

PRODUCER LOUIS MARINACCIO MGA INSURANCE SERVICES 9024 TOWN CENTER PARKWAY LAKEWOOD RANCH, FL 34202	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		
INSURED Ready-Agent 1234 Agent Road Pittsburgh, PA 12345	INSURERS AFFORDING COVERAGE		NAIC#
	INSURER A	CNA - CONTINENTAL CASUALTY CO	XXXXXX
	INSURER B		
	INSURER C		

COVERAGES

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 . AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INST LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURANCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS -COMP /OP AGG	\$
	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 (Ea accident)	\$
					BODILY INJURY (per person)	\$
					BODILY INJURY (per accident)	\$
					PROPERTY DAMAGE (per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT (Ea accident)	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY OTHER	
					LIMITS	\$
					E.L EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE-POLICY LIMIT	\$
A	LIFE/HEALTH INSURANCE AGENTS ERRORS AND OMISSIONS COVERAGE	987654321	03/01/2013	03/01/2014	Per Claim	\$2,000,000
					Annual Aggregate	\$2,000,000

This is a non-refundable agency E&O claims made policy. This policy includes coverage for products and services of all life and health companies including variable life, variable annuities, and mutual funds sales and servicing, subject to all terms, conditions, and exclusions of the policy and provides coverage for: the Insured Agency; any owner, partner, executive, officer, director, stockholder or employee of the Insured Agency, solely while acting within the scope of the person's duties as such; and any estate, heir, executor, administrator, assignee or legal representative of any Insured in the event of the Insured's death, incapacity or bankruptcy, but only to the extent that such person had coverage under the Policy. The following deductibles apply to this policy: \$250 for Assurant Health product claims, \$2,500 for non Assurant Health product claims. Defense costs are provided within the limits of liability. All premium is earned as of the policy inception date. This policy cannot be cancelled by the insured. Coverage under this policy is in force only if the agency named above is actually appointed with the sponsoring company as of the coverage effective date. There is an unlimited extended reporting period as long as CNA is the carrier on the master policy. Please contact MGA for details of the E.R.P. or for full policy details visit www.assurant-eo.com.

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURED LETTER:	CANCELLATION
<h2>PROOF OF INSURANCE</h2>		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: 