

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2018

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 have ADDITIONAL INSURED provisions or 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  Brown & Brown Program Insurance Services, Inc.			N.	CONTACT NAME: PHONE (A/C. No. Ext): (800)745-7189  (A/C. No.):								
	P.O. Box 7048	d.b.a. CalSurance Associates P.O. Box 7048					E-MAIL info@colouronea.com					
Orange, CA 92863-7048				A	ADDRESS: INIO@Calsurance.com INSURER(S) AFFORDING COVERAGE							
						INSURER A: Aspen American Insurance Company						
INSUREI	Agents affiliated with Senior Market Sales, m	ember	s of The	Financial Sale		SURER B:	porr / unionidari ii	outailor company				
Professionals Purchasing Group JILL MORISSETTE			IN	INSURER C:								
	DBA: J.P.M. Insurance Services						INSURER D :					
	32 JOHNSON AVENUE				INSURER E :							
CUYAHOGA FALLS, OH 44221				INSURER F:								
COVER	PAGES CERTIFICATION	TE NU	IMBER	E: 5791009		SUREN F:	-	REVISION NUMBER:				
COVERAGES  CERTIFICATE NUMBER: 5791009  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.								JSIONS				
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUI	MBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
-	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
H								MED EXP (Any one person) PERSONAL & ADV INJURY	\$			
GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER JECT								\$			
AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
H	OWNED AUTOS SCHEDULED							BODILY INJURY (Per accident)	s			
	HIRED AUTOS NON-OWNED AUTOS					2 1 1		PROPERTY DAMAGE (Per accident)	\$			
	ONLY								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$							AGGREGATE	\$			
wo	RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							PER OTH-ER				
	Y PROPRIETOR/PARTNER/EXECUTIVE FICE/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A De:	AIMS MADE AND REPORTED scription Deductible vel B - Basic Plus Errors & nissions			LRA7C31	18	10/1/2018	9/1/2019	Each Claim Aggregate Each Agent		\$1,000,000 \$2,000,000		
DESCRIP	PTION OF OPERATIONS / LOCATIONS / VEHICLES (Attac	h ACOF	RD 101, A	Additional Rema	rks Sche	edule, if more spa	ce is required)					
Life and Health Insurance Agents Errors and Omissions Insurance Liability Policy. Provides coverage for solicitation, sale and/or servicing of Group and Individual Accident & Health Insurance, Medicare Supplement, Medicare Advantage (including Part D and Senior Dental), Life Insurance (other than variable), Fixed Life & Annuities and Long Term Care Insurance through Senior Market Sales, Inc. as well as other companies. Also provides coverage for providing advice, consultation, administration or financial planning in connection with the above products. Deductibles: \$250 for products provided through Senior Market Sales, Inc. and \$500 for all other covered products and services.  Individual Coverage Effective Date is the later of the date indicated under Policy Eff or date of contract with sponsor.												
CERTIFICATE HOLDER  CANCELLATION												
JILL MORISSETTE SH					SHOUL	HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION ATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
32 JOHNSON AVENUE						AUTHORIZED REPRESENTATIVE Lyan Janan						

ACORD 25 (2016/03)

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2018

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			NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE PARTY OF			
PRODUCER		CONTACT NAME:				
	Brown & Brown Program Insurance Services, Inc. d.b.a. CalSurance Associates P.O. Box 7048 Orange, CA 92863-7048	PHONE (A/C, No, Ext):	(800)745-7189	FAX (A/C, No):		
		E-MAIL ADDRESS:	s: info@calsurance.com			
	Orange, OA 32003-1040		NAIC#			
		INSURER A:				
INSURED	Agents affiliated with Senior Market Sales, members of The Financial Sales	INSURER B:				
	Professionals Purchasing Group PAUL MORISSETTE DBA: J.P.M. Insurance Services 32 JOHNSON AVENUE CUYAHOGA FALLS, OH 44221	INSURER C:				
		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGE	S CERTIFICATE NUMBER: 5791006		REVISIO	N 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER JECT							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS SCHEDULED						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
	ONLY						(, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
_	CLAIMS MADE AND REPORTED						Each Claim	\$1,000,000
A	Description Deductible			LRA7C3118	10/1/2018	9/1/2019	Aggregate Each Agent	\$2,000,000
	Level B - Basic Plus Errors & Omissions				10,1,2010	0, 1,2010		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Life and Health Insurance Agents Errors and Omissions Insurance Liability Policy. Provides coverage for solicitation, sale and/or servicing of Group and Individual Accident & Health Insurance, Medicare Supplement, Medicare Advantage (including Part D and Senior Dental), Life Insurance (other than variable), Fixed Life & Annuities and Long Term Care Insurance through Senior Market Sales, Inc. as well as other companies. Also provides coverage for providing advice, consultation, administration or financial planning in connection with the above products. Deductibles: \$250 for products provided through Senior Market Sales, Inc. and \$500 for all other covered products and services

Individual Coverage Effective Date is the later of the date indicated under Policy Eff or date of contract with sponsor.

CERTIFICATE HOLDER	CANCELLATION				
PAUL MORISSETTE DBA: J.P.M. Insurance Services	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS				
32 JOHNSON AVENUE CUYAHOGA FALLS, OH 44221	AUTHORIZED REPRESENTATIVE Lyan Juna				