



Enrollment Form

Claims Made and Reported Errors and Omissions Coverage
Policy Period: July 1, 2004 to July 1, 2005

Agents with Expiring Coverage: Enroll within 30 Days of Expiration Newly Contracted Agents: Enroll within 45 Days of Contract Date

Instructions: Complete all sections of form. If you are paying by ACH Installments fax form to: (800) 607-6875. Enrollment forms with checks, please mail to: CalSurance, P.O. Box 7048, Orange, CA 92863-7048.

Questions: Call CalSurance at (800) 745-7189 or e-mail at info@calsurance.com.

1. Your Information

Please print clearly.

Name (first, middle initial and last):

Name input fields

Agent#:

Agent# input field

Street Address:

Street Address input field

City:

City input field

State:

Zip:

State and Zip input fields

Daytime Phone:

Daytime Phone input field

Fax:

Fax input field

E-Mail:

E-Mail input field

2. Selection of Options

Effective Date of Coverage:

You must select both a "Limit" and "Coverage" option from below:

Limit Options:

Table with 2 columns: Limit Option and See Premium Table

Coverage Option:

(Please refer to "Plan Highlights" for further description of coverage):

Coverage Option checkboxes

Premium Due From Table input field

\*Above rates are inclusive of an administrative fee.

3. Payment

Payment in Full by check:

Check made payable to CalSurance for the full premium.

OR

Payment by ACH Installments:

I would like to pay my premium in four equal installments by pre-authorized debits from my checking account...

(Billing through Brown & Brown of California, Inc.)

4. Signature Required (IMPORTANT)

I understand that I must be a currently contracted agent with Indianapolis Life Insurance Company to be eligible for this Errors & Omissions coverage...

Agent's Signature:

Agent's Signature input field

Today's Date:

Today's Date input field



# Errors and Omissions Insurance Authorization Agreement for Pre-Authorized Debits



Policy Period: July 1, 2004 to July 1, 2005

## SEE ENROLLMENT INSTRUCTIONS FOR PREMIUM AMOUNT.

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance, hereinafter called COMPANY, to initiate electronic debits from my (our) checking account indicated below at the financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I (we) agree that if premiums are not paid on the dates specified below, or in the event the withdrawals are dishonored, coverage shall terminate upon ten (10) days. Notice of Cancellation: The agent will be eligible for reinstatement of coverage ONE time only, by paying appropriate premium in addition to a reinstatement fee of \$20.00. Please attach a "voided" check to the bottom of this form. The Enrollment Form will not be processed if a "voided" check is not attached. Total premium will be divided into 4 (four) equal installments. Payments will be processed accordingly: **First installment will be taken upon receipt of Enrollment Form then again on September 1, 2004, November 1, 2004 and January 1, 2005.** I understand that a \$7.50 processing charge will be added to each installment.

Name of Financial Institution: \_\_\_\_\_

Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

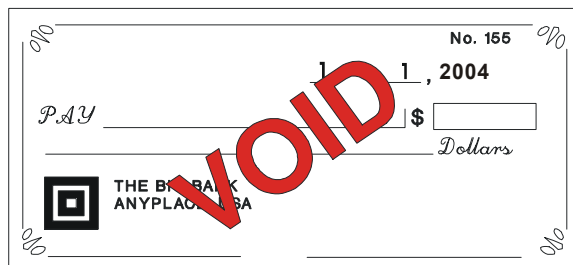
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If account requires two signatures)

**Please attached a voided check, or photocopy thereof applicable to the above account in this space (enrollment will not be processed without it).**



# PPGA'S of INDIANAPOLIS LIFE

An AMERUS Company

## ENROLLMENT PREMIUM TABLE

July 1, 2004 to July 1, 2005

Enroll Date	Coverage Option	\$1,250,000 Each Claim \$1,250,000 Annual Aggregate	\$2,250,000 Each Claim \$3,250,000 Annual Aggregate	\$3,250,000 Each Claim \$3,250,000 Annual Aggregate
July 2004	Option A - Insurance Products and Mutual Funds	\$820	\$1,026	\$1,084
	Option B - Insurance Products, Mutual Funds and Securities	\$1,735	\$2,420	\$2,916
Aug. 2004	Option A - Insurance Products and Mutual Funds	\$754	\$ 943	\$ 996
	Option B - Insurance Products, Mutual Funds and Securities	\$1,593	\$2,221	\$2,676
Sept. 2004	Option A - Insurance Products and Mutual Funds	\$688	\$ 860	\$ 908
	Option B - Insurance Products, Mutual Funds and Securities	\$1,451	\$2,022	\$2,435
Oct. 2004	Option A - Insurance Products and Mutual Funds	\$623	\$ 777	\$ 821
	Option B - Insurance Products, Mutual Funds and Securities	\$1,309	\$1,823	\$2,195
Nov. 2004	Option A - Insurance Products and Mutual Funds	\$557	\$ 694	\$ 733
	Option B - Insurance Products, Mutual Funds and Securities	\$1,167	\$1,623	\$1,954
Dec. 2004	Option A - Insurance Products and Mutual Funds	\$491	\$ 611	\$ 645
	Option B - Insurance Products, Mutual Funds and Securities	\$1,025	\$1,424	\$1,714
Jan. 2005	Option A - Insurance Products and Mutual Funds	\$425	\$ 528	\$ 557
	Option B - Insurance Products, Mutual Funds and Securities	\$883	\$1,225	\$1,473
Feb. 2005	Option A - Insurance Products and Mutual Funds	\$359	\$ 445	\$ 469
	Option B - Insurance Products, Mutual Funds and Securities	\$740	\$1,026	\$1,233
Mar. 2005	Option A - Insurance Products and Mutual Funds	\$293	\$ 362	\$ 381
	Option B - Insurance Products, Mutual Funds and Securities	\$598	\$ 827	\$ 992
Apr. 2005	Option A - Insurance Products and Mutual Funds	\$228	\$ 279	\$ 294
	Option B - Insurance Products, Mutual Funds and Securities	\$456	\$ 628	\$ 752
May 2005	Option A - Insurance Products and Mutual Funds	\$162	\$ 196	\$ 206
	Option B - Insurance Products, Mutual Funds and Securities	\$314	\$ 428	\$ 511
June 2005	Option A - Insurance Products and Mutual Funds	\$ 96	\$ 113	\$ 118
	Option B - Insurance Products, Mutual Funds and Securities	\$172	\$ 229	\$ 271

Above premiums include an administration fee.