

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



For Agents with gross commissions less than \$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.

ATTN: JERRI PUGLIESE EXT 236

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:	

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 st Months Down Payment	Remaining Monthly Payments
<input type="checkbox"/> \$1,000,000 per claim / \$1,000,000 annual	\$804.10	\$201.6	\$57.50
<input type="checkbox"/> \$2,000,000 per claim / \$2,000,000 annual	\$1319.50	\$313.67	\$94.17
<input type="checkbox"/> \$1,000,000 per claim / \$3,000,000 annual	\$925.50	\$217.95	\$67.05

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)	

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.

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 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
9024 Town Center Parkway
Lakewood Ranch Florida 34202
(800) 593-7657 FAX 800 411-4771

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

ATTN: JERRI PUGLIESE EXT 236

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 Insurance: <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):
Activities Covered:	<input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$3,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000

III. Revenue			
3a. List Applicant's gross revenue for the past year and estimates for the current year and next year:			
Prior Year:	Current Year:	Next Year:	
3b. Split Applicant's 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 Applicant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. After a review of Applicant's records, does Applicant have any knowledge or information of any fact situation, allegation or incident which may result in a complaint, claim, suit or arbitration against Applicant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4c. Is Applicant 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 Applicant ever been denied, suspended, revoked, non-renewed or restricted in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. Has Applicant 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 Applicant with a consumer agency, Applicant's broker/dealer, the SEC, NASD, a state insurance, corporation or securities department or other regulatory body? Is Applicant currently under investigation by any of these authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5d. Has Applicant ever been formally accused of violating any professional association's code of ethics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5e. Has Applicant 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 Applicant 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 Applicant 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

