



**Program Administration by MARSH Consumer: 1-866-814-7518**

**If you are a licensed agent contracted with HBW, you are eligible to enroll in this Agents' Errors & Omissions Program.**

Are you a licensed agent and contracted with HBW?      Yes    No

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agent City State & Zip: \_\_\_\_\_

Following is the Enrollment Information & Optional Coverage Offerings for this Claims Made Coverage provided by Continental Casualty Insurance Company, one of the CNA companies:

Limit Of Liability:            \$1,000,000 Each Claim  
                                     \$1,000,000 Aggregate      (does not apply to New York agents)

Deductibles:                 \$500 per claim on HBW sponsored  
                                     Life, Accident & Health

                                     \$2,500 per claim on HBW sponsored  
                                     Equity Index Annuities/Fixed Annuities/ Disability Income  
                                     (if coverage elected)

\$5,000 per claim for Outside Business (Approved outside business only)

Optional Coverage:         If you are involved in the sale of the following products, you must answer yes and pay the additional cost associated with these products.

Equity Index Annuities/Fixed Annuities (\$75)    Yes    No  
Disability Income (\$25)    Yes    No

Prior Acts:                    a. the date you became continuously insured without interruption under any claims made professional liability policy (subject to written proof of such coverage at the time you give written notice to the Insurer of a Claim under this policy) or

                                     b. the date you contracted with HBW (but no earlier than the Inception Date of the Policy) for claims otherwise covered

Your Cost for Coverage:         \$400 Life, Accident & Health  
                                             \$ 75 Equity Annuities/Fixed Annuities  
                                             \$ 25 Disability Income Insurance  
Total    \$ \_\_\_\_\_

**If you are a New Agent with no previous Life, Accident, or Health insurance sales your cost for coverage is \$250.00**

**Coverage Effective Date: 10/1/2009**

**Coverage Expiration Date: 10/1/2010**

I understand and acknowledge that I am a licensed agent contracted with HBW. I represent that the information furnished is complete, true and accurate. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, on this enrollment or otherwise, shall be grounds for rescission of any insurance issued in reliance upon such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To Pay for your coverage by check, make your check for the full cost of coverage payable to Marsh Consumer. Mail check and this form to:

Marsh Consumer  
P.O. Box 14458  
Des Moines, IA 50306-3458

To Pay for your coverage by credit card, complete the authorization form and fax or mail to Marsh Consumer as follows:

Fax: (515) 243-2331

Marsh Consumer  
P.O. Box 14458  
Des Moines, IA 50306-3458



# HBW Authorization Agreement: Credit Card Payment

## 1. Complete Your Personal Information *(please print)* :

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

HBW Rep ID Number: \_\_\_\_\_

## 2. To pay annually, complete the credit card authorization below:

Yes, I'd like to pay my E&O premium with a one-time payment on my credit card. I authorize Marsh Affinity Group Services, a service of Seabury & Smith, to charge my:  Visa  MasterCard

Premium Amount Due: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name Exactly as it Appears on Card: \_\_\_\_\_

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Signature

Date



INSURANCE & FINANCIAL SERVICES, INC.®

*"Helping Build Wealth"* ®

## Warranty Statement

Program Administration by MARSH Consumer: 1-866-814-7518

As of today's date, I, the undersigned, am not aware of any existing claims, negligent acts, errors, omissions or circumstances which may reasonably be expected to give rise to a claim under the HBW Insurance & Financial Services E&O policy, policy number 287153544.

I understand that there will be no coverage under HBW Insurance & Financial Services' E&O policy, policy number 287153544, for claims of which I had knowledge or potential claims of which I could reasonably be expected to be aware at the time I signed this warranty letter.

IT IS AGREED THAT WITH RESPECT TO THE QUESTIONS ABOVE, THAT IF SUCH CLAIM EXISTS OR KNOWLEDGE, OR INFORMATION EXISTS AND ANY CLAIM OR ACTION ARISES THEREFROM, IT IS EXCLUDED FROM THIS PROPOSED COVERAGE.

THE UNDERSIGNED WARRANTS TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name