

Insurance and Bonding

Andrew Ahrens maintains and Errors and Omissions Liability Insurance Policy through Continental Casualty Company.

The limits of the coverage, inclusive of defense costs, are as follows:

- \$2,000,000 each Claim
- \$2,000,000 Aggregate each Registered Representative
- \$25,000,000 Policy Aggregate

Activities related to Fiduciary capacity are covered by the policy.

Please see Certificate of Liability Insurance on page .

Our research indicates that Fiduciary Liability Insurance is intended for individuals acting in a fiduciary capacity for a specific retirement board and coverage is based upon assets in that particular plan. For example, Town of Avon Civilian and Police Pension Board members may be covered by Fiduciary Liability Insurance specific to their duties as Pension Board Members of the Plan. Civilian Pension Board members may elect to purchase coverage based upon acting as a fiduciary for a \$15 million dollar plan.

If the Town of Avon requires Fiduciary Liability Insurance specific for Andrew Ahrens fiduciary activities on the Civilian and Police Money Purchase plans those policies cannot be placed until the engagement as plan consultant has begun. Ahrens and Associates reserves the right to adjust required fees for services based upon the cost of Fiduciary Liability Insurance.

RFP SUBMISSION FORM
INVESTMENT ADVISORY SERVICES
TOWN OF AVON PUBLIC EMPLOYEE AND POLICE
EMPLOYEE MONEY PURCHASE PENSION PLANS

By signing this form, you acknowledge compliance and agreement with the RFP requirements.

Ahrens And Associates

Company

Andrew Ahrens/President

Name and Title

Andrew Ahrens

Signature

8/30/2013

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/15/2013

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 OF 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 Aon Risk Services, Inc. of Florida 222 Lakeview Avenue, Suite 510 West Palm Beach, FL 33401	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	FAX (A/C, NO):	
	E-MAIL ADDRESS:		
	PRODUCER CUSTOMER ID#:		
	INSURERS AFFORDING COVERAGE		
INSURED Registered Representatives of Cambridge Investment Research, Inc. ANDREW T AHRENS 13984 W BOWLES AVE STE 102 LITTLETON, CO 80127-1445	INSURER A:	CONTINENTAL CASUALTY COMPANY	NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**
THIS IS TO CERTIFY THAT 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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS INCLUSIVE OF DEFENSE COSTS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (1/a occurrence) 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 AUTO <input type="checkbox"/> <input type="checkbox"/>						COMBINED SINGLE LIMIT (1/a accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
A	Registered Representatives Errors & Omissions (Claims Made & Reported)			425391408	6/15/2013	6/15/2014	\$ 2,000,000 each Claim \$ 2,000,000 Aggregate each Registered Rep. \$25,000,000 Policy Aggregate \$7,500 Per Claim Deductible \$25,000 Per Claim Deductible (Trade Errors) **Deductibles apply toward Loss and Defense Costs

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

Subject to all the terms, conditions, endorsements & exclusions of the policy, provides coverage for securities sold through Cambridge Investment Research, Inc. Coverage is also included for the purchase, sale/servicing of Life, A&H, LTC, Disability Income & Annuities. Coverage also includes Investment Advisory Services including financial planning, advice & consultation involving the purchase, sale, or servicing of covered products. If Registered Representative's contract terminates, coverage ceases the same date. Retroactive date for insurance products (incl. mutual funds & variable products) is the effective date of first continuous E&O policy or date of first continuous contract with Cambridge Investment Research, Inc., whichever is earlier. Retroactive date for Securities is date of contract with Cambridge Investment Research, Inc.

CERTIFICATE HOLDER ANDREW T AHRENS 13984 W BOWLES AVE STE 102 LITTLETON, CO 80127-1445	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 <i>Aon Risk Services, Inc. of Florida</i>
--	---