



**CERTIFICATE OF INSURANCE – LIFE AGENT PROFESSIONAL LIABILITY**

**NOTICE:**

**THIS INSURANCE PROVIDES COVERAGE ON A CLAIMS-MADE BASIS AND, SUBJECT TO THE PROVISIONS OF THE POLICY, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST AN INSURED AND REPORTED TO THE INSURER IN ACCORDANCE WITH SECTION VII, NOTICE. NO COVERAGE EXISTS FOR CLAIMS FIRST REPORTED AFTER THE END OF THE CERTIFICATE PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMIT 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 AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICY.**

**NAMED INSURED:** Michael P Smith  
6767 W Sunset Blvd Ste 8-500  
Los Angeles, CA 90028

**PRODUCER:** Marsh U.S. Consumer  
a service of Seabury & Smith, Inc.  
P.O. Box 8146  
Des Moines, IA 50306-8146  
1-866-795-2041

**COMPANY AFFORDING COVERAGE:** Continental Casualty Co.

**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 Number	Certificate Period		Limits of Liability
		Effective Date	Expiration date	
287287986	NEB18511	04/01/2011	04/01/2012	§ 1,000,000 <i>Each Claim</i> § 2,000,000 <i>Aggregate *</i>
		12:01 a.m. at the Named Insured's address shown above		* This policy is also subject to a Policy Year aggregate limit of liability of \$15,000,000. The Policy Year aggregate limit of liability will be reduced by claims paid on behalf of all Insureds under the policy, including you. The Policy Year aggregate limit includes the total per claim/aggregate limits of the insurer regardless of the total number of Insureds under the Policy, the total number of Certificates of Insurance issued under the policy, Claims made under the policy, or persons or entities bringing such Claims.



<b>Retention:</b>	Life, Accident, and Health	\$ <u>500</u> Each Claim
	Indexed Annuities/Fixed Annuities (if purchased)	\$ <u>2,500</u> Each Claim
	Variable Annuities (if purchased)	\$ <u>Not Purchased</u> Each Claim
	Disability Income Insurance (if purchased)	\$ <u>Not Purchased</u> Each Claim
	Mutual Funds (if purchased)	\$ <u>Not Purchased</u> Each Claim
	Per Registered Investment Adviser, (if purchased)	\$ <u>Not Purchased</u> Each Claim
<b><u>NOTICE OF CLAIMS:</u></b>	<b>Life Agent Notice Intake Administrator</b> <b>CNA</b> <b>40 Wall Street, 8th Floor</b> <b>New York City, NY 10005</b> <b>or via e-mail at CANEWCLAIMS@CNA.com</b>	
<i>Named Insured's Endorsements attached at Certificate Inception:</i> GSL7805CA (10-08)		
<b>DATE:</b> <u>03/30/2011</u>	BY:  <i>Authorized Representative</i>	

The Company affording coverage hereby certifies that the Named Insured named herein is insured under the Policy referenced above. The limits of liability, premium and effective date of coverage applicable to such Named Insured are as specified above. This certificate of insurance is not the contract of insurance. It is merely evidence of insurance provided under the Master Policy. All claims are paid according to the term of the Master Policy. A copy of such policy and any endorsements thereto is available at [www.eoforless.com](http://www.eoforless.com). Keep this document in a safe place. It is evidence of your insurance coverage.