

**Protective Life Insurance Company Sponsored Agents
Errors & Omissions (E&O) Midterm Enrollment Form**



Insurance Company: Markel American Insurance Company

Policy Period: February 15, 2020 to March 1, 2021

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: DESIRED COVERAGE EFFECTIVE DATE

Desired Coverage Effective Date (MM/DD/YYYY): _____ *(must be on or after your date of contract with Protective Life)*

SECTION 3: LIMIT SELECTION (please select your desired limit of liability & corresponding month of enrollment below)

Coverage Effective Month	E&O Cost by Limit of Liability Option (Each Claim/Aggregate each Agent) Matrix		
	<input type="checkbox"/> \$1M/\$1M	<input type="checkbox"/> \$2M/\$2M	<input type="checkbox"/> \$3M/\$3M
<input type="checkbox"/> February 2020	\$738	\$1,084	\$1,722
<input type="checkbox"/> March 2020	\$683	\$811	\$1,001
<input type="checkbox"/> April 2020	\$628	\$745	\$ 919
<input type="checkbox"/> May 2020	\$573	\$679	\$ 836
<input type="checkbox"/> June 2020	\$518	\$612	\$ 753
<input type="checkbox"/> July 2020	\$463	\$546	\$ 670
<input type="checkbox"/> August 2020	\$408	\$480	\$ 588
<input type="checkbox"/> September	\$353	\$414	\$ 505
<input type="checkbox"/> October 2020	\$298	\$348	\$ 422
<input type="checkbox"/> November 2020	\$243	\$282	\$ 340
<input type="checkbox"/> December 2020	\$188	\$215	\$ 257
<input type="checkbox"/> January 2021	\$133	\$149	\$ 174
<input type="checkbox"/> February 2021	\$ 78	\$ 83	\$ 91

E&O Cost includes premium and a program administration fee. Coverage includes fixed insurance products only (excluding variable products, mutual funds and Securities; however, the policy includes retroactive coverage for Securities previously sold through ProEquities provided you have continuously participated in the Protective Life sponsored plan since you terminated your registration with ProEquities.

SECTION 4: PAYMENT

Payment in Full by Check
Please make your check payable to Affinity Insurance Services, Inc. for the full E&O cost due based on your desired limit of liability and coverage effective month (see matrix above) and mail this form with your check to Affinity/Agents P.O. Box 392071, Pittsburgh, PA 15251 or overnight to: 392071, 500 Ross Street 154-0455, Pittsburgh, PA 15262-0001

SECTION 5: 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 E&O cost due based on my coverage effective date. 5) There are no refunds of premium for any reason. 6) I authorize Aon Affinity to process my enrollment. 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:** _____