



CERTIFICATE OF INSURANCE

NOTICE: This insurance provides professional liability (E&O) insurance coverage for properly licensed individual insurance agents and insurance consultants. It is written on a "claims-made and reported" basis and applies only to "written claims" first made against an insured and reported to the Insurer during the Named Insured's Certificate Period. No coverage exists for claims first made or reported after the Named Insured's Certificate Period unless an extended reporting period applies. (For those Named Insureds who are residents of or practice in New York State, no coverage exists for claims first made or reported after the end of the coverage relationship unless an Extended Reporting Period applies.) Defense costs reduce the Limits of Liability and are subject to the Retention. Please review the policy carefully and discuss the coverage with your insurance agent or broker. This certificate of insurance does not amend, extend, or alter the coverage afforded by the insurance policy, and coverage is subject to all of the terms, conditions and exclusions of the policy.

NAMED INSURED:
OLDFIELD, MICHAEL T
3408 CRIMSON KING COURT

LEXINGTON, KY 40517

PRODUCER:
JASON ROGERS CA LICENSE #: 0K64122

8430 ENTERPRISE CIRCLE, STE 200
LAKEWOOD RANCH, FL 34202

COMPANY AFFORDING COVERAGE: CONTINENTAL CASUALTY COMPANY

COVERAGE: THIS IS TO CERTIFY THAT THE INSURED LISTED ABOVE IS COVERED UNDER THE POLICY OF INSURANCE LISTED BELOW, FOR THE CERTIFICATE PERIOD INDICATED. THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

Policy Number	Certificate Period		Limits of Liability: Each Claim	Limits of Liability: Aggregate
596427449	4/1/2020	4/1/2021	\$1,000,000	\$3,000,000

COVERAGE:	RETENTION AMOUNT: Each Claim
Life, LTC, Accident, and Health	\$0
Medicare Advantage and Medicare Supplemental	\$0
Disability Income Insurance	\$0
Indexed Annuities/Fixed Annuities	\$0
Variable Annuities (if purchased)	Not Purchased
Mutual Funds (if purchased)	Not Purchased

NOTICE OF CLAIMS:
Life Agent Intake Notice Administrator, CNA
CNA - Claims Reporting
PO Box 8317, Chicago IL 60680-8317
or via email: SpecialtyProNewLoss@cna.com

SPECIAL PROVISIONS:

Named Insured's Endorsements attached at Certificate Inception:

DATE: 3/4/2020 BY 
Authorized Representative

This certificate of insurance is not a contract of insurance. It is merely evidence of insurance provided under a Master Policy. Covered claims are paid in accordance with the terms of the Master Policy. Coverage is provided based on representations made on the Named Insured's Application for Insurance. No coverage exists if the representations made on the Named Insured's Application for Insurance are discovered to be false. Failure to provide true and accurate responses to any of the questions on the Application for Insurance will result in the immediate voiding of the insurance coverage issued and/or the denial of claims asserted against the Named Insured. Coverage is in-force only if premium payments are current. A Policy Aggregate of \$50,000,000 applies under the Master Policy except with respect to those Named Insureds who are resident of or practice in New York State. A complete copy of the policy is available at www.napa-benefits.org/nd.