

If you do not have E & O Coverage,
you can purchase E & O from
Calsurance for \$417, for the
November enrollment, or in 4
monthly installments plus a \$7.50 fee.



ATTENTION!

Assurity Life Insurance Company Group Sponsored Errors & Omissions Program

Coverage will continue with Zurich American Insurance Company. Please refer to the coverage highlights and specimen policy on the website.

Program Features:

- **Easy Online Enrollment & Access to Valuable Information:**
Go To: www.calsurance.com/assurity
- **Multiple Limit and Coverage Options**
- **Flexible Payment Options**
- **Knowledgeable staff to answer your questions:**
CalSurance Customer Care Department

Phone: (800) 745-7189

Fax: (800) 607-6875

Monday - Friday

7:00 a.m. to 5:00 p.m. (PST)



Brown & Brown of California, Inc. dba CalSurance Associates
(dba CalSurance Brokerage in New York)
681 S. Parker Street, Suite 200
Orange, CA 92868
Email: info@calsurance.com
California License # 0B02587



Assurity Life Insurance Company

Midterm Enrollment Form Claims Made and Reported Errors and Omissions Coverage Policy Period: July 1, 2008 to July 1, 2009



By applying for this insurance, you 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.

Instructions: Complete all sections of form. If you are paying by credit card, fax enrollment form to: (800) 607-6875. Enrollment forms with checks, please mail check made payable to Brown & Brown of California, Inc. dba CalSurance to: Brown & Brown of California, Inc. DBA CalSurance, P.O. Box 7048, Orange, CA 92863-7048
Coverage Questions: Call CalSurance Customer Service at (800) 745-7189 or e-mail at info@calsurance.com

1. Your Information – Please Print Clearly

Name (first, middle initial and last):

Street Address:

City:

State:

Zip:

Daytime Phone:

Fax:

E-Mail:

3. Selection of Options

Payment in Full by check:

Please make check payable to Brown & Brown of California, Inc., DBA CalSurance for the full premium due. – OR –

Payment in Full by Credit Card:

Please complete credit card information below. – OR –

Payment by Credit Card Installments:

I elect to pay my premium by credit card installments. I authorize Brown & Brown of California, Inc., Company DBA CalSurance to process the installment charges on the date the enrollment form is received, and on October 1, 2008, January 1, 2009 and April 1, 2009. I understand a \$7.50 processing fee will be added to each installment. – OR –

Payment by ACH Installments:

I would like to pay my premium using pre-authorized debits from my checking account. I understand and authorize Brown & Brown of California, Inc., dba CalSurance to process installments on the date the enrollment form is received and on October 1, 2008, January 1, 2009 and on April 1, 2009. I understand a \$7.50 processing fee will be added to each installment. Please return enrollment form with attached "Debit Pre-Authorization Form" along with a voided check. Without completed "Debit Pre-Authorization Form", this Enrollment Form **WILL NOT** be processed.

Credit Card Information: MasterCard Visa

(We do not accept Debit Cards, Discover or American Express)

Account #:

Expiration Date of Credit Card:

Cardholder's Name:

Cardholder's Signature:

Today's Date:

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

2. Selection of Options

Effective Date of Coverage: _____

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

Limit Options:

\$1,000,000 Ea. Claim Per Agent / \$1,000,000 Agg. Per Agent

\$2,000,000 Ea. Claim Per Agent / \$2,000,000 Agg. Per Agent

Coverage Options:

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

Basic Coverage: Assurity Life Insurance Company & Security Financial Life Insurance Company Group Products only

Coverage Level I: Includes Basic Coverage plus Products of all Life Companies

Coverage Level II: Includes Basic Coverage, Level I, plus mutual funds, variable life & variable annuities.

Coverage Level III: Includes Basic Coverage, Level I & II, plus financial planning activities & other securities placed through a Broker Dealer registered with the NASD.

Premium Due from Table: (See Enclosed) \$

Premiums include an administration fee of \$30.

4. WARRANTY STATEMENT – Signature Required (Important)

I understand and agree to the following: I must be a currently contracted agent with Assurity Life Insurance Company (Sponsor) at the time of enrollment in order to be eligible for this program; otherwise, I may not be considered an insured under this policy, and claims made against me may not be covered. If I am a currently contracted agent of the Sponsor, paying a premium for coverage under this program, such premium is considered fully earned and therefore I will not be entitled to a return premium if my contract with the Sponsor terminates. Should my contract with the sponsor terminate, coverage will cease upon that termination date and an Extended Reporting Provision (ERP), may apply. Cancellation of this policy may not be permitted and is subject to the terms of the applicable State Amendatory Endorsement based upon the Insured Agents state of domicile.

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.

I hereby warrant and represent that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company issuing the policy. It is understood and agreed that completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

Agent's Signature:

Today's Date:

Assurity Life Insurance Company

Enrollment Premium Table

Policy Period: July 1, 2008 to July 1, 2009

Effective Date	Coverage Options	\$1,000,000 Each Claim	\$2,000,000 Each Claim
		\$1,000,000 Annual Aggregate	\$2,000,000 Annual Aggregate
July 1, 2008	Basic	\$ 610	\$ 702
	Level I	\$ 652	\$ 749
	Level II	\$ 722	\$ 829
	Level III	\$1,103	\$1,254
Aug 1, 2008	Basic	\$ 562	\$ 646
	Level I	\$ 600	\$ 689
	Level II	\$ 664	\$ 762
	Level III	\$1,014	\$1,152
September 1, 2008	Basic	\$ 513	\$ 590
	Level I	\$ 548	\$ 629
	Level II	\$ 607	\$ 696
	Level III	\$ 924	\$1,050
October 1, 2008	Basic	\$ 465	\$ 534
	Level I	\$ 497	\$ 569
	Level II	\$ 549	\$ 629
	Level III	\$ 835	\$ 948
November 1, 2008	Basic	\$ 417	\$ 478
	Level I	\$ 445	\$ 509
	Level II	\$ 491	\$ 563
	Level III	\$ 745	\$ 846
December 1, 2008	Basic	\$ 368	\$ 422
	Level I	\$ 393	\$ 449
	Level II	\$ 434	\$ 496
	Level III	\$ 656	\$ 744
January 1, 2009	Basic	\$ 320	\$ 366
	Level I	\$ 341	\$ 390
	Level II	\$ 376	\$ 430
	Level III	\$ 567	\$ 642
February 1, 2009	Basic	\$ 272	\$ 310
	Level I	\$ 289	\$ 330
	Level II	\$ 318	\$ 363
	Level III	\$ 477	\$ 540
March 1, 2009	Basic	\$ 223	\$ 254
	Level I	\$ 237	\$ 270
	Level II	\$ 261	\$ 296
	Level III	\$ 388	\$ 438
April 1, 2009	Basic	\$ 175	\$ 198
	Level I	\$ 186	\$ 210
	Level II	\$ 203	\$ 230
	Level III	\$ 298	\$ 336
May 1, 2009	Basic	\$ 127	\$ 142
	Level I	\$ 134	\$ 150
	Level II	\$ 145	\$ 163
	Level III	\$ 209	\$ 234
June 1, 2009	Basic	\$ 78	\$ 86
	Level I	\$ 82	\$ 90
	Level II	\$ 88	\$ 97
	Level III	\$ 119	\$ 132

Above premiums include an administration fee of \$30.

Brown & Brown of California, Inc. dba CalSurance Associates (dba CalSurance Brokerage in New York)

Errors and Omissions Insurance Authorization Agreement for Pre-Authorized Debits



July 1, 2008 to July 1, 2009

SEE ENROLLMENT INSTRUCTIONS FOR PREMIUM AMOUNT

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance Associates, 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. Annual premium will be divided into equal installments. Payments will be processed accordingly: **First installment will be taken upon receipt of Enrollment Form then again on, October 1, 2008, January 1, 2009 and April 1, 2009** and a \$7.50 processing charge will be added to each installment. I understand that if any of the scheduled installment dates have passed at the time of my enrollment, my premium will be divided between the remaining installment dates.

Name of Financial Institution: _____

Address or Branch: _____

City: _____ State: _____ Zip: _____

Transit / ABA Number: _____ Account Number: _____

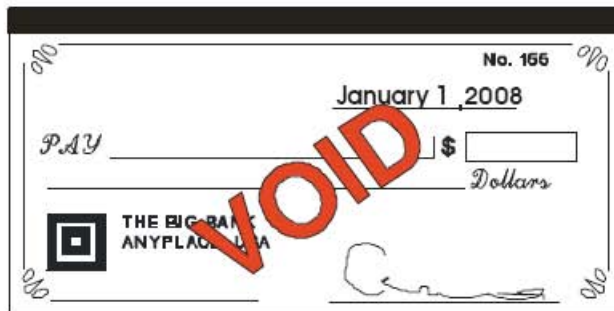
This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(If account requires two signatures)



Please attach a voided check, or photocopy there of applicable to the above account in this space below.
(Enrollment will not be processed without it).

Assurity Life Insurance Company E&O Highlights July 1, 2008 to July 1, 2009

◆ Program Administrator

Brown & Brown of California Inc. D.B.A. CalSurance

◆ Company Affording Coverage

Zurich American Insurance Company
Rated A (Excellent): XV by A.M. Best

◆ Policy Period

July 1, 2008 to July 1, 2009

◆ Limits of Liability

\$1,000,000 Each Claim Each Agent
\$1,000,000 Annual Aggregate Each Agent
or
\$2,000,000 Each Claim Each Agent
\$2,000,000 Annual Aggregate Each Agent

◆ Deductible:

\$1,000 each Claim for the products of Assurity Life Insurance Company
\$2,500 for all other products or services
Applies to damages only

◆ Defense Costs:

Outside the Limit of Liability

◆ Retroactive Date

The earlier of date of first continuous claims made E&O coverage or first continuous insurance agents E&O contract with Assurity Life Insurance Company.

◆ Coverage Options

Basic Coverage: Coverage provided for Assurity Life Insurance Company Group products only

Level I: Includes Basic Coverage plus products of all Life Companies (not including variable products)

Level II: Includes Basic, Level I, plus Mutual Funds, Variable Annuities and Variable Life

Level III: Includes Basic, Level I and Level II plus financial planning activities and other securities placed through a Broker Dealer registered with the NASD.

◆ Coverages Include (All Options)

- Financial Planning
- Notary
- Supervision & Training of Insured Agents
- Personal Injury
- Employee Benefit Plans (Funded with a covered Product)
- Registered Investment Advisor (advice, consultation & administration of above coverage options)

◆ Covered Parties

Only Licensed Agents of Sponsoring Company who paid the premium and whose name is on file
Company owned by or employing insured agent
Officers, Directors and Partners
Employees, Heirs/Executors

◆ Extended Reporting Period

There is an automatic 90 day Extended Reporting Period (ERP) to report claims for agents whose contract is terminated.
A 2-Year automatic Extended Reporting Period (ERP) will be provided at no charge for agents who are formally retired, or in the event of permanent disability or death.
An optional non-cancelable Extended Reporting Period (ERP) will be provided to Insured Agents who become retired, or in the event of permanent disability or death during the policy year. Periods of 3-years, 5-years or Unlimited are available at respective charges of 200%, 300% or 400% of the Insured Agent's last annual premium charge.



EXCLUSIONS

• Exclusions (including but not limited to)

- Fraud, defense until adjudication
 - Bodily Injury and Property Damage
 - Contractual Liability
 - Insolvency with Carve-Back (this exclusion shall not apply if the claim is based upon the insolvency, receivership, liquidation or inability to pay of any insurance company that was rated as A- or better by A.M. Best Company at the time the business was placed, obtained or recommended.
 - Failure to collect/pay commission, taxes, fees
 - Commingling
 - Promises/Guarantees of interest rates, premiums market values and future values
 - Actuary, Accountant, Real Estate Agent or Attorney, Named Fiduciary, or Third Party Claims Administrator
 - Employment Practices Liability, Discrimination
 - ERISA, Pension Benefits Act, COBRA, or own benefit plans
 - Regulatory proceedings, fines or penalties
 - Punitive damages except where insurable by law
 - Unauthorized use of information
 - Claims brought by any Broker-Dealer, insurance company, insurance agency, past Assurity/SFL agents or regulators
 - Structured settlements
 - Viaticals
 - Securities not sold through FINRA registered Broker-Dealer
 - Unregistered Securities
 - Promissory Notes
 - Pay Phones
 - Life Settlements
 - Insured v. Insured
 - Computer Programming if sold
 - MEWAs excluded however, this exclusion does not apply where the trust providing benefits is fully funded by insurance products of an insurance company that is recognized as an admitted carrier by the insurance regulatory agency in the applicable state or jurisdiction and is appropriately licensed to provide the coverage in the state or jurisdiction where the coverage is in force. It is further required that, the coverage applies only to the following plans scheduled (SFL EPIC Plan and Section 79/RLR/GEAR)
- Arising out of the ownership, formation, operation, administration, advice, referral, recommendation, or placement of coverage with any health maintenance organization, preferred provided organization, risk retention group, self insurance program or purchasing group. However, this exclusion shall not apply to advice, regarding, referral or recommendation of, or placement of coverage with any health maintenance organization or preferred provider organization, but only if such organization is fully insured through a carrier rated B++ or better by A.M. Best
 - Discretionary authority (if Basic or Level I are elected)
 - Mutual Funds, Variable Life or Variable Annuities
 - Placing business with unlicensed entities or products except Surplus Lines Insurance Company
 - Penny Stocks (<\$5)
 - Commodities, futures, options, excluding covered calls
 - Futures
 - Federal Telephone Consumer Protection Act, Drivers Privacy Act, controlling the assault of non-solicited pornography and marketing act or unlawful use of communication devices or personal information
 - Claims brought by or involving an insured as a clearing agency
 - Patent, service mark or other intellectual property infringement or unfair competition
 - Claims arising from circumstances of prior knowledge

ENROLL ON-LINE

WWW.CALSURANCE.COM/ASSURITY

