

ProEquities, Inc. & Protective Life



Claims Made & Reported Agents & Registered Representatives Errors & Omissions (E&O) Coverage

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

E&O ENROLLMENT FORM

By purchasing this insurance, agents become members of Agents Professional Liability Service Organization 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: **For FAST and EASY enrollment by credit card, complete your enrollment online by visiting: <https://proeq.reps-eo.com>**

Complete ALL sections of form. If you enroll online and pay by credit card, do not submit this form.

Enrollment forms with Checks, please mail to: Affinity Insurance Services, Inc., 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034

Coverage Questions: Call Affinity Insurance Services at (800) 621-0711 or email info@agent-eo.com.

Section 1 Your Information (Please Print Clearly)

First Name

Last Name

Business Name

Business Street Address

City

State

Zip Code

Daytime Phone Number

Email Address

Section 2 Effective Date and Amount Due

Effective Date of Coverage: _____
(MM/DD/YYYY)

Limit & Coverage Options (select one limit below):

Limit: Each Loss/Aggregate per Reg. Rep.	E&O Cost
<input type="checkbox"/> \$1,000,000 / \$1,000,000	\$XXXX
<input type="checkbox"/> \$2,000,000 / \$2,000,000	\$XXXX

Total E&O Cost: _____

Section 3 Payment Options (select one) – Payment by Credit Card is available online at: <https://proeq.reps-eo.com>

- Payment in Full by Check: Check made payable to Affinity Insurance Services, Inc. for the full E&O cost.

– OR –

- Payment by Commission Deduction: I authorize ProEquities, Inc. to deduct the total E&O cost due from my commissions over the next XX commission statements. Should you not have sufficient commissions available at time of deduction, you will be required to pay the balance in full by check within 10 business days or your coverage is subject to termination. Should your contract terminate for any reason, your balance will be due in full.

Section 4 Notice and Warranties

I understand that I must be a currently contracted Agent, Registered Representative or Investment Advisor Representative with ProEquities, Inc. or Protective Life to be eligible for this Errors and Omissions coverage. I understand that if I am not a contracted agent, registered representative or investment advisor representative as described above, I will not be considered an insured under this policy, and claims made against me will not be covered. I further understand that if I am a currently contracted Agent, Registered Representative or Investment Advisor Representative of ProEquities, Inc., Protective Life or its subsidiaries paying a premium for coverage under the Errors and Omissions program, such premium is considered fully earned and therefore I will not be entitled to a return premium for any reason. Should my contract with ProEquities, Inc. or Protective Life terminate, coverage will cease immediately regardless of the reason for such termination.

I understand 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. It is agreed and understood that 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.

Agent/Registered Representative's Signature

Today's Date