

Life Insurance Agents Professional Liability

PRODUCT FACT SHEET

PRODUCT

This policy is written on a claims-made and reported basis and provides professional liability coverage for wrongful acts occurring after the retroactive date stated on the declarations page and reported during the policy period. The policy provides coverage for any actual or alleged act, error or omission committed solely in the performance of or failure to perform professional services or a claim for libel, slander or invasions of privacy. Professional services are those services performed for commissions and/or fees in your activities as a life, accident and health insurance agent.

WHO IS COVERED

Individuals and entities that can be insured under the policy are:

- **Named Insured** The individual agent or broker licensed by the appropriate state regulatory entity to solicit and sell Life and Accident & Health products.
- **Entity** Any corporation, partnership or other business entity that employs, or is owned/controlled by the named insured. All licensed and non-licensed company employees under the supervision of the named insured while acting in the scope of their duties as an employee.

POLICY HIGHLIGHTS

- Limits of Liability from \$250,000/\$250,000 up to \$1,000,000/\$2,000,000 available
- Low deductible—starts at \$2,500 up to \$25,000
- Insolvency of carrier coverage (on carriers rated A— or higher by A.M. Best)
- Punitive damage protection where permitted by law
- Extended Reporting Period—Available for One year
- Risk Management Tools—An array of loss control aids are available for review on Rockwood's website. These tools are only accessible to policy holders.

PRIOR ACTS COVERAGE

The Rockwood Guardian provides Prior Acts Coverage for services performed prior to the effective date of the policy. Prior acts coverage is extended to the effective date of your firm's first claim-made policy (when claims-made coverage has been maintained continuously) or to some date agreed upon for pricing or underwriting reasons. With prior acts coverage, you can move your coverage from one insurance company to another without losing protection for covered services you performed in the past.

AVAILABLE ENDORSEMENTS

- **Financial Products.** Expands coverage to include placement of mutual funds and variable annuities. Other restrictions apply.
- **Incidental Property & Casualty Placements.** Covers placement of certain types of Property & Casualty products. This enhancement is not available in AL, AK, AZ, CA, FL, HI, LA, MA, MS, NV, NJ, NY, TX, WA, or WV. Other restrictions apply.
- **Identity Theft Coverage.** Up to \$25,000 of protection provided at no additional cost to the policyholder. This insurance is not available in all jurisdictions.

APPLY ON THE INTERNET

Rockwood's Bind Online process instantly provides a premium indication, and the option for you to bind coverage online in IL, NJ, and NY can not bind online.

This fact sheet is for informational purposes only. Consult the policy for actual terms, conditions and exclusions of coverage. Policy terms may vary based on individual state requirements. Issuance of coverage is subject to underwriting. Coverage for claims will be determined on their own merit.

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4001 Miller Road
Wilmington, DE 19802-1999

Application for: LIFE INSURANCE AGENTS PROFESSIONAL LIABILITY



ROCKWOOD PROGRAMS, INC.

4001 Miller Road
Wilmington, DE 19802-1999
Tel: 877/242-2487 Fax: 302/762-4200
Website: www.rockwoodinsurance.com

NOTICE: This is an application for claims made and reported insurance. Such insurance if accepted by the Company, subject to policy provisions, applies only to those claims which are the result of wrongful acts occurring subsequent to the Retroactive Date and which are first made against you and reported to us during the policy term or any applicable Extended Reporting Period. The policy provides that the limit of liability shall be reduced by the amounts paid for legal defense.

Preferred Risk • Retail agency only cannot insure Managing General Agents/Wholesalers • Have limited claims history
Characteristics • Have \$1,000,000 or less in annual commission income. *Please contact us to accommodate higher commission income.*

1a Applicant's Name _____ DBA (if applicable) _____
Mailing Address _____
City _____ State _____ Zip _____
Tel (_____) _____ Fax (_____) _____ Email Address _____
Contact Person _____ Title _____

1b Does the applicant own 100% of the listed DBA? Yes No N/A

1c Does the applicant own any business entities not listed on the application? Yes No

1d Please list any additional insureds _____ Additional named insureds _____

2 Applicant is: Sole Proprietorship Partnership Corporation

3 Date first licensed: Life/Health* ____/____/____ (if applicable) Series 6 (if applicable) ____/____/____ Series 7 (if applicable) ____/____/____
*If less than three years, provide resumes for each agency principle.

4 Please check the professional designations you currently hold:
 GLU RHU LUTCF ChFC CIC REBC CPCU RPLU Other _____

5 Does the Applicant function exclusively as a Workplace Marketer/Enroller and derive all their commission income from this activity? Yes No

6 Has the applicant been involved with any mergers, purchases or, acquisitions in the past five years? Yes No
If "Yes", please describe on a separate sheet.

7 Has the applicant ever had any professional license terminated or suspended? Yes No

8 Have any professional liability claims been made against the applicant or any of its past or present owners, officers, partners, employees, or solicitors, or to the knowledge of the applicant on behalf of its predecessors in business, within the last five years? . . . Yes No
If "Yes", a Supplemental Claim form must be completed and submitted with this application. The Supplemental Claim Information Form is available on the web at www.rockwoodinsurance.com in the Life Agents E&O section.

9 Are there any known circumstances or incidents which may result in a professional liability claim? Yes No
If "Yes", give details on a separate sheet.

10 Declarations of "LICENSED" persons, (including yourself), whether owners, partners, directors, officers, or employees (selling or not).

A	NAME OF LICENSED PERSON	DESIGNATIONS CODE*	COMMISSIONS	
			LAST 12 MONTHS	NEXT 12 MONTHS
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
B	Total Number of sub-agents, brokers, and independent contractors _____		\$ _____	\$ _____

*Designation Codes: O = Owner P = Partner OF = Officer/Director
E = Employee **If necessary, use a separate sheet.** **Total Commissions:** \$ _____ \$ _____

C Unlicensed Staff: Total Number _____ Full Time _____ Part Time _____
1099 employees are excluded by the policy form, unless added by endorsement. Please note that the policy covers the applicant for any liability resulting from the actions of independent contractors so long as the revenues from independent contractor(s) are indicated above, subject to policy terms and conditions.

11 Do you verify that all non-employed sub-agents/independent contractors are required to carry Errors and Omissions coverage? Yes No

12 Please indicate percent of the applicants revenue derived from each line of business written below: **The total of all lines should equal 100%.**

Life-Individual _____% A&H-Individual _____% Stocks _____% Variable Annuities _____% Life-Group _____%
A&H-Group.... _____% Bonds..... _____% Equity Indexed Annuities..... _____% Fixed Annuities..... _____%
Mutual Funds _____% RIA/Financial Planning _____% All Other (Describe on a separate sheet) _____%

* _____% Pension/Employee Benefit Planning * _____% Insurance Consulting **Please provide a brief description on a separate sheet.**

13a Does the applicant require coverage for Financial Products (Mutual Funds and Variable Annuities)? Yes No
If "Yes", an additional premium will apply.

13b Does the applicant require coverage for Investment Services (Stocks, Bonds, RIA/Financial Planning)? Yes No
If "Yes", an additional premium will apply.

13c Do you charge fees for investment services or advice? Yes No

13d Does the applicant require coverage for incidental Property & Casualty placements? Yes No

If "Yes", what is the annual commission income derived from P&C related activity? \$ _____

NOTE: Restrictions apply. A supplemental P&C Activities Application must be completed so eligibility can be determined.

NOTE: The activities listed in questions 13a and 13b are subject to a sublimit: actions selling variable annuities, mutual funds, stocks, bonds; actions as a financial planner/registered investment advisor.

14 If "Yes" to 13a and/or 13b please provide: Name of Broker Dealer _____

Name of Registered Representative(s) _____

15 Does the applicant place coverage or have involvement with Self Insured/Captives or Risk Retention Groups (RRG), Risk Purchasing Groups (RPG), Multiple Employer Trusts (MET), Multiple Employer Welfare Arrangements (MEWA), Stop Loss Products or any self funded or partially funded product? Yes No **If yes, please provide a brief description of activities in this area (on a separate sheet).**

16 List the top five Insurance Companies with which you place business:

Name of Insurance Company	Products Sold	% of Revenues
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

17 Do you currently have Errors and Omissions Insurance in Force? Yes No

If "Yes", what is: Name of Insurer _____ Expiration Date _____

Retroactive Date _____ Current Limits \$ _____ / _____ Deductible \$ _____ Premium \$ _____

Do you wish to purchase prior acts coverage? Yes No

NOTE: Prior Acts coverage may only be available if the applicant has had continuous coverage in force with no gaps. If the applicant has not carried coverage or is not able to provide proof of coverage, the retroactive date of the policy will be inception. If "Yes", proof of prior coverage will be required.

18 Limits of liability desired \$ _____ / _____ Deductible amount desired \$ _____

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED BY THE COMPANY.

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE ACCURATE AND COMPLETE. APPLICANT ALSO WARRANTS THAT SUCH STATEMENTS AND RESPONSES ARE TRUE, CONTAIN NO MISREPRESENTATIONS AND THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION OR ATTACHMENTS THERETO CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES.

Signature _____ Date _____
(Must be signed by an owner or officer of the applicant)

Please Print Name _____ Title _____

Referred by:
Agent Name _____ E-mail _____ Tel (_____) _____