

**Agents of ARMtech**  
**Claims Made and Reported Errors and Omissions Insurance**  
**March 1, 2008 to March 1, 2009**



Risk Purchasing Group: By purchasing this insurance, agents are applying for membership in the Financial Sales Professionals Risk 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.

**YOUR INFORMATION (PLEASE PRINT)**

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_  
 Authorized Agency Principal Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Effective Date of Coverage : \_\_\_\_\_

**PREMIUM TABLE**

Select **ONLY ONE** Coverage for your Agency –Base Rate Per Agent Rate

Deductible		Policy Limit \$500,000 / \$1,000,000	Policy Limit \$1,000,000 / \$1,000,000
ARMtech Products	All Other Covered Products		
\$5,000	\$5,000	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1,002
\$5,000	\$7,500	<input type="checkbox"/> \$956	<input type="checkbox"/> \$ 973
\$7,500	\$7,500	<input type="checkbox"/> \$919	<input type="checkbox"/> \$ 939

Additional Charge of \$120 per agent applies if Life/ A&H sales are between 15% - 49% of total revenue. Split deductible with the lower deductible applying to ARMtech Products and the higher deductible applying to the products of other companies. **The above premiums do not include the Administration Fee of \$35.00.**

**PREMIUM CALCULATION**

Select **ONLY ONE** coverage for your Agency – Base Rate Per Agent

1. Select Base Rate (from Premium Table on the reverse side of this document)	= \$	_____
2. If Life/A&H sales is between 15% - 49% of total revenue add \$120.00	+ \$	_____
	<b>Subtotal:</b>	= \$ _____
3. Number of licensed producing agents (including subproducers that place business through you agency)	X \$	_____
4. Pro-rate factor (if applicable - from reverse of this document)	X \$	_____
	<b>Subtotal:</b>	= \$ _____
5. Add the Administrative Fee:	+ \$	35.00
6. This is the total agency premium due:	= \$	_____

**PAYMENT METHOD AND FREQUENCY (CHOOSE ONE)**

**Payment in Full:**

- Payment in Full by check for the full annual premium.** Make check payable to Brown & Brown of California, dba: CalSurance.
- Payment in full by Credit Card. (We Do Not Accept Debit Cards)** Complete the Payment Authorization Form (Page 3 of this Enrollment Packet).

**4 Pay** (Installments automatically drafted upon enrollment, and on 6/1/08, 9/1/08, 12/1/08. An additional charge of \$7.50 will be applied to each installment)

- Payment by ACH Installment.** Complete Payment Authorization Form (Page 3 of this Enrollment Packet).
- Payment by Credit Card Installment. (We Do Not Accept Debit Cards)** Complete Payment Authorization Form (Page 3 of this Enrollment Packet).

**WARRANTY STATEMENT - SIGNATURE REQUIRED!!**

I understand and agree to the following: I am authorized to purchase insurance on behalf of the agency. The Agency must maintain an active Agency appointment with ARMtech to be eligible for this program, otherwise, the Agency will not be insured under this policy, no claims made against the Agency or its agents will be covered, and any premiums paid by the agency will be returned. I have verified and warrant that the Agency indicated above is eligible for this program per the Eligibility Requirements. If my contract with ARMtech is terminated, coverage will continue until policy expiration.

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, and 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. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, and may result in denial of a claim.

\_\_\_\_\_  
(Agency Principal Signature) \_\_\_\_\_  
(Today's Date)

<b>Return to: Payment by Check (Mail Form and make check payable to):</b> Brown & Brown of California, Inc. dba CalSurance P.O. Box 7048, Orange, CA 92863-7048	<b>Payment by Debit to Checking:</b> Fax form to: (800) 607-6875	<b>QUESTIONS:</b> Call CalSurance Customer Service Dept. (800) 745-7189
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