



## PRODUCERS ERRORS AND OMISSIONS INSURANCE PROGRAM

### Underwritten By:

Zurich American Insurance Company, a Zurich American Group Company, has been selected to underwrite this program because, along with their many years experience in producing Agents' and Brokers' coverage, they offer: Underwriting stability and financial solvency, evidenced by an A.M. Best rating of A+ XV (Superior) and an experienced claims staff providing expert knowledge and counsel.

### Program Administrator:

Insurance Specialties Services, Inc. has been the administrator for the Protective Life Errors & Omissions Program since its inception in 1988.

Please feel free to contact us with any questions.

### *INSURANCE SPECIALTIES SERVICES, INC.*

946 Town Center  
New Britain, PA 18901

Phone: 800/533-4579

Fax: 215/918-0507

Email: administrator@issisvs.com

Website: www.issisvs.com

### Program Highlights

- **Basic liability limit is \$1,000,000 per claim and annual aggregate per agent with optional \$2,000,000 limit and \$3,000,000 limit available;**
- **No program Annual Aggregate Limit**
- **Deductibles (Indemnity Only): \$500 per claim for Protective Life products, \$2,500 for covered products of other companies;**
- **First Dollar Defense Expenses Provided (\$0 Deductible for Defense Costs);**
- **Defense costs are paid in addition to the limit of liability;**
- **Limited insolvency coverage for admitted carriers with B+ or better A.M. Best Rating at time coverage was obtained or account placed;**
- **Basic coverage without Variable Life, Variable Annuities and Mutual Funds coverage;**
- **Three Optional extended reporting periods for retired, disabled or deceased agents priced at 150% for three years, 300% for five years and 400% for unlimited;**
- **Full prior acts coverage for qualified agents.**
- **Limited coverage for Security & Privacy Liability, Regulatory Proceeding Coverage and Privacy Breach Costs Coverage at no additional premium. \$250,000 limit per claim/\$500,000 aggregate – coverage is shared among all participants.**

### Competitive Premium Rates: Policy Period 2/15/2019 to 2/15/2020

#### Annual Cost per Agent

<b>\$1,000,000 Limit:</b>	<b>\$688.00</b>
<b>\$2,000,000 Limit:</b>	<b>\$827.00</b>
<b>\$3,000,000 Limit:</b>	<b>\$1,034.00</b>

**NOTE:** These highlights summarize some of the more important features of the Protective Life Insurance Company Professional Liability Program. This is not meant to be a legal interpretation of the policy provisions. For specific answers to questions you may contact *Insurance Specialties Services, Inc. (ISSI)* for more details.



PRODUCERS ERRORS AND OMISSIONS

ENROLLMENT FORM

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Social Security # (last 6 only) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. I am a: [ ] General Agent [ ] Agent Date became agent or broker of the Company: \_\_\_\_\_

5. Number of years licensed as an agent, broker or registered representative: \_\_\_\_\_

6. Has applicant or anyone for whose actions applicant is responsible been the subject of disciplinary action by any insurance authority? [ ] Yes [ ] No

7. Has any policy or application for errors and omissions insurance or reinsurance on behalf of the applicant or any of its partners, executive officers or directors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, cancelled or renewal refused within the last five years? [ ] Yes [ ] No

8. Have any errors and omissions claims been made against the applicant, any of the present partners, executive officers or directors, or to the knowledge of the applicant, against its predecessors in business, or any partner, executive officer or director within the last ten years? [ ] Yes [ ] No

9. Are there any circumstances which may result in an errors and omissions claim being made against the applicant, its predecessor in business, or any past or present partners, executive officers or directors? [ ] Yes [ ] No

10. Expiring E&O carrier information (If none, state "none"): \_\_\_\_\_

<u>Carrier Name</u>	<u>Expiration Date</u>	<u>Policy#</u>	<u>Limit</u>
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NOTE: Please attach a detailed explanation for any "Yes" answers to questions above.

**11. Effective Date** \_\_\_\_\_

Enrollee hereby warrants and represents that the statement and answers to questions made herewith and attachments hereto are true, and enrollee has not omitted or misrepresented any information. Enrollee further understands and agrees that the completion of this form does not bind any company to issuance of an insurance policy or certificate.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

[ ] Check Enclosed [ ] Payment by Visa or MasterCard for premium per pro rata premium schedule

Card Number: \_\_\_\_\_ Ex Date \_\_\_\_\_ Amount Authorized \_\_\_\_\_

Address of Cardholder if different than above: \_\_\_\_\_

Please Read The Following Carefully. This is a Claims Made and Reported Policy. \*PRIOR ACTS COVERAGE - The policy will apply to prior acts committed but only in the event you a). have maintained prior continuous and consecutive E&O coverage, and b). you had no prior knowledge or awareness of facts or circumstances that could result in a claim being made against you. All agents or representatives to be covered must apply individually and pay according to the enrollment premium schedule. Your check, payable to ISSI or your signed credit card authorization must accompany this application. The program effective date is February 15. Only newly contracted agents or representatives or contracted agents or representatives with expiring coverage are eligible to enroll midterm. The premium will be prorated according to the Enrollment Premium Schedule. The completed enrollment form and payment of the premium due must be received within 45 days of the agent's date of contract or E&O expiration date.

**RISK PURCHASING GROUP MEMBERSHIP:**

By applying for this insurance agents and representatives are applying for membership in the Insurance Professionals Protection Group formed and operating pursuant to the federal Liability Risk Retention Act of 1986 (RRA 1986) [15 USC 3901.1 et seq.] There is no additional charge for this membership.

RETURN TO: Insurance Specialties Services, Inc.  
946 Town Center, New Britain, PA 18901  
Phone: 800/533-4579 FAX: 215/918-0507  
E-mail: administrator@issisvs.com

**Protective Life/West Coast Life Agents E&O Program  
Pro Rata Premium Schedule for the period 2/15/2019 to 2/15/2020**

Entry Date	Coverage Limit Premium	\$1,000,000	\$2,000,000	\$3,000,000
		\$688.00	\$827.00	\$1,034.00
15-Feb				
1-Mar		\$660.00	\$793.00	\$991.00
15-Mar		\$631.00	\$759.00	\$948.00
1-Apr		\$602.00	\$724.00	\$905.00
15-Apr		\$574.00	\$690.00	\$862.00
1-May		\$545.00	\$655.00	\$819.00
15-May		\$516.00	\$621.00	\$776.00
1-Jun		\$488.00	\$586.00	\$733.00
15-Jun		\$459.00	\$552.00	\$690.00
1-Jul		\$430.00	\$517.00	\$647.00
15-Jul		\$402.00	\$483.00	\$604.00
1-Aug		\$373.00	\$448.00	\$561.00
15-Aug		\$344.00	\$414.00	\$517.00
1-Sep		\$316.00	\$380.00	\$474.00
15-Sep		\$287.00	\$345.00	\$431.00
1-Oct		\$258.00	\$311.00	\$388.00
15-Oct		\$230.00	\$276.00	\$345.00
1-Nov		\$201.00	\$242.00	\$302.00
15-Nov		\$172.00	\$207.00	\$259.00
1-Dec		\$144.00	\$173.00	\$216.00
15-Dec		\$115.00	\$138.00	\$173.00
1-Jan		\$86.00	\$104.00	\$130.00
15-Jan		\$58.00	\$69.00	\$87.00
1-Feb		\$29.00	\$35.00	\$44.00

**Basic Coverage Without Variable Products and Mutual Funds.**