURY (Per accident) \$ | | |
| | | | | | PROPERTY DAMAGE \$ | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ | | |
| | | | | | OTHER THAN AUTO ONLY: | | |
| | | | | | EACH ACCIDENT \$ | | |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE \$ | | |
| | | | | | AGGREGATE \$ | | |
| | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> </table> | WC STATUTORY LIMITS | OTHER |
| | | | | | WC STATUTORY LIMITS | OTHER | |
| | | | | | EL EACH ACCIDENT \$ | | |
| | | | | | EL DISEASE - POLICY LIMIT \$ | | |
| EL DISEASE - EA EMPLOYEE \$ | | | | | | | |
| | OTHER | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 2792810
NORTH AMERICAN DIAMOND BROKERS
 49 MAYFIELD LANE
 POTTSBORO TX 75076

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

 PRESIDENT