

LIFE AGENTS ERRORS AND OMISSIONS (E&O) COVERAGE



Please mail or fax this completed application to:
Rockwood Programs, Inc.
4001 Miller Road, Wilmington, DE 19802-1999
Tel: 877/242-2487 Fax: 302/762-4200
www.rockwoodinsurance.com

The rate table shown below is only for those agents with the following risk characteristics:

- Has been claims free for three years
- Does not sell or service P&C products
- Is not domiciled in CA or NJ
- Generates under \$125,000 in net income annually
- Is **not** involved with products that require Series 6 or 7 licenses

Please note: coverage is written on a non-admitted basis. Agents or agencies not fitting these risk parameters should contact Rockwood Programs for additional information.

Premiums shown below are for a 12 MONTH TERM and assume a \$2,500 deductible. Other liability and deductible options are available.

SELECT	LIMITS OF LIABILITY	PREMIUM	LICENSED 3 YEARS OR MORE	Required RPG FEE	TOTAL DUE (Premiums+Fee)
<input type="checkbox"/>	\$500,000/\$500,000	\$575	<input type="checkbox"/> Yes <input type="checkbox"/> No—Add \$90	Add \$100	\$
<input type="checkbox"/>	\$500,000/\$1,000,000	\$650	<input type="checkbox"/> Yes <input type="checkbox"/> No—Add \$100	Add \$100	\$
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$725	<input type="checkbox"/> Yes <input type="checkbox"/> No—Add \$110	Add \$100	\$

Apply Now for the Guardian Professional Liability Program

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GENERAL INFORMATION

- Name of Applicant _____ DBA _____
- Street Address _____ City _____ State _____ Zip _____
- Phone (____) _____ Fax (____) _____ Web-Site _____
- Primary Contact Name _____ E-Mail _____
- How many years has the Applicant been in business? _____ Requested effective date _____
- Applicant does business as: Individual Licensee General Agent Insurance Agent Other (Explain): _____

OPERATIONS

- Life/A&H Companies represented (attach additional sheets if needed): _____
- Please show expected revenue overrides or total commissions from all production sources over the next twelve months:
 - Personal Production \$ _____
 - Employee Sub-Producers \$ _____
 - Independent Sub-Producers \$ _____
 - TOTAL, All Sources \$ _____**
- 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 _____ % Stocks _____ % Variable Annuities _____ % Life—Group _____ % Mutual Funds

_____ % A&H—Individual _____ % Bonds _____ % Fixed Annuities _____ % A&H—Group _____ % RIA/Financial Planning

_____ % Property/Casualty Products _____ % All Other (Describe on a separate sheet)

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

- Does the Applicant place coverage or have any involvement with Self Insured/Captives, Risk Retention Groups (RRGs), Risk Purchasing Groups (RPGs), Multiple Employer Trusts (METs), or Multiple Employer Welfare Arrangements (MEWA)?
 Yes No *If "Yes", provide details on a separate sheet.*
- Have any professional liability claims been made against the Applicant or any of its past or present owners, officers, partners, employers, or solicitors, or to the knowledge of the Applicant?
 Yes No *If "Yes", provide details on a separate sheet.*
- on behalf of its predecessors in business, within the last five years?
 Yes No *If "Yes" provide details on separate sheet.*
- Is the Applicant for this insurance aware of any fact, circumstance, or situation involving any Prospective Named Insureds that he or she has reason to believe may result in a claim?
 Yes No *If "Yes" provide details on separate sheet.*
- Do you currently have E&O Coverage in force? Yes No *If "Yes", attach copy of most recent declarations page.*

Payment Option Check for Total Amount Due, payable to **Rockwood Programs, Inc.**

Date _____ Applicant's Authorized Signature _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. 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 A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.