



Daniels Jewelers

Administrative Manual

CREDIT INSURANCE PRE-PURCHASE AND SUMMARY OF COVERAGES DISCLOSURE

Gold Plan includes: Life, Disability, Involuntary Unemployment and Property Insurance

Silver Plan includes: Life, Disability and Property Insurance

Bronze Plan includes: Property Insurance

Insurers: Minnesota Life Insurance Company, Securian Casualty Company

Administrator: Summit Administrators, Inc. 800-275-3414

Creditor: Daniel's Jewelers

Agent License Number: 0F23531

The purchase of credit insurance is optional, and is not required in order to obtain the loan or credit approval.

Eligibility

Life, Disability and Involuntary Unemployment. You are eligible for insurance if you have not reached your 65th birthday. You are eligible for Disability and Involuntary Unemployment insurance as to each advance only if you are working for wages or profit 30 hours a week for Disability or 24 hours a week for Involuntary Unemployment on the date you sign for the advance. If you are not, that particular advance will not be insured until you return to work. Loss of income due to retirement is not covered.

Property. There are no eligibility conditions for property other than having a loan from Daniel's.

Life Benefit – Gold and Silver

Life Insurance. If you (or if you have joint life, your co-borrower) die while you are insured for life coverage we will pay the amount due on the loan (excluding unearned finance charges) at the time of your death after we receive proof of your death up to the Maximum Amount of Life Insurance. Only one death benefit is payable under the policy.

CREDIT LIFE MAXIMUM BENEFIT: \$10,000

Disability Benefit – Gold and Silver

Total Disability Insurance. If you are insured for total disability insurance, we will pay a benefit if you file written proof that you became totally disabled while insured and continue to be totally disabled for more than 14 days. Payment will be calculated from the 1st day of disability. Payments will stop when you are not totally disabled anymore or when your loan with Daniel's is paid off, whichever comes first. The benefit for each day of disability to be compensated will be 1/30th of your required monthly loan payment or the Maximum Monthly Disability Benefit, whichever is less.

DISABILITY MAXIMUM BENEFIT: \$500

Involuntary Unemployment Benefit – Gold

Involuntary Unemployment Insurance. We will pay your required monthly payment on Your account if you are Involuntarily unemployed for more than 30 days. Benefits will be paid retroactively to the first day. Payments will stop when you no longer involuntarily unemployed or when your loan with Daniel's is paid off.

IUI BENEFIT MAXIMUMS

MAXIMUM MONTHLY INDEMNITY: \$1,000.00

MAXIMUM MONTHLY PAYMENTS FOR ANY ONE OCCURRENCE: 12 (see Application)

MAXIMUM TOTAL INDEMNITY OVER LOAN TERM: \$15,000

MAXIMUM TERM OF INSURANCE: 60 MONTHS

Property Benefit – All Plans

Property Insurance. In the event of a loss, our liability will be the lesser of our cost to repair or replace the property with material of like kind or quality or the amount of the original loan (limit of liability). We will endeavor to replace property that is the same or nearly identical to the property that is lost, but we are not required to do so and may substitute property of like kind or quality.

MAXIMUM LIMIT OF LIABILITY SHALL NOT EXCEED \$10,000.00

When Insurance Stops or Termination – All Plans

Single or Joint Life, Disability and Involuntary Unemployment. This insurance stops: on the first billing date after the creditor receives your written request to stop the insurance; or on the first billing date after you withdraw your authorization for the addition of charges for the insurance to your loan; or on the first billing date after you reach your 65th birthday (this does not apply if you stated in your application that you are 65 or older and we do not refund your premium within 75 days of the Effective Date); or on the date your loan stops; or on the billing date upon which your account has any portion of any payment 3 months or more past due; or on the date the Group Policy stops.

Credit Property - Termination. Coverage ends when the first of the following occurs: the date the loan is paid off; or the first billing date upon which your account has any portion of any payment 3 months or more past due; 36 months from the date of purchase; or when your account is terminated.

Exclusions – All Plans

Life. We will not pay a claim for an advance on your loan if you commit suicide within 6 months after the date of the advance, but we will return the life insurance charge on that advance. This also applies to your co-borrower, if you applied for joint life coverage.

Total Disability. We will not pay a claim or refund the insurance charge if your disability is a result of normal pregnancy or childbirth; or intentionally self-inflicted injury.

Involuntary Unemployment. We will not pay a claim or refund the insurance charge if your unemployment is due to seasonal shut-down; discharge from active military service; strike, lockout or labor dispute; voluntary forfeiture of income; resignation; retirement; disability; willful misconduct; or nuclear or natural disaster of any kind.

Property. Coverage will not be provided when loss or damage is: due to frost, cold weather, ice, snow or sleet; due to rain, snow, sand, or dust unless the building where the property is kept is first damaged by a covered peril; from wear, tear, or normal usage; from mechanical or electrical breakdown; to any form of money, notes, or manuscripts; to TV or radio antennas; due to nuclear or radioactivity; from a result of war-like action by any government or military force.

Conditions or Other Limitations – All Plans

You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you. Only the Primary Borrower is eligible for disability and involuntary unemployment insurance. Coverage will not apply to purchases made while You are receiving benefits under the Certificate.

Property Perils – All Plans

Property Perils. We will insure against loss or damage to property caused by: fire or lightning; windstorm or hail; explosion; riot or civil disturbance; aircraft or vehicles; smoke; flood; collapse of building; bursting, burning or freezing of any appliance except water heaters; robbery or burglary with evidence of forced entry.

Options for All Programs – All Plans

Available coverage options. If you qualify, you may purchase life coverage with disability; and/or involuntary unemployment and/or property coverage together as a package.

Cancellation and refunds or credits. You may cancel this insurance and receive a full refund within the first 30 days after receiving your policy or certificate. If you cancel after the 30 days, any unearned premium will be refunded in accordance with applicable law.

Other Insurance. If you have other life, disability, involuntary unemployment or property insurance that covers the same risk insured by the credit insurance being offered, you may not want or need to purchase this insurance.

Insurance Evaluation. Daniel's is not qualified or authorized to evaluate the adequacy of your existing coverages.

Finance charges. If any portion of the premium for this insurance is financed, it will be subject to finance charges at the rate applicable to your loan.

Price, Signatures and Notice – All Plans per \$100 per Month times your outstanding balance

Life Single:	\$0.047
Life Joint:	\$0.073
Disability:	\$0.086
Involuntary Unemployment:	\$0.721
Property:	\$0.462

NOTICE

Your satisfaction is very important to us. If you should have a question about your certificate, if you should need assistance with a problem, or if you wish to file a claim, you should first contact Daniel's Jewelers or the insurance company issuing your certificate. When contacting the insurance company issuing your certificate, please call 1-800-873-6102 for assistance or when filing a claim.

Should you feel you are not being treated fairly with respect to a claim, you may contact the California Department of Insurance with your complaint at their Consumer Hotline 1-800-927-4357. Please refer to your certificate for additional details.

IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS POLICY AND THE SERVICE YOU RECEIVE FROM US.

IF YOU HAVE AN UNRESOLVED COMPLAINT, THE CALIFORNIA INSURANCE DEPARTMENT SUGGESTS THAT YOU NOTIFY THEIR CONSUMER AFFAIRS OFFICE. CONTACT SHOULD BE MADE ONLY AFTER COMMUNICATIONS BETWEEN YOU AND US (THE AGENT OR OTHER REPRESENTATIVE) HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM.

CONTACT: DANIEL'S CUSTOMER SERVICE AT 310-665-2110
OR
MINNESOTA LIFE INSURANCE COMPANY OR SECURIAN CASUALTY COMPANY

HOME OFFICE
400 ROBERT STREET NORTH
ST. PAUL, MN 55101-2098
651-665-3500

ADMINISTRATOR
110 WEST ROSAMOND
HOUSTON TX 77076
800-275-3414

QUESTIONS ABOUT THIS NOTICE OR ANY UNRESOLVED COMPLAINT MAY BE DIRECTED TO:

DEPARTMENT OF INSURANCE
CONSUMER AFFAIRS DEPARTMENT
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
213-897-8921
TOLL FREE TELEPHONE FOR CALIFORNIA ONLY:
800-927-4357
OFFICE HOURS: 9 A.M. TO 5 P.M.

THIS NOTICE PROVIDES CONTACT INFORMATION ONLY AND IS NOT A CONDITION OF THE POLICY.

CERTIFICATE NO.

SECURIAN CASUALTY COMPANY

Home Office: 400 Robert Street North, St. Paul, Minnesota 55101

Administrative Office: Summit Administrators, 110 W Rosamond St, Houston, TX 800.275.3414

(Herein called the Company)

PERSONAL PROPERTY AND/OR VEHICLE INSURANCE CERTIFICATE COVERAGE

EFFECTIVE 12:01 AM STANDARD TIME AT THE ADDRESS STATED HEREIN

Insured Borrower Name See Enrollment Form			Loan / Account # N/A			Effective Date N/A	
Borrower Address Street N/A City State Zip Code County N/A			Loan Term Open Ended N/A		Insurance Term Monthly as Paid N/A		Expiration Date N/A
Insured Creditor Name and Address Sherwood Management Co / dba: Daniel's Jewelers PO Box 3750 Culver City, CA 90231-3750			Limits of Liability (Max. Amount \$10,000)		Premiums		Total Premium
			Personal Property	Vehicle	Personal Property	Vehicle	
Personal Property Insurance		Vehicle Insurance	\$0.462 per \$100 of Insured Amt. per month	\$ N/A	\$0.462 per \$100 of Insured Amt. per month	\$ N/A	\$0.462 per \$100 of Insured Amt. per month
<input type="checkbox"/> Single Interest	<input type="checkbox"/> Dual Interest	<input type="checkbox"/> Single Interest					
Amount of Loan	Number of Payments	Description of Insured Vehicle	Year	Make	Model	Vehicle Identification Number	
Varying Monthly Balance	N/A		N/A	N/A	N/A	N/A	
Description of Personal Property (Attach Schedule A if listing multiple pieces of property) All jewelry financed by Sherwood Mgmt Co.							

The Maximum Limit of Liability for this Certificate shall not exceed \$10,000.00.

DESCRIPTION OF INSURED PROPERTY

AGREEMENT

The described property is insured for those coverages for which a premium is shown, subject to the terms of this Certificate.

DEFINITIONS

Throughout this Certificate "you" and "your" refer to the Purchaser or Borrower. "Creditor" refers to the financing or lending institution. "We", "us", "our" and "the Company" refer to Securian Casualty Company.

Single Interest Coverage covers only the Creditor's interest in the insured property. Dual Interest Coverage covers the interest of both you and the Creditor.

NOTICE: THIS CERTIFICATE DOES NOT PROVIDE COVERAGE FOR HOUSEHOLD GOODS. "Household Goods" shall mean clothing, linens, china, crockery, wedding rings of yours or your dependents, works of art, and items acquired as antiques.

NOTICE: THIS CERTIFICATE DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE OR ANY OTHER COVERAGE FOR WHICH A SPECIFIC PREMIUM IS NOT MADE AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW. IN REGARD TO VEHICLE COVERAGE AND SINGLE INTEREST PERSONAL PROPERTY COVERAGE ONLY, THE COMPANY DIRECTS ATTENTION TO THE FACT COVERAGE UNDER THIS CERTIFICATE PROTECTS THE INTEREST OF THE CREDITOR ONLY AND DOES NOT PROTECT THE INTEREST OR EQUITY OF THE PURCHASER OR BORROWER. THIS DOES NOT APPLY TO DUAL INTEREST PERSONAL PROPERTY COVERAGE WHICH PROTECTS THE INTEREST OF BOTH YOU AND THE CREDITOR.

COVERAGE:

- A. SINGLE INTEREST VEHICLE: When a premium is shown for Single Interest Vehicle, we will cover loss or damage against direct loss or damage due to: 1. Fire; 2. Total theft. Total theft means loss resulting in damages exceeding the value of the vehicle; 3. Collision, or overturning of your vehicle. B. PERSONAL PROPERTY (Single Interest Only): When a premium is shown for Single Interest Personal Property, we will cover loss or damage against direct loss or damage due to: 1. Fire and lightning; and 2. Collision or overturning of vehicle while transporting insured personal property by land. C. PERSONAL PROPERTY (Dual Interest Only): When a premium is shown for Dual Interest Personal Property, we will cover loss or damage against direct loss or damage due to: 1. Fire or lightning; 2. Extended Coverages including: (a) Windstorm or hail; (b) Explosion; (c) Riot or civil disturbance; (d) Aircraft or vehicles; (e) Smoke; (f) Flood; (g) Collapse of building; (h) Bursting, burning or freezing of any appliance except water heaters; (i)

Robbery or burglary with evidence of forced entry.

SINGLE INTEREST COVERAGE – APPLIES TO PERSONAL PROPERTY AND/OR VEHICLES, IF SELECTED IN THE SCHEDULE. Single interest coverage protects only the insured Creditor's interest in the insured property. The Company's liability for loss or damage to any property insured under this Certificate shall not exceed the limits of liability shown in the Schedule. The amount of insurance is the original limit of liability for one Certificate month, beginning from the effective date. Following the effective date, the amount of insurance declines each month by an equal amount (determined by dividing the original limit of liability by the number of months in the term of insurance).

A. **CONDITIONS PRECEDENT TO LIABILITY:** The Company is liable for loss or damage when the following conditions exist: 1. The insured Borrower has defaulted in payment; 2. The insured property has been repossessed; and 3. The interest of the insured Creditor has become impaired as a result of a loss covered by this Certificate. B. **LIMITS OF LIABILITY:** The Company's limit of liability for loss or damage is equal to the lesser of: 1. The amount of insurance (limit of liability) as shown in the Schedule or in force at the time of loss; 2. The actual cash value of the insured property at the time of loss, less salvage; 3. The cost to repair or replace the insured property with material of like kind or quality; or 4. The unpaid balance of the debt (not more than 60 days past due less salvage and applicable refunds, including finance charge refunds as of the date of loss).

DUAL INTEREST COVERAGE – APPLIES TO PERSONAL PROPERTY ONLY, IF SELECTED IN THE SCHEDULE Dual interest coverage protects the Insured Creditor's and the Insured Borrower's interest in the insured property. The amount of insurance is the original limit of liability, for the term of insurance, for the damaged insured item.

1. **LIMITS OF LIABILITY:** The Company's limit of liability for loss or damage is equal to the lesser of: 1. The amount of insurance (limit of liability) as shown in the Schedule; 2. The actual cash value of the insured property at the time of loss, less salvage; or 3. The cost to repair or replace the insured property with material of like kind or quality.

EXCLUSIONS: APPLIES TO SINGLE INTEREST VEHICLE COVERAGE, SINGLE INTEREST PERSONAL PROPERTY COVERAGE AND DUAL INTEREST PERSONAL PROPERTY COVERAGE.

The described personal property or vehicle will not be covered when loss or damage is: A. Due to frost, cold weather, ice, snow or sleet; B. Due to rain, snow, sand or dust unless the building where the property is kept is first damaged by a covered peril; C. From wear, tear or normal usage; D. From mechanical or electrical breakdown; E. To any form of money, notes or manuscripts; F. To TV or radio antennas; G. Due to nuclear or radioactivity; H. From a result of war-like action by any government or military force.

GENERAL PROVISIONS

APPLIES TO SINGLE INTEREST VEHICLE, SINGLE INTEREST PERSONAL PROPERTY, AND DUAL INTEREST PERSONAL PROPERTY COVERAGE

CANCELLATION OF CERTIFICATE OF INSURANCE: The Certificate may be canceled by you at any time, by mailing to the Company written notice stating when such cancellation will be effective. Termination of insurance coverage before the scheduled Expiration Date will be without prejudice to any claim existing on the date insurance terminates.

After a certificate has been in effect for more than 60 days, or if the certificate is a renewal, we may cancel for the following reasons:

- (1) Nonpayment of premium, including payment due on a prior policy issued by the insurer and due during the current certificate term covering the same risks; or (2) A judgment by a court or an administrative tribunal that the named insured has violated any law of this state or of the United States having as one of its necessary elements an act that materially increases any of the risks insured against; or (3) Discovery of fraud or material misrepresentation by either of the following: (A) The insured or his or her representative in obtaining the insurance; or (B) The named insured or his or her representative in pursuing a claim under the certificate. (4) Discovery of willful or grossly negligent acts or omissions, or of any violations of state laws or regulations establishing safety standards, by the named insured or his or her representative, which materially increase any of the risks insured against; or (5) Failure by the named insured or his or her representative to implement reasonable loss control requirements that were agreed to by the insured as a condition of certificate issuance or that were conditions precedent to the use by the insurer of a particular rate or rating plan, if the failure materially increases any of the risks insured against; or (6) A determination by the commissioner that the loss of, or changes in, an insurer's reinsurance covering all or part of the risk would threaten the financial integrity or solvency of the insurer. A certification made under penalty of perjury to the commissioner by an officer of the insurer of the loss of, or change in, reinsurance and that the loss or change will threaten the financial integrity or solvency of the insurer if the cancellation of the certificate is not permitted shall constitute this determination unless disapproved by the commissioner within 30 days of the filing. There shall be no extensions to this 30-day period; or (7) A determination by the commissioner that a continuation of the certificate coverage would place the insurer in violation of the laws of this state or the state of its domicile or that the continuation of coverage would threaten the solvency of the insurer; or (8) A change by the named insured or his or her representative in the activities or property of the commercial or industrial enterprise that results in a material added risk, a materially increased risk, or a materially changed risk, unless the added, increased, or changed risk is included in the certificate.

REFUNDS: If insurance stops before the scheduled Expiration Date, a prompt refund or credit of unearned premium will be made to you for credit to your account. Refunds or credits will be computed by the Pro-Rata method. Refunds or

credits of less than one dollar (\$1.00) will not be made. To determine the unearned premium refund, a month is considered earned when sixteen (16) days or more have passed and unearned when fifteen (15) days or less have passed.

COLLECTION FROM OTHERS: We shall not be liable for loss if, at the time of loss, there is any other valid collectible insurance which would attach, if this insurance had not been affected. This insurance shall apply only as excess and in no event as contributing insurance, and then only after all such other insurance has been exhausted.

NOTICE OF LOSS: Insured Creditor or you must write to us or our agent about your claim within ninety (90) days, or as soon as reasonably possible, of any loss or damage to the insured personal property. Notice given by you or on your behalf by the insured Creditor to our agent, with particulars sufficient to identify you shall be deemed to be notice to us. We will send the insured Creditor or you a claim form within fifteen (15) days after we are informed of the claim. Failure by the insured Creditor or you to either report the loss or damage or file such written proof of loss shall not invalidate any claims under this Certificate. A police report must be filed in the event the loss or damage to the insured property was the result of theft, hold-up, robbery, vandalism or malicious mischief or burglary. If you neglect to protect the property from additional damage during and after a loss, we will be liable for only those losses which occurred before your neglect.

SETTLEMENT OF CLAIMS: All claims shall be paid within thirty (30) days after filing satisfactory proof of loss.

APPRAISAL: An appraisal procedure is provided in the event that the insured Creditor, you, and the Company cannot agree on the amount of loss. The decision to choose appraisal as a method to settle the dispute must be made voluntarily and by mutual consent of all parties to the dispute. If the appraisal method is chosen, each party shall within sixty (60) days after receipt of proof of loss by the Company (the procedure is as follows):

A. Each party selects a competent, disinterested appraiser. The appraisers, in turn, select a competent, disinterested umpire. B. If the appraisers fail to agree on an umpire after fifteen (15) days, the selection shall be made by a judge of a court of record in the county and state in which the appraisal is pending. The insured Creditor, you, or the Company may request this step. C. The appraisers shall then appraise the loss at a reasonable time and place. They shall state replacement cost at the time of loss. If they fail to agree on any points, they shall submit their differences to the umpire. A decision, in writing, of any two, shall determine the amount of the loss. Such award amount is binding upon all parties. D. Each party shall pay their own appraiser and bear equally the other expenses of the appraisal and umpire. E. The Company does not surrender any rights by any act relating to the appraisal.

OTHER SOURCES OF RECOVERY: If other sources of recovery also cover the loss, we will pay only our share of the loss. Our share is the proportion our limit of liability bears to the total of all applicable limits.

MISREPRESENTATION AND FRAUD: This Certificate shall be void if the insured Creditor or you have affected a misrepresentation or a fraudulent act has been made with the intent to deceive the Company in the Application for Insurance. Concealment or misrepresentation of a material fact is grounds for cancellation and denial of coverage.

SUIT AGAINST US: No suit, action or proceeding for the recovery of any claim under this Certificate shall be sustainable in any court of law or equity unless it is commenced within twenty-four (24) months after discovery by you of the occurrence which gives rise to the claim. However, if by the laws of the state within which this Certificate is issued such limitation is invalid, then such claim(s) shall be void unless such action, suit or proceeding is commenced within the shortest limit of time permitted by the laws of such state.

NO BENEFIT TO BAILEE: No person or organization, other than the insured Creditor or you, having custody of the insured personal property will benefit from this insurance.

ABANDONMENT: There shall be no abandonment to us of any insured property. However, we may permit the Insured Creditor or you to keep damaged property ("salvage") after a loss and reduce the amount of proceeds payable under the Certificate by the value of the salvage.

TERRITORY: This Certificate applies to losses while the insured property is in the United States or Canada.

WAIVER OF SUBROGATION: Except in the case of fraudulent actions of the insured Creditor or you, the Company waives any right to subrogation against the insured Creditor and you.

DATE OF LOSS: The Company's liability shall attach: 1. As of the date the Company receives notice from the insured Creditor or you; and 2. When all the applicable conditions under this Certificate have been met.

WHEN INSURANCE STOPS: The term of insurance will begin on the Effective Date shown on the Certificate. The term of insurance will end on the earliest of the: A. Expiration Date shown on the Certificate; or B. Date the debt is fully prepaid, renewed or refinanced; or C. Date on which one hundred eighty (180) days elapse without a full contractual debt payment being made to the insured Creditor; or D. Date the secured property has been sold, transferred, abandoned or repossessed.

OUR RIGHT TO RECOVER PAYMENT: If we make a payment under the Certificate and the person to or for whom payment was made has a right to recover damages from another we shall be subrogated to that right. That person shall do: (1) whatever is necessary to enable us to exercise our rights; and (2) nothing after the loss to prejudice them.

CONFORMITY WITH STATE LAW: Terms of this Certificate which are in conflict with the statutes of the state wherein this Policy is delivered or issued for delivery are hereby amended to conform to such statutes.

In Witness Whereof, the Company has caused this Certificate to be executed and attested, but this Certificate shall not be valid unless countersigned by a duly authorized agent of the Company.

Secretary

President

NOTICE

As our Certificate holder, your satisfaction is very important to us. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion. If you are not satisfied, please write or call:

Summit Administrators
110 W Rosamond St
Houston, TX 77076
800.275.3414

SCC 501-CA (08/09)

**Personal Property Insurance
Certificate Endorsement**

Securian Casualty Company • A Stock Company

Home Office: 400 Robert Street North • St. Paul, Minnesota 55101-2098

Administrative Office: Summit Administrators, 110 W Rosamond St, Houston, TX 77076 800.275.3414

This Endorsement, effective as of 12:01 A.M. on _____ forms a part of the Certificate.

It is hereby understood and agreed:

NOTICE: THIS CERTIFICATE DOES NOT PROVIDE COVERAGE FOR HOUSEHOLD GOODS. "Household Goods" shall mean clothing, linens, china, crockery, wedding rings of yours or your dependents, works of art, and items acquired as antiques.

The Notice above shall be replaced in its entirety by the Notice below:

NOTICE: THIS CERTIFICATE DOES NOT PROVIDE COVERAGE FOR HOUSEHOLD GOODS. "Household Goods" shall mean clothing, linens, china, crockery, works of art, and items acquired as antiques.

Also, the below is added to the end of the **WHEN INSURANCE STOPS** section of the certificate:

E. For Revolving Loans – 36 months from the date the insured item was financed.

Except as amended by this Endorsement, all other provisions of the Certificate, shall remain in full force and effect.

Secretary

President

SCC 504 CA CERTEND (10/13)

SCC 501-CA (08/09)

Involuntary Unemployment Insurance Certificate

Securian Casualty Company • A Stock Company

Home Office: 400 Robert Street North • St. Paul, Minnesota 55101-2098

Administrative Office: Summit Administrators, 110 W Rosamond St, Houston, TX 77076 800.275.3414

Non-renewable SCHEDULE

Name and Address of Creditor Sherwood Management Co / dba: Daniel's Jewelers PO Box 3750 Culver City, CA 90231-3750		Loan Number N/A	Account Number N/A	Date of Loan N/A
Name and Address of Debtor, Co-Debtor (called "you" or "your") See Enrollment Form		Term of Insurance Open Ended N/A	Effective Date* N/A	Expiration Date* N/A
Premium Calculation N/A		Debtor DOB: <input type="checkbox"/> Co-Debtor DOB: Check all that are applicable		Original Debt Maturity Date N/A
Open End Loans Per \$1,000 of Current Balance	Closed End Loans Total Premium	Monthly Indemnity N/A		Premium Single Coverage \$0.721 per \$100 of monthly outstanding balance

*12:01 a.m. standard time at the debtor's address

The Effective Date must be within 180 days from the loan origination date, or for Open End Loans within 180 days from the first advance.

BENEFIT MAXIMUMS:

MAXIMUM MONTHLY INDEMNITY: \$1,000.00

MAXIMUM MONTHLY PAYMENTS FOR ANY ONE OCCURRENCE: 12 (see Application)

MAXIMUM TOTAL INDEMNITY OVER LOAN TERM: \$15,000

MAXIMUM TERM OF INSURANCE: 60 MONTHS

THE INSURANCE BENEFITS MAY NOT BE SUFFICIENT TO PAY OFF YOUR DEBT. IF THE EXPIRATION DATE SHOWN IN THE SCHEDULE IS PRIOR TO THE ORIGINAL DEBT MATURITY DATE SHOWN IN THE SCHEDULE, THEN INSURANCE IS NOT PROVIDED FOR THE FULL TERM OF THE DEBT.

DEFINITIONS

"You", or "Your" means the Debtor and/or Co-Debtor as applicable.

"We", "Our", "Us" means Securian Casualty Company, or one of its affiliates.

"Effective Date" means the date on which your Involuntary Unemployment Insurance Certificate becomes effective. For Closed End loans, this will be the date you apply for and your coverage is approved. For Open End loans, this will be the date of your first advance.

"Expiration Date" means the date on which your Involuntary Unemployment Insurance coverage terminates.

"Open End Loan" means a loan with a specified term, with the anticipation that there may be periodic draws against an approved open line of credit.

"Closed End Loan" means a loan with a specified term, and for a fixed loan amount.

"Current Balance" is associated with Open End Loans and is the current monthly balance which is used for monthly premium determination.

IN CONSIDERATION OF THE PAYMENT OF PREMIUM, IN RELIANCE UPON THE STATEMENTS MADE BY YOU IN YOUR APPLICATION FOR INSURANCE, AND SUBJECT TO THE TERMS OF THE GROUP MASTER POLICY (CALLED "POLICY") AND THE CREDITOR'S APPLICATION, SECURIAN CASUALTY COMPANY AGREES AS FOLLOWS:

I. PAYMENT OF BENEFIT

We will pay the creditor the amount of insurance described in this certificate upon your involuntary unemployment.

II. INVOLUNTARY UNEMPLOYMENT

Involuntary Unemployment means loss of salary or wages (employment income) caused by the involuntary loss of your full time employment and for which you are eligible for, and receiving, unemployment benefits.

To qualify for Involuntary Unemployment coverage under this policy, the following requirements must be met: 1. You are presently working for twenty four (24) or more hours per week, and have done so for the previous twelve (12)

consecutive months; 2. You become involuntarily unemployed for thirty (30) consecutive days; and 3. You receive unemployment benefits for the period of unemployment for which you are making a Claim under this certificate of insurance.

III. LIMIT OF LIABILITY

A. Amount of Insurance - The amount of insurance payable will be the lesser of: 1) the minimum monthly loan payment; or 2) the maximum monthly indemnity shown in the Schedule above, whichever is less; and for which premium has been paid. The monthly indemnity payment for each day of involuntary unemployment will be 1/30th of the amount of insurance. **NOTE: Any lump-sum Balloon payment scheduled on your loan will not be protected; instead, if the balloon payment falls within a month that would otherwise be eligible for involuntary unemployment benefit, we will provide coverage for an amount equal to the scheduled regular monthly installment prior to the balloon, subject to Benefit Maximums.** **B. Maximum Number of Monthly Indemnity Payments** - The maximum number of monthly indemnity payments are shown above in the BENEFIT MAXIMUMS provision. **C. Co-Debtor** - Should coverage be provided for both a Debtor and Co-Debtor, only one benefit will be paid should both the Debtor and Co-Debtor be unemployed at the same time. **D. Recurrence of Involuntary Unemployment** - If the insured incurs a claim for the same type of protected event again within six (6) months after having recovered or returned to full-time work, we will consider this a continuation of the prior unemployment event. This means that the maximum number of payments per occurrence for the prior event will still apply; if that maximum has already been reached, no benefits will be issued. If you incur a claim for the same type of protected event again more than six (6) months after you have returned to full-time work, we will consider this a new event and the per event terms and conditions apply as if no prior event occurred. This provision applies whether you return to work full-time with the same employer or a different employer.

When the Maximum Total Indemnity Over the Loan Term, or the Maximum Term of Insurance have been met: 1) insurance will stop; 2) all premium is fully earned; and 3) no refund will be paid. In no event will monthly indemnity payments be paid after the Expiration Date.

IV. CONDITIONS PRECEDENT TO LIABILITY

The conditions precedent to the attaching of our liability for any loss under this certificate are that: A. the creditor has a debt agreement with you which provides for monthly installments; B. you are the primary debtor or co-debtor under the debt agreement and have elected this coverage; C. you have been unable to work for employment income as a result of Involuntary Unemployment for at least 30 consecutive days. D. the Involuntary Unemployment commences more than ninety (90) days (i) after the Effective Date shown in the Schedule above on a Closed End Loan, or (ii) from the date of any credit advance on an Open End Loan; E. you agree to pay the required premium contribution to the creditor; F. you, and your co-borrower if applicable, are working for employment income at least 24 hours a week and have done so for at least 12 consecutive months immediately prior to the effective date shown in the certificate; G. neither you, nor your co-borrower if applicable, have received verbal or written notice before the certificate Effective Date of the your impending termination of employment; H. neither you, nor your co-borrower if applicable, are a self-employed individual, a seasonal worker, an independent contractor or full-time military personnel; and I. neither you, nor your co-borrower if applicable, are a business or association.

V. ELIGIBILITY FOR BENEFITS

To be eligible for benefits, you must: A. qualify for and receive unemployment benefits under a state unemployment law and register for work with a state employment office or a recognized employment agency within 15 days of the date in which you first become eligible for such benefits and remain so registered during the claim period if the loss of employment income occurred as the result of either layoff or termination by employer; and B. provide us with verification of loss of employment income and continued qualification for unemployment benefits, from sources required by us at the time of loss and continue to provide verification throughout the claim for benefit period; and C. not have received unemployment benefits within 2 years prior to applying for coverage; and D. be less than 65 years of age on the date of claim.

Eligibility for monthly indemnity payments will begin on the 31st day of involuntary unemployment. Thereafter, we will pay retroactively, beginning with the 1st day of involuntary unemployment, the amount of insurance to the creditor.

Upon our request, you must give proof of continuing involuntary unemployment. We will not accept proof of loss resulting from involuntary unemployment more than 1 year after you became involuntarily unemployed.

VI. EXCLUSIONS

The insurance described in this certificate does not apply to: A. normal, routine, or seasonal shut-down; B. discharge from active military service; C. strike, lockout, or labor disputes; D. voluntary forfeiture of employment income; E. resignation; D. retirement; F. loss of income due to disability caused by accident, sickness, disease, or pregnancy; G. loss of income due to termination as the result of willful misconduct (a transgression of some established and definite rule of conduct, a forbidden act, or a willful dereliction of duty) or criminal misconduct (unlawful behavior as determined by local, State or Federal law); or H. loss of income due to nuclear or natural disaster of any kind.

VII. CONDITIONS

A. Payment of Loss: Monthly indemnity payments shall be paid directly to the creditor to reduce or pay off your account. You are responsible for any difference between the minimum payment due on the loan and the amount of benefit payment under this coverage. **B. Your Statements:** Statements made by you in your application shall be used to determine eligibility for insurance. Any false statement made by you shall result in cancellation of any insurance provided. In such case, our authorized representative or we will refund to you the entire premium charged less any monthly indemnity payments made. **C. Conformity to Statute:** Any terms of the contract, which are in conflict with the statutes of the state where this certificate is issued, are amended to conform to such statutes. **D. Payment of Premium:** Closed End Loans: The premium is calculated by applying a rate per \$1,000 of initial balance as shown in the Application and may be paid on a single premium or monthly basis. The premium becomes part of your required monthly loan payment. Open End Loans: The premium is calculated by applying a rate per \$1,000 of

the monthly current balance. If you fail to pay the premium, the coverage will be cancelled. The premium is due and payable on the Effective Date for single premium, and monthly for monthly billing. **On Open End Loans, premiums may be changed by Securian Casualty Company providing sixty (60) days written notification prior to any premium change being implemented.** E. **Term of Insurance:** The insurance will end on the earliest of: 1. the Expiration Date; 2. the date you turn age 65; 3. the date the debt is fully prepaid, renewed, refinanced or otherwise stops; 4. the date requested in writing by you; 5. the date the debt is charged off by the creditor; 6. the Maximum Total Indemnity Over Loan Term has been reached; or 7. the Maximum Term of Insurance has been reached. F. **Cancellation of this Certificate:** 1. **By you:** This certificate may be canceled by you by prior written notice to us stating when such cancellation will become effective at 12:01 a.m. standard time at your address. 2. **By us:** During the first 60 days, we may cancel this certificate for any reason by furnishing at least 14 days prior written notice of and reasons for cancellation. After the first 60 days, we may cancel this certificate by furnishing at least 60 days (10 days for nonpayment of premium) prior written notice for any one of the following reasons: a) nonpayment of premium; b) your conviction of a crime arising out of acts increasing the hazard insured against; c) acts or omissions by you or your representative constituting fraud or material misrepresentation in obtaining this certificate or in presenting a claim under this certificate; d) a substantial change in the risk assumed, except to the extent we should reasonably have foreseen the change or contemplated the risk in writing this contract; e) a substantial breach of contractual duties or conditions by you or the creditor; f) loss of reinsurance applicable to the risk insured against, but only if the absence of reinsurance has resulted from termination of treaty or facultative reinsurance initiated or implemented by our reinsurer or reinsurers; g) a determination by any state or federal regulatory authority that the continuation of this certificate would place us in violation of the insurance laws of this state or would jeopardize our solvency; or h) acts or omissions by you or your representative which materially increase the hazard insured against. All cancellation will be effective on the date designated at 12:01 a.m. standard time at your address. Cancellation by us will not impair your entitlement to benefits for the entire uninterrupted period of involuntary unemployment beginning before cancellation. G. **Refund:** Unless otherwise stipulated under applicable state law, any unearned premium will be: 1) computed by the Pro Rata Method; and 2) paid to you or credited to your account at the option of the creditor. No refund or credit less than \$1.00 will be made. Refund calculations for a portion of a debt month are: 1 - 15 days = the portion of the premium for that month will be considered unearned; 16 days or more = the portion of the premium for that month will be considered fully earned. H. **Assignment:** Your interest described in this certificate is not assignable unless written consent is obtained from us. I. **Entire Contract:** The entire contract consists of: 1. your Application for Involuntary Unemployment Insurance; 2. the Involuntary Unemployment Insurance Certificate; 3. the Involuntary Unemployment Insurance Group Master Policy; and 4. the Application for Group Policy Involuntary Unemployment Insurance. J. **Changes to Contract:** No one can change the contract or alter its terms except by written amendment signed by an authorized officer of Securian Casualty Company. K. **Legal Action:** You cannot start any legal action more than 2 years after proof of claim is required. L. **Claim Reporting:** You must 1) notify us within thirty (30) days of unemployment, or soon as possible, but no later than twelve (12) months after unemployment; 2) provide documentation or information required by us at the time claim is made and throughout the period in which claim payments are made. If your delay in filing a claim or providing necessary information prevents us from determining eligibility under the certificate, no coverage will be provided.

In witness whereof, **SECURIAN CASUALTY COMPANY** has caused this certificate to be signed by two authorized officers.

Secretary

President

For Policyholder Service:

You may contact us at
Summit Administrators
110 W Rosamond St
Houston, TX 77076
800.275.3414

**SCHEDULE
OPEN-END
OUTSTANDING BALANCE**

Minnesota Life Insurance Company • 400 Robert Street North • St. Paul, Minnesota 55101-2098

PRIMARY BORROWER (CALLED YOU)	CO-BORROWER (ALSO CALLED YOU)	EFFECTIVE DATE
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STREET ADDRESS	CREDITOR BENEFICIARY	CLASS OF BUSINESS	SOURCE CODE
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CITY, STATE & ZIP	SECONDARY BENEFICIARY
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CREDIT LIFE		CREDIT DISABILITY		
GROUP POLICY NUMBER 429785-G	MAX. AMOUNT OF LIFE INSURANCE \$10,000	GROUP POLICY NUMBER 429786-G	MAX. MONTHLY DISABILITY BENEFIT \$500.00	
MAXIMUM TERM OF INSURANCE N/A	DATE OF ISSUE OF THIS CERTIFICATE	MAX. TERM OF INSURANCE N/A	DISABILITY WAITING PERIOD 14 Days	RETROACTIVE BENEFIT Yes

CREDIT INSURANCE APPLIED FOR		
SINGLE LIFE	JOINT LIFE	CREDIT DISABILITY
OPEN-END: MONTHLY RATE PER \$100 OF INSURED DEBT \$0.053	OPEN-END: MONTHLY RATE PER \$100 OF INSURED DEBT \$0.082	OPEN-END: MONTHLY RATE PER \$100 OF INSURED DEBT \$0.086

I do not wish either Life or Disability coverage on this loan.

APPLICATION OF BORROWER

You are applying for the credit insurance marked above and authorizing the Creditor to add the charges for insurance to your loan each month as they become due. You have the right to stop this authorization. Your signature below means that you agree that:

1. You are eligible for disability insurance as to each advance only if you are under age 65 and you are working for wages or profit 30 hours a week or more on the date you sign for the advance. If you are not, that particular advance will not be insured until you return to work. You are insured only for advances actually received by you. You are not insured for any unused credit which may be available to you.
2. Each month the insurance charge is calculated by multiplying the insured outstanding principal balance of your loan on the billing date by the rate shown in the Schedule.
We can change the rate later on. But if we do, we will let you know in advance. The new rate will apply only to charges made for insurance after the date of the rate change.
3. Your co-borrower is not eligible for disability insurance.
4. Neither you nor your co-borrower are eligible for life insurance after you have reached your 65th birthday, and insurance will also stop when you reach that age.
5. ~~THIS INSURANCE MAY NOT COVER AN ADVANCE OR CHARGE UNDER YOUR CREDIT LINE IF YOUR DEATH OR DISABILITY RESULTS FROM A CONDITION FOR WHICH YOU HAVE SEEN A DOCTOR OR A CHIROPRACTOR IN THE SIX MONTHS BEFORE THE ADVANCE OR CHARGE. (Refer to "WHAT WE WON'T PAY" in your certificate for details.)~~
6. This insurance is voluntary and is not a condition for approval of the loan.

DATE	PRIMARY BORROWER X	DATE OF BIRTH	AGE
DATE	CO-BORROWER X	DATE OF BIRTH	AGE

WARNING: THIS INSURANCE MAY NOT BE ENOUGH TO COMPLETELY PAY OFF YOUR LOAN.

Minnesota Life Insurance Company (Called We or Us) • 400 Robert Street North • St. Paul, Minnesota 55101-2098

NOTICE OF YOUR RIGHT TO EXAMINE THIS CERTIFICATE FOR 30 DAYS

You can cancel this insurance within 30 days after you receive this certificate by telling us or the creditor that you want to do so. We will refund to you all the premium you have paid for this insurance. If you cancel this insurance after 30 days, you will not get all your premium back.

CONTACT NOTICE

It is important to us that you are satisfied with this insurance and the service you receive from us. If you have questions about this insurance, please contact your creditor or us, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098; (651) 665-3500.

Questions about this notice or any unresolved complaint may be directed to the California Department of Insurance, Consumer Affairs Department, 300 South Spring Street, Los Angeles, CA 90013; (800) 927-4357.

CERTIFICATE OF INSURANCE WHAT YOU GET

We certify while we are paid the premiums for the Group Policy by the Creditor as they become due each month you are insured for the coverage marked in the Schedule, subject to the terms of the Group Policy issued to the Creditor.

WHO GETS PAID

Claim payments are made to the irrevocable Creditor Beneficiary named in the Schedule to pay off or reduce your debt. If claim payments are more than the balance of your debt, the difference will be paid to you or to the Secondary Beneficiary named in the Schedule, if any, or to your estate.

WHAT WE WILL PAY

Life Insurance Benefit. If you die while you are insured we will pay the outstanding principal balance of your loan on the date of your death plus not more than 2 months unpaid loan interest. But we won't pay more than the Maximum Amount of Life Insurance in the Schedule. If your co-borrower dies while insured for joint life coverage we will pay on the same basis as above. Only one death benefit is payable under this Certificate.

Total Disability Insurance Benefit. If you are insured for total disability insurance, we will pay a benefit if you file written proof that you became totally disabled while insured and continue to be totally disabled for more than 14 days. Payment will be calculated from the 1st day of disability. Payments will stop when you are not totally disabled anymore or when your loan with the Creditor is paid off, whichever comes first. The benefit for each day of disability to be compensated will be 1/30th of your required monthly loan payment or the Maximum Monthly Disability Benefit, whichever is less.

Definition of Total Disability. During the first 18 consecutive months of total disability, total disability means that you are not able to perform the major duties of your occupation because of sickness or accidental injury. After the first 18 consecutive months of total disability, the definition changes and requires that you not be able to perform the duties of any occupation for which you are reasonably qualified by education, training or experience. You will be required to give us written proof of your continuing total disability from time to time.

WHAT WE WON'T PAY

Misstated Age. If you stated you are under age 65 but you are not, we will return your premium when we discover this and will not pay any benefits. This also applies to your co-borrower, if you applied for joint life coverage.

Suicide and Preexisting Medical Conditions. ~~WE WON'T PAY A LIFE CLAIM FOR AN ADVANCE ON YOUR LOAN IF, WITHIN 6 MONTHS OF THE DATE OF THE ADVANCE, YOU COMMIT SUICIDE OR DIE FROM A PREEXISTING MEDICAL CONDITION.~~ But we will return the life insurance charge on that advance for the person that died. This also applies to your co-borrower, if you applied for joint life coverage. The time limit for "Suicide and Preexisting Medical Conditions" runs separately as to each advance, but a later advance does not re-start the time limit on prior advances.

Definition of Preexisting Medical Condition. ~~A Preexisting Medical Condition is a condition for which you received medical advice, consultation or treatment within the six month period immediately prior to the date of the advance.~~

Total Disability Not Covered. We won't pay a claim or refund the disability insurance charge if your total disability:

1. is a result of a normal pregnancy or childbirth; or
2. is a result of an intentionally self-inflicted injury; or
3. ~~as to each advance on your loan, begins within 6 months after the date of the advance as a result of a Pre-existing Medical Condition. A Preexisting Medical Condition is one for which you saw, or were under treatment by a physician or a chiropractor both within the 6 months before and the 6 months after the date of the advance.~~

WHEN INSURANCE STOPS - REFUND

This insurance stops:

1. the first billing date after the Creditor receives your written request to stop the insurance, or
2. the billing date after you withdraw your authorization for the addition of charges for the insurance to your loan, or
3. the first billing date after you or your joint insured reach your 65th birthday, or
4. the date your loan stops, or
5. the billing date upon which you are 3 months delinquent in making a minimum monthly payment on your loan, or
6. the billing date the Group Policy stops, or
7. you or your joint insured dies.

WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT

The Group Policy, the Application for the Group Policy, and the attached Application of Borrower are the complete contract of insurance. All statements made by you in your Application are considered to have been made to the best of your knowledge and belief. No statement can be used to void this insurance or deny a claim unless that statement is in your signed Application. After 2 years during your lifetime from the Date in the Application, no statement made by you in your Application can be used to void this insurance or deny a claim. This does not apply to your disability coverage (if any) if that statement was made fraudulently. If you stated in your Application that you are age 65 or older and we do not return your premium within 75 days of the Effective Date, you are insured.

RULES FOR FILING A TOTAL DISABILITY CLAIM

You must write us or our agent about your total disability claim within 30 days after the beginning of your total disability or as soon after that as you can. We will send you claims forms within 15 days after you tell us about the claim. If we don't send the forms in 15 days, you can simply send us written proof of your disability. The proof must show the date and the cause of the total disability and how serious it is, and it must be signed by a physician or a chiropractor. The proof of total disability must be sent to us no later than 90 days after your total disability ends. If it is impossible to file within 90 days, you must file as soon as you can. Unless you have been legally incapable of filing the proof of total disability, we won't accept it if it is filed after one year from the time it should have been filed. You can't start any legal action until 60 days after you send us the proof of your total disability, and you can't start any legal action more than 3 years after the proof is filed.

RULES FOR FILING A LIFE CLAIM

We must be given a certified copy of the death certificate as proof of a life claim.

CONFORMITY WITH STATE STATUTES

Any part of the Group Policy which, on the Effective Date of the Group Policy, conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

PHYSICAL EXAMINATION AND AUTOPSY

We at our own expense have the right, and you must allow us the opportunity, to examine your person as often as is reasonably required while a claim is pending and to make an autopsy in case of death, if it is not forbidden by law.

Secretary

President

Important Notice

Minnesota Life Insurance Company - a Securian Financial company
400 Robert Street North, St. Paul, MN 55101-2098

NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverage, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's right or obligations or the rights or obligations of the Association.

COVERAGE

Persons Covered

Generally, an individual is covered by the Association if the insurer was a member of the Association **and** the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

Amounts of Coverage

The basic coverage protections provided by the Association are as follows:

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for **all** life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract.
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society.
- If a person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual.
- Employer and association plans, to the extent they are self-funded or uninsured.
- A policy or contract providing any health care benefits under Medicare Part C or part D.
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract.
- Any policy of reinsurance unless an assumption certificate was issued.
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverage provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

**California Life and Health Insurance
Guarantee Association**
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

**California Department of Insurance
Consumer Communications Bureau**
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

INSTRUCTIONS:

Once you have completed reviewing the online training manual,
[click here to complete the certification questions](#), then click on submit.

Make sure you include your name, email address, and store number.

Thank you