ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/21/2019

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 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 have ADDITIONAL INSURED provisions or 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

Brown & Brown Program Insurance Services, Inc.
DBA: CITA Insurance Services
P.O. Box 7048
Orange, CA 92863-7048

CONTACT NAME:

PHONE (A/C, No, Ext): (800) 280-7250 | FAX (A/C, No): (714) 978-2692

E-MAIL ADDRESS: LIFE@CITAInsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Family Home Insurance Company	23450
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Better Source Benefits Company Inc
340 Clifty St Ste 4
Somerset, KY 42501

13624537

COVERAGES **CERTIFICATE NUMBER:** 5884006 **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/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
		☐	☐				PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
	☐ SCHEDULED AUTOS	☐	☐				PROPERTY DAMAGE (Per accident)	$
	☐ HIRED AUTOS ONLY							$
	☐ NON-OWNED AUTOS ONLY							
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE	☐	☐				AGGREGATE	$
	☐ DEDUCTIBLE							$
	☐ RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N ☐	N / A	☐				☐ PER STATUTE ☐ OTH-ER	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
	OTHER							
A	☒ Errors & Omissions Liability	☐	☐	3TA5PL0000337-01	6/1/2019	6/1/2020	Each Wrongful Act	$2,000,000
	CLAIMS MADE AND REPORTED						Aggregate	$2,000,000
							Deductible	$5,000.00

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

Claims Made And Reported

Coverage applies only to the wrongful acts as the result of Professional Services as defined in the policy and subject to all terms, conditions and exclusions of the policy and all its endorsements.

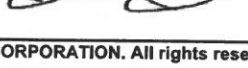
CERTIFICATE HOLDER

Better Source Benefits Company Inc
340 Clifty St Ste 4
Somerset, KY 42501

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



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