

## Is E&O Insurance Necessary? You Decide!!!

Statistics prove that one out of every seven Insurance Agents will report an Errors and Omissions claim this year. Insurance Agents rank fourth among professions in number of lawsuits being filed against them. They are preceded only by physicians, attorneys and accountants. Recent overall figures show that 12 million lawsuits have been filed in state courts last year. This represents approximately one law suit for every 13 adults.

With these astounding statistics in mind, American Guarantee and Liability Insurance Company, a Zurich American Group Company, has been selected to underwrite this program because, along with their many years experience in producing Agents' and Brokers' coverage, they offer:

- Underwriting stability and financial solvency, evidenced by an A.M. Best rating of A+ XV (Superior).
- An experienced claims staff providing expert knowledge and counsel
- An extremely competitive price and coverage

Insurance Specialties Services, Inc. (ISSI) of Jamison, PA has been chosen as the agent and administrator of this plan. ISSI and its principals have over 20 years experience with Insurance Agents' Errors and Omissions Programs and other liability lines, as well as being a source for Loss Control information in these areas.

We encourage you to take advantage of this program. Please complete the supplemental enrollment information and return it with the annual premium payment to ISSI, 2370 York Road, Suite D4, Jamison, PA 18929.

## To Contact Us

Phone

**800/533-4579**

Fax

**215/918-0507**

E-mail

**administrator@issisvs.com**

### PLAN ADMINISTRATOR

**Insurance Specialties Services, Inc.**

**Commonwydds  
2370 York Road, #D4  
Jamison, PA 18929**



**EMPIRE GENERAL  
LIFE ASSURANCE CORPORATION**

**P.O. Box 310  
Shawnee Mission, Kansas 66201  
913-897-9733**

**— FOR AGENT USE ONLY —**



**EMPIRE GENERAL  
LIFE ASSURANCE CORPORATION**

## Agents Errors and Omissions Insurance Program

**February 2005 - January 2006**



Empire General Life Agents E&O  
Program Highlights

- ◆ Basic liability limit is \$1,000,000 per claim and annual aggregate per agent with optional \$2,000,000 limit available;
- ◆ Program Annual Aggregate Limit \$100,000,000; Deductibles(Indemnity Only): \$500 per claim for Empire General products, \$2,500 for products of other companies;
- ◆ First Dollar Defense Expenses Provided (\$0 Deductible for Defense Costs);
- ◆ Defense costs are paid in addition to the limit of liability;
- ◆ Basic coverage includes Mutual Funds Coverage.
- ◆ Limited insolvency coverage for admitted carriers with B+ or better A.M. Best Rating at time coverage was obtained or account placed;
- ◆ Three Optional extended reporting periods for retired or terminated agents priced at 150% for three years, 300% for five years and 400% for unlimited;
- ◆ Optional Financial Planner/Registered Investment Advisor coverage for ProEquities, Inc. Registered Representatives;
- ◆ Full prior acts coverage for qualified agents;
- ◆ Competitive Premium Rates

NOTE: These highlights summarize some of the more important features of the Empire General Life Assurance Corporations' professional liability program. This is not meant to be a legal interpretation of the policy provisions. For specific answers to questions you may contact Insurance Specialists Services, Inc. (ISSI) for more details.

\*This is a Claims Made Policy.

\*PRIOR ACTS COVERAGE - The policy will apply to prior acts committed but only in the event you a). have maintained prior continuous and consecutive E&O coverage, and b). you had no prior knowledge or awareness of facts or circumstances that could result in a claim being made against you.

ENROLLMENT FORM

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. a. Telephone: \_\_\_\_\_  
b. Social Security #: \_\_\_\_\_

4. a. I am a: ☐ General Agent ☐ Agent  
b. Date became agent or broker of the Company: \_\_\_\_\_

5. Number of years licensed as an agent and/or broker: \_\_\_\_\_

6. Has applicant or anyone for whose actions applicant is responsible been the subject of disciplinary action by any insurance authority? ☐ Yes ☐ No

7. Has any policy or application for errors and omissions insurance or reinsurance on behalf of the applicant or any of its partners, executive officers or directors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, cancelled or renewal refused within the last five years? ☐ Yes ☐ No

8. Have any errors and omissions claims been made against the applicant, any of the present partners, executive officers or directors, or to the knowledge of the applicant, against its predecessors in business, or any partner, executive officer or director within the last ten years? ☐ Yes ☐ No

9. Are there any circumstances which result in an errors and omissions claim being made against the applicant, its predecessor in business, or any past or present partners, executive officers or directors? ☐ Yes ☐ No

10. List E&O carriers for past 5 years.  
(If none, state "none"): \_\_\_\_\_

Carrier Name    Expiration Date    Policy#    Limit

Enrollee hereby warrants and represents that the statement hereto are true, and enrollee has not omitted or misrepresented any information.  
Enrollee understands and agrees that the completion of this form does not bind any company to issuance of an insurance policy or certificate.  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
If you are a TEXAS AGENT LICENSED AS A CORPORATION, please provide the corporation name: \_\_\_\_\_

You have the choice of two payment options (check one):  
☐ Payment in full by check or money order  
☐ Payment in full by credit card plus \$25.00 processing fee  
( If you choose this option, please complete the following )  
☐ Visa ☐ MasterCard ☐ Discover Card

Credit Card# \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Cardholders Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Basic Coverage (includes Mutual Funds Coverage)  
\$1,000,000 Limit:  
\$635.00 per Agent  
Annual Cost per Agent  
\$2,000,000 Limit:  
\$765.00 per Agent  
Annual Cost per Agent  
Basic Coverage with  
\*Optional Financial Products    \$1,060.00  
Annual Cost per Agent  
\*(ProEquities Products and Services only)  
Total Enclosed: \$ \_\_\_\_\_  
( Credit Card Payments Add \$25.00 Processing Fee )

Please Read The Following Carefully:

All agents to be covered must apply individually and pay according to the proceeding premium schedule. Your check, payable to ISSI or your signed credit card authorization must accompany this application. The program effective date is February 15. A newly contracted agent and agents with expiring coverage that enroll mid-term will be prorated from the 15th of each subsequent month. Prorata premiums are based upon a monthly rate of 1/12 of the annual premium times the number of months remaining in the policy year rounded up to the next whole dollar.

RETURN TO: Insurance Specialists Services, Inc.  
2370 York Road, Suite D4  
Jamison, PA 18929  
Phone: 800/533-4579 FAX: 215/918-0507  
E-mail: administrator@issisvs.com