



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/06/2017

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 Willis of New York, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | CONTACT NAME:<br>PHONE (A/C No. Ext): 1-877-945-7378 | FAX (A/C, No): 1-888-467-2378 |        |
|  | E-MAIL ADDRESS: certificates@willis.com              |                               |        |
| INSURED Transamerica Life Insurance Company<br>4333 Edgewood Road NE<br>Cedar Rapids, IA 52499             | INSURER(S) AFFORDING COVERAGE                        |                               | NAIC # |
|  | INSURER A: AIG Specialty Insurance Company           |                               | 26883  |
|  | INSURER B:   |                               |        |
|  | INSURER C:   |                               |        |
|  | INSURER D:   |                               |        |
|  | INSURER E:   |                               |        |

**COVERAGES**

CERTIFICATE NUMBER: W2139902

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:      |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                     |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| A        | Errors & Omissions  |           |          | 01-301-27-01  | 04/01/2017              | 04/01/2018              | Each Wrongful Act 1,250,000<br>Aggregate 3,000,000<br>Agg for all Insureds 25,000,000  |

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

**CERTIFICATE HOLDER**

772783  
 JEROME S KAPLAN  
 PO BOX 93336  
 PASADENA, CA 91109-3336

**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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TLIC-01-301-27-01

NAMED INSURED(S):

Transamerica Life Insurance Company

Transamerica Financial Life Insurance Company

Transamerica Premier Life Insurance Co

PLEASE NOTE THE CERTIFICATE HOLDER LISTED IS DEFINED AS AN INSURED UNDER THE POLICY. Per Claim Retention: \$500 (damages only) Company Sponsored Life Products, Fixed Annuities, A&H, Disability & Long Term Care/\$2,500 (damages only) Non-Company Sponsored Life Products, Fixed Annuities, A&H, Disability & Long Term Care

This is a claims made and reported Professional Liability policy. The policy expiration date for an insured will be 04/01/2018 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. Furthermore, this extension shall not afford coverage for any actual or alleged Wrongful Act of the corporation, partnership, or other business entity, but shall only apply to Claims(s) arising out of any actual or alleged Wrongful Act(s) of an Insured Rep/Agent.