



Mutual of Omaha Companies
Broker's Errors & Omissions Program
Westport Insurance Corp.
2008-2009 Program Highlights

1. Effective Date 10/1/2008 to 10/1/2009
2. Named Insured: The Brokers of Mutual of Omaha Errors & Omissions Program
3. Limits: \$1,000,000 each Claim
 \$1,000,000 Aggregate each Broker
4. Deductible: \$500 each Claim for the products of Mutual of Omaha,
 United of Omaha, Companion Life or Mutual of Omaha Investor Services,
 Inc. (loss only)
- \$1,500 each Claim for approved Life and Accident & Health products
 written through other carriers. (loss only)
5. Rates: \$ 904 per Broker (all states EXCEPT AL/CA/LA/TX/AK)
 \$1,131 per Broker (AL/CA/LA/TX/AK)
- Note: All premiums are fully earned when paid and are not refundable.**
6. Retroactive Date: To the date of the Broker's first continuous claims made
 Errors & Omissions coverage.
- Policy contains a Prior and Pending Litigation Exclusion
 as well as a Prior Knowledge of Claim Exclusion.

Marcotte Insurance Agency, Inc
11422 Miracle Hills Dr, Ste 100 Omaha, NE 68154
Phone: 402-398-9009 Fax: 402-398-0917 Watts: 800-284-7142



7. Extended Reporting: Automatic to the next anniversary date for Brokers whose contract with Mutual of Omaha is terminated during the policy period, but only for Acts committed prior to the termination date of the contract and only for Acts committed subsequent to the inception date of the agents coverage Under the policy.
- Period
- A one year extension is available for brokers who are no longer eligible for this program or who choose to leave the program. Notify Marcotte within 30 days of contract termination or upon leaving the program that an extension is desired along with payment of 100% of the current annual premium.
8. Coverage: The sale and servicing of Life and Accident & Health insurance products to include IPA's, HMO's, PPO's and DSP's, annuities and variable annuities with Mutual of Omaha and with carriers other than Mutual of Omaha.
- Financial Planning - Consulting which is incidental to the sale and servicing of insurance products or investment products covered by this policy would be covered.
- Mutual Fund coverage with any broker/dealer registered with the NASD
9. Territory: Coverage is worldwide, provided claim is made and suit is brought against the insured in the United States of America, it's territories and possessions or the District of Columbia, Puerto Rico or Canada.
10. Carrier: Westport Insurance Corp., a part of Swiss Re.
11. Eligibility: You must be licensed by the proper authorities to sell insurance products and mutual funds and **you must be contracted to represent Mutual of Omaha Companies in order to qualify for coverage.** If a claim for benefits is submitted and you do not meet these eligibility requirements, you will receive only a return of any premiums paid.
- Note: This enrollment form is not intended to be a legal interpretation of the policy provisions, but merely to present an overview of the program.**

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Enrollment Form
For Licensed Brokers of the
MUTUAL OF OMAHA COMPANIES

Broker's Name _____ Production No. _____
Agency Name _____ Contract Date _____
Agency Address _____ Phone No. _____
Home Address _____
Social Security No. _____ Home Phone No. _____

I am electing the following coverage and remitting payment:

1. Coverage is to go into effect immediately. I have circled the appropriate premium and coverage on the reverse side of this form for the state where I reside. Payment will be as indicated below.
2. I am currently covered under the following E & O Policy but want to move to this program when that coverage is to expire on Date _____ Limits _____
E & O Carrier _____ Policy No. _____

Have you had any E & O claims against you in the last 5 years? 0 Yes 0 No
If yes, attach full explanation. IF YOU ARE AWARE OF ANY OUTSTANDING CLAIMS OR EVENTS WHICH MAY GIVE RISE TO AN E & O CLAIM, YOU MUST NOTIFY YOUR CURRENT E & O CARRIER, AS NO COVERAGE WILL BE PROVIDED FOR SUCH UNDER THIS POLICY

Signature _____ Date _____

PAYMENT OPTIONS

Vendor: Marcotte Insurance Agency Inc
11422 Miracle Hills Dr., Ste 100
Omaha, NE 68154

Purchase Liability Insurance - Effective Date: _____

Charge my VISA MASTERCARD for \$ _____

Account # _____ Expiration Date _____

Name as it appears on card _____

Address as it appears on card _____

Security code (last 3 digit number on the back of your card, usually in the signature bar): _____

The undersigned acknowledges that the premium is fully earned at the date of enrollment.

Authorized Signature _____ Date _____

For E & O coverage to be effective: Comply with part (11) - Eligibility - under Program Highlights; enrollment form must be completed in full; premium election must be in the hands of the Program Administrator. Mail to: **Marcotte Insurance Agency, Inc. 11422 Miracle Hills Dr., Ste 100, Omaha, NE 68154**

What is Errors and Omissions Coverage?

A forgotten form, a misplaced file, an unmentioned exclusion - seemingly insignificant acts - until they become the subject of a lawsuit. Errors and Omissions coverage provides insurance for negligence in rendering professional services to others as an insurance agent.

This coverage is essential to protect today's insurance professionals from liability. Generally speaking, Errors and Omissions coverage for insurance professionals is similar to malpractice insurance for doctors, lawyers, and accountants. E & O coverage pays the costs of covered claims including the defense and investigation expenses.

The threat of litigation in insurance sales, as with other professionals, is real, making E & O coverage critical to protecting your business and personal assets.

Coverage Underwritten by a Leader

Westport Insurance, a part of Swiss Re, is active in providing Professional Liability to a wide range of industries, including the insurance agents and Brokers. They have a reputation of underwriting stability, claim handling expertise and financial strength.

- ◆ More than 80 years in business.
- ◆ A.M. Best rating of A+
- ◆ Growing provider in the Insurance Agents E & O market.
- ◆ Enjoys endorsements by Companies for Sponsored insurance agents' Professional Liability programs.
- ◆ Expert specialized E & O claim staff dedicated to protecting your good reputation.

ANNUAL PREMIUM SCHEDULE

Please circle the premium amount appropriate for you:
State of Residence
month coverage to be effective

See enrollment form on back for payment.

All States except Alabama, California, Louisiana, Texas & Alaska
- Individual Brokers \$ 904.00

Month Effective - Pro-Rated Premium:

October	\$ 904.00
November	\$ 829.00
December	\$ 750.00
January	\$ 675.00
February	\$ 600.00
March	\$ 525.00
April	\$ 450.00
May	\$ 375.00
June	\$ 300.00
July	\$ 225.00
August *	\$ 150.00
September*	\$ 75.00

*Plus annual renewal- call Program Administrator

Alabama, California, Louisiana, Texas & Alaska

- Individual Brokers \$1,131.00

Month Effective - Pro-Rated Premium:

October	\$1,131.00
November	\$1,037.00
December	\$ 940.00
January	\$ 846.00
February	\$ 752.00
March	\$ 658.00
April	\$ 564.00
May	\$ 470.00
June	\$ 376.00
July	\$ 282.00
August*	\$ 188.00
September*	\$ 94.00

• Plus annual renewal- call Program Administrator.

• **All premiums are fully earned when paid and are not refundable.**