

Protective Life Sponsored Agents Errors & Omissions (E&O) Enrollment Form



Insurer: Markel American Insurance Company

Policy Period: March 1, 2023 to March 1, 2024

Enrollment Questions? Contact Aon Affinity: By Phone at: 800-539-9284 | By Email at: info@agents-eo.com | By Fax at: 215-293-1248

SECTION 1: YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

SECTION 2: COVERAGE & LIMIT SELECTION (please select your desired coverage level and the corresponding limit of liability of your choice)

Coverage Options (select one)	Limit Options (select one) (Each Claim/Aggregate each Agent per Policy Period)	Annual E&O Cost ¹
<input type="checkbox"/> Basic – Includes fixed insurance products only ²	<input type="checkbox"/> \$1,000,000 / \$1,000,000	\$738
	<input type="checkbox"/> \$2,000,000 / \$2,000,000	\$877
	<input type="checkbox"/> \$3,000,000 / \$3,000,000	\$1,084
<input type="checkbox"/> Basic Plus – Includes Basic coverage, plus variable products and mutual funds for Series 6/63 Licensed Reps only, <i>excludes</i> Securities ²	<input type="checkbox"/> \$1,000,000 / \$1,000,000	\$950
	<input type="checkbox"/> \$2,000,000 / \$2,000,000	\$1,145
	<input type="checkbox"/> \$3,000,000 / \$3,000,000	\$1,365
Total Amount Due:		

¹E&O Cost includes premium and a program administration fee.

²For Agents previously registered with Concourse Financial Group Securities, Inc. (CFGs), coverage includes prior acts protection for Securities products previously sold through CFGs and/or variable products and mutual funds provided you have continuously participated in the Protective Life sponsored plan since you terminated your registration with CFGs.

SECTION 3: PAYMENT

Payment in Full by Check

Please make your check payable to Affinity Insurance Services, Inc. for the full E&O cost and mail this form with your check to Affinity/Agents P.O. Box 392071, Pittsburgh, PA 15251

SECTION 4: WARRANTY STATEMENT & SIGNATURE

I understand and acknowledge the following: 1) I have no knowledge, as of today's date, of any negligent act, error, or omission, or personal injury, which could reasonably be expected to result in a claim that has not already been reported to the E&O Insurer. 2) To be eligible for coverage under the Protective Life Sponsored E&O Program, I must be legally contracted to represent Protective Life Insurance Company or its affiliates as of my coverage effective date. 3) If my contract to represent Protective Life terminates, my coverage ceases that same date. 4) All payments are fully earned, and I am responsible to pay the full annual E&O cost. 5) There are no refunds of premium for any reason. 6) I authorize Aon Affinity to process my renewal. 7) Your submission of this form or our preliminary acceptance of payment does not guarantee coverage. Should this submission be deemed ineligible for coverage, your payment will be refunded. 8) This coverage is placed through Agents Professional Liability Service Organization (APLSO), a risk purchasing group duly organized under the Federal Risk Retention Act of 1986 and registered in all states. Enrollment in this E&O Program automatically includes membership in APLSO.

Signature: _____ Date: _____

DEADLINE TO ENROLL IS: MARCH 1, 2023

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