

# NAPA's Direct E&O Insurance Plan Payment Authorization Form and Application



## For Agents with gross commissions of under \$250,000

The following form has been created to protect both parties in disputes arising from the payment of this policy and future renewals of this policy. It is NAPA's intention to make sure that the Agent applying for coverage has a clear understanding of the nature of this E&O insurance policy and our premium collection policies. Please complete this form along with the attached 2 page application, sign and return to them to NAPA by fax at 1-800-411-4771 or mail to: 9024 Town Center Parkway, Lakewood Ranch, FL 34202.

Applicant Information: (Please print clearly)

Name:	Please list the insurance companies that are the primary sources of income:
Social Security Number:	
Desired Plan Effective Date: (must be the first of the month)	

Please Select/Check Your Desired Plan Coverage Amount:, use the attached rate sheet to enter the correct annual/monthly pricing	Annual Price	Monthly Payment Option *	
		1 <sup>st</sup> Months Down Payment	Remaining Monthly Payments
<input type="checkbox"/> \$500,000 per claim / \$500,000 annual	\$623.50	\$167.67	\$44.17
<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 annual	\$804.10	\$201.60	\$57.50
<input type="checkbox"/> \$1,000,000 per claim / \$3,000,000 annual	\$925.50	\$217.95	\$67.05
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 annual	\$1319.50	\$313.67	\$94.17

Payment Method:

Annual Payment Options	* Down Payment + Subsequent Months
<input type="checkbox"/> Annual Check (Please enclose a check made payable to: NAPA)	<input type="checkbox"/> via Bank Draft (must enclose a voided check)
<input type="checkbox"/> Annual Credit Card (visa, master card, discover, amex)	<input type="checkbox"/> via Credit Card Charge (visa, master card, discover, amex)

Credit Card Information:	
Card Holder Name:	
Card Number:	
Expiration Date:	

Plan pricing includes \$36 NAPA dues and appropriate fees, taxes and doc stamps. Monthly payment options include a \$2.50 per month processing fee. Pricing shown above is applicable for coverage in all states except New York.

I understand I am applying for a claims-made Errors and Omissions Policy. All premiums are earned at policy inception; **policy is non-cancelable and non-refundable**. A \$20 service fee will be charged for any non-sufficient funds transaction. A \$25 service fee will be applied to any request for a policy limit change during the term of the policy. I understand and acknowledge that my policy can and will be canceled at any time during the policy period if I fail to make premium payments as due.

**Unless notified by NAPA future renewals of this policy will occur twelve months from your current effective date. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to NAPA from me or my payment institution.**

I agree to the above payment authorization for the policy as applied. If the policy application is denied any payment applied to the policy will be refunded.

Agent Agreement / Credit Card Signature \_\_\_\_\_ Date \_\_\_\_\_ Form must be signed to process application

**PROFESSIONAL LIABILITY INSURANCE PROGRAM FOR MEMBERS OF THE NATIONAL ASSOCIATION OF PROFESSIONAL AGENTS**

APPLICATION FOR "CLAIMS-MADE" E&O INSURANCE FOR LIFE INSURANCE AGENTS AND SERIES 6 REGISTERED REPRESENTATIVES

Annual Policy Aggregate Limit of Liability: \$10,000,000

E&O Plan Administrator:  
National Association of Professional Agents  
6311 Atrium Drive, Ste. 200  
Lakewood Ranch Florida 34202  
(800) 593-7657 FAX 800 411-4771

Insurance Company:  
Clarendon America Insurance Company  
c/o ProSurance Group, Inc.  
2685 Marine Way, Suite 1408  
Mountain View, California 94043

The undersigned, hereinafter referred to as **Applicant**, hereby makes application for claims-made Professional Liability Insurance coverage, and in connection therewith furnishes Clarendon America Insurance Company ("the Company") the following information.

I. Applicant			
Name:			Office Telephone
Mailing Address:			FAX Number
Social Security Number:	Insurance Licenses Held: <input type="checkbox"/> Life <input type="checkbox"/> Accident & Health <input type="checkbox"/> Other - Specify:	Securities Licenses Held: <input type="checkbox"/> Series 6 <input type="checkbox"/> Series 7 <input type="checkbox"/> Other - Specify:	Email:
Years of Experience:			Broker-Dealer:

II. Insurance Coverage	
2a. Current Professional Liability Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	2b. Desired Effective Date:
Inception Date: _____ Retroactive Date: _____	2c. Desired Limits (per wrongful act / agent's annual aggregate):
	<input type="checkbox"/> \$ 500,000 / \$ 500,000 <input type="checkbox"/> \$1,000,000 / \$3,000,000
	<input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000

III. Revenue			
3a. List <b>Applicant's</b> gross revenue for the past year and estimates for the current year and next year:			
Prior Year:	Current Year:	Next Year:	
3b. Split <b>Applicant's</b> estimated current year's gross revenue into percentages by the following categories as indicated:			
Insurance & Annuity Sales:		Securities Sales:	
Fixes Life and Annuities: _____%		Mutual Fund Sales: _____%	
Accident and Health: _____%		Variable Life Insurance & Variable Annuity Sales: _____%	
Sub Total: _____%		Other Security Sales: _____%	
Other Services (Describe): _____%		Sub Total: _____%	
		Total: _____%	100 %

IV. Claims and Complaints (If any of the following are answered "yes", you are not eligible for the Program.)	
4a. Has any claim, suit or arbitration for alleged malpractice, error, omission, mistake or other wrongful acts been made against <b>Applicant</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. After a review of <b>Applicant's</b> records, does <b>Applicant</b> have any knowledge or information of any fact situation, allegation or incident which may result in a complaint, claim, suit or arbitration against <b>Applicant</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Is <b>Applicant</b> aware of or involved in any fee dispute with a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Disciplinary Action (If any of the following are answered "yes", you are not eligible for the Program.)	
5a. Has any professional license or registration of <b>Applicant</b> ever been denied, suspended, revoked, non-renewed or restricted in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Has <b>Applicant</b> ever been disciplined, fined, or suspended by the SEC, NASD, a state securities, corporation or insurance department or other regulatory body, or formally reprimanded by any court or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5c. Has any complaint ever been filed against <b>Applicant</b> with a consumer agency, <b>Applicant's</b> broker/dealer, the SEC, NASD, a state insurance, corporation or securities department or other regulatory body? Is <b>Applicant</b> currently under investigation by any of these authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d. Has <b>Applicant</b> ever been formally accused of violating any professional association's code of ethics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. Has <b>Applicant</b> ever been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5f. Has any contract between <b>Applicant</b> and his/her insurance company, broker/dealer or others been suspended, terminated, non-renewed or restricted for cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5g. Has <b>Applicant</b> ever had a professional liability insurance policy or fidelity bond declined, canceled, issued on special terms, renewal refused or had a request that an application for insurance or for a bond be withdrawn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

