

**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NO 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 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 Marsh Affinity a division of Marsh USA Inc. PO Box 14404 Des Moines, IA 50306-9686	CONTACT NAME:	
	PHONE (A/C, No. Ext): 800-380-0451	FAX (A/C, No):
	E-MAIL ADDRESS: EandOServices@marsh.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED World Financial Group Inc. World Financial Group Insurance Agency, LLC Life Agent 11315 Johns Creek Parkway Johns Creek, GA 30097-1517	INSURER A : U.S. Specialty Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGES TO RENTED PREMISES(Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	Other								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY(Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY(Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	\$
	DED						RETENTION \$		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					<input type="checkbox"/> Per Statute <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A	Errors & Omissions			24-MGU-22-A54214	02/13/2023	08/01/2023	Each Wrongful Act Aggregate Agg for all Insureds	\$ 1,250,000 \$ 3,000,000 \$ 25,000,000	

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

EFFECTIVE DATE: 02/13/2023

THE CERTIFICATE HOLDER LISTED IS DEFINED AS AN INSURED UNDER THIS POLICY.

CERTIFICATE HOLDERKYERRA BRIGHT
1204 WEST 3150 SOUTH
SYRACUSE, UT, 84075**CANCELLATION**

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

WFG-24-MGU-22-A54214

NAMED INSUREDS: World Financial Group Insurance Agency, LLC

World Financial Group Agency of Hawaii, Inc.

World Financial Group Insurance Agency of Massachusetts, Inc.

World Financial Group Insurance Agency of Wyoming, Inc.

WFG Insurance Agency of Puerto Rico, Inc.

PLEASE NOTE THE CERTIFICATE HOLDER LISTED IS DEFINED AS AN INSURED UNDER THIS POLICY.

Per Claim Retention: \$500 (damages only) in connection with Fixed Products, Fixed Annuities, A&H, Disability & Long Term Care / \$10,000 (damages & defense) Registered Representatives named in a claim with the named insured for all products.

This is a claims made and reported Professional Liability policy. The policy expiration date for an insured will be 08/01/2023 or the date the Insured's contract with the referenced Named Insured is terminated, whichever is earlier.

Coverage is afforded for any corporation, partnership, or other business entity engaging in Professional Services which is either owned or controlled by an Insured Rep/Agent or in which an Insured Rep/Agent is an employee and then only with respect to those operations of the corporation, partnership or other business entity directly related to the Professional Services provided by the Insured Rep/Agent.