



# CERTIFICATE OF INSURANCE

**NOTICE:** This insurance provides professional liability (E&O) coverage on a claims-made and reported 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 made after the end of the certificate period unless, and to the extent that, the 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 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:**

BOHORQUEZ, FERNANDO  
3520 JACKSON ST.  
APT. 202  
HOLLYWOOD, FL 33021

**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
425171296	6/1/2020	6/1/2021	\$1,000,000	\$1,000,000

**COVERAGE:**

**RETENTION AMOUNT: Each Claim**

Life (that does not require a securities license)	\$500 per claim
Accident, Health (that does not require a securities license)	\$500 per claim
Medicare Advantage and Medicare Supplemental	\$500 per claim
Indexed Annuities/Fixed Annuities (if purchased)	Not Purchased
Variable Annuity requiring securities license (if purchased)	Not Purchased
Disability Income Insurance (if purchased)	Not Purchased
24 Hour Care Coverage (if purchased)	Not Purchased
Mutual Funds (if purchased)	Not Purchased
Variable Insurance requires securities license (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: 8/28/2020

BY  
Authorized Representative

**IMPORTANT NOTICE:** This policy is also subject to a Policy Year aggregate limit of liability of \$10,000,000 except with respect to those Named Insureds who are resident of or practice in New York State. 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. 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.napa-benefits.org](http://www.napa-benefits.org). Keep this document in a safe place. It is evidence of your insurance coverage. The certificate period above begins and ends 12:01 a.m. local time at the Named Insured's address shown above.