



# 2006-2007 ERRORS AND OMISSIONS PLAN

PRESENTED BY:



1-800-593-7657

## ENROLLMENT FORM FOR AGENTS AND GENERAL AGENTS

To Enroll: Complete the Agent Information, Plan Options and Payment Method.  
Sign the form and fax or mail to NAPA.

### PLAN PREMIUMS\*

Effective Date:	\$500,000 Per Claim \$500,000 Annual		\$1 Million per Claim \$1 Million Annual		\$1 Million per Claim \$2 Million Annual	
	Annual	PAC Down <sup>1</sup>	Annual	PAC Down <sup>1</sup>	Annual	PAC Down <sup>1</sup>
11/1/06	\$461.00	\$96.34	\$536.00	\$102.59	\$686.00	\$115.09
12/1/06	\$424.67	\$93.34	\$493.42	\$99.59	\$630.92	\$112.09
1/1/07	\$388.33	\$90.34	\$450.83	\$96.59	\$575.83	\$109.09
2/1/07	\$352.00	\$87.34	\$408.25	\$93.59	\$520.75	\$106.09
3/1/07	\$315.67	\$84.34	\$365.67	\$90.59	\$465.67	\$103.09
4/1/07	\$279.33	\$81.34	\$323.08	\$87.59	\$410.58	\$100.09
5/1/07	\$243.00	\$78.34	\$280.50	\$84.59	\$355.50	\$97.09
6/1/07	\$206.67	\$75.34	\$237.92	\$81.59	\$300.42	\$94.09
7/1/07	\$170.33	\$72.34	\$195.33	\$78.59	\$245.33	\$91.09
8/1/07	\$134.00	\$69.34	\$152.75	\$75.59	\$190.25	\$88.09
9/1/07	\$97.67	n/a	\$110.17	n/a	\$135.17	n/a
10/1/07	\$61.33	n/a	\$67.58	n/a	\$80.08	n/a
	Monthly PAC withdrawal \$35.34		Monthly PAC withdrawal \$41.59		Monthly PAC withdrawal \$54.09	

\*Pricing includes \$25 administrative fee plus pro-rata \$36 annual NAPA membership dues.

<sup>1</sup>Down-payment includes 1 months premium, NAPA dues, administrative fees and \$2.00 monthly processing fee. Down payments will be processed immediately. Future monthly payments are deducted in advance on the 1st of each month.

### PAYMENT METHOD

I would like to pay by the following method:

- Annual Check  
(Please enclose a check made payable to: NAPA)
- Annual PAC  
(Please enclose a voided check)
- Down Payment and Monthly Bank Draft  
(Please enclose a voided check)

### AGENT INFORMATION

AFameriLife Agent#: \_\_\_\_\_  
 Check here if Writing Number is Pending

Soc Sec#: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Policy Number: AEO29393

### PLAN OPTIONS

Desired Effective Date: \_\_\_\_\_

Coverage Amount:

- \$500K/\$500K
- \$1MM/\$1MM
- \$1MM/\$2MM

(visa, master card, discover, amex)

- Annual Credit Card
- Down Payment and Monthly Credit Card

Card Holder Name: \_\_\_\_\_  
if different from applicant

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I understand and acknowledge that this is a claims made policy and that I am not eligible for coverage under the AFameriLife program unless I am legally contracted to represent AFameriLife as of my coverage date as well as at the time I submit a claim under the policy. I also warrant that I am not aware of any fact, circumstance or actual or alleged act, error or omission which might reasonably be expected to give rise to a future claim under this policy. All premiums are earned at policy enrollment, policy is non-cancelable and non-refundable. A \$20 service fee will be charged of any non-sufficient funds transaction. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to NAPA from me or my payment institution.

**FAX to:**  
**1-800-411-4771**  
**MAIL to:**  
 NAPA E&O PLAN  
 9024 Town Center Parkway  
 Lakewood Ranch, FL 34202

ENROLL ONLINE AT:  
[www.napa-benefits.org/afamerilife](http://www.napa-benefits.org/afamerilife)

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_