

Agents Licensed through the IMO's of EPIC Marketing Group, LLC



Enrollment Form

Claims Made and Reported Errors and Omissions Coverage

Policy Period: September 1, 2008 to September 1, 2009

By applying for this insurance, you are applying for membership in the Financial Sales Professionals Risk Purchasing Group, a group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.). There is no additional charge for membership.

Instructions: Complete all sections of this form. If you are paying by Debit to Checking or credit card, fax enrollment form to: (800) 607-6875. Enrollment forms with checks, please mail to: Brown & Brown of California, Inc. dba CalSurance Associates, P.O. Box 7048, Orange, CA 92863-7048

Coverage Questions: Call Brown & Brown of California, Inc., dba CalSurance Associates at (800) 745-7189 or e-mail at info@calsurance.com.

1. Your Information -- Please print clearly.

Name (first, middle initial and last):

Street Address:

City:

State:

Zip:

Contact Phone:

-

-

Fax:

-

-

E-Mail:

IMO: (Must be selected)

- | | |
|--|--|
| <input type="checkbox"/> Adams Life Brokerage | <input type="checkbox"/> Innovative Marketing Strategies, Inc. |
| <input type="checkbox"/> AMZ | <input type="checkbox"/> Insurance Wholesalers, Inc. |
| <input type="checkbox"/> Bay Planning | <input type="checkbox"/> King Financial Services, LLP |
| <input type="checkbox"/> Consolidated Underwriters | <input type="checkbox"/> Partners Advantage |

Birthday (Month/Year)

Last Four (4) Digits of your Social Security Number:

Have you had more than 1 claim in the past five (5) years?

Yes No

Have you had any claim in which more than \$50,000 was paid either in defense or indemnity or both? Yes No

2. Effective Date & Premium Amount:

Effective Date of Coverage cannot be prior to your date of contract and cannot be back dated to a prior month

Effective Date of Coverage will be the 1st day of the month you enroll.

Enrollment Month	Premium by Date of Enrollment	Enrollment Month	Premium by Date of Enrollment
Sept. 2008	<input type="checkbox"/> \$588	Mar. 2009	<input type="checkbox"/> \$305
Oct. 2008	<input type="checkbox"/> \$541	April 2009	<input type="checkbox"/> \$258
Nov. 2008	<input type="checkbox"/> \$494	May 2009	<input type="checkbox"/> \$211
Dec. 2008	<input type="checkbox"/> \$447	June 2009	<input type="checkbox"/> \$164
Jan. 2009	<input type="checkbox"/> \$399	July 2009	<input type="checkbox"/> \$116
Feb. 2009	<input type="checkbox"/> \$352	Aug. 2009	<input type="checkbox"/> \$ 69

Please refer to the "Outline of Coverage" for a description of coverage.
 \$1,000,000 each Claim/\$1,000,000 Aggregate per Agent/
 \$25,000,000 Policy Aggregate ALL Insureds
 (rates are inclusive of a non-refundable administrative fee)

3. Payment Options:

Pay by Debit to Checking (Installments):

There will be a \$7 per installment charge (See and complete the "Authorization Agreement for Pre-Authorized Payments", in addition to this enrollment form. Payment Schedule is included on the authorization form.)

Payment in Full by Credit Card:

Please complete credit card information below.

Pay by Credit Card Installments:

I elect to pay my premium in four installments by credit card. I authorize Brown & Brown of California, Inc., DBA CalSurance Associates to process the installment charges on the date the enrollment form is received, November 10, 2008, February 10, 2009 and May 10, 2009. I understand a \$7 processing fee will be added to each installment. I also understand that if payment is declined, coverage shall terminate upon ten (10) day Notice of Cancellation. Payment may be paid within the specified ten (10) day period to maintain coverage. Should payment decline a second time, all remaining premium is due in full within the specified ten (10) day period to maintain coverage.

Payment in Full by Check: Please forward a check made payable to "CalSurance Associates" for the full premium.

(Billing processed through Brown & Brown of California, Inc., dba CalSurance Associates)

Credit Card Information

MasterCard Visa

(We do not accept Debit Cards, Discover or American Express)

Account #:

Expiration Date of Credit Card: (Required)

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(MM / YY)

Cardholder's Name:

Cardholder's Signature:

Today's Date

4. WARRANTY STATEMENT - Signature Required

I understand and agree to the following: I must be a currently appointed agent who is licensed through an IMO of EPIC Marketing Group, LLC (Policyholder). Otherwise, I may not be considered an insured under this policy, and claims made against me may not be covered.

This is a claims made and reported policy. I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy, and if any such claim exists, or knowledge or information exists and any claim or action arises therefrom, it is excluded from coverage for which this enrollment form applies. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, and may result in denial of a claim.

Agent's Signature:

Today's Date: