

**Protective**   
Life Insurance Company

**PRODUCERS PROFESSIONAL LIABILITY  
INSURANCE PROGRAM**

  
**West Coast Life  
Insurance Company**  
A PROTECTIVE COMPANY

**Is E&O Insurance  
Necessary?  
You Decide!!!**

Statistics prove that one out of every seven Insurance Agents will report an Errors and Omissions claim this year. Insurance Agents rank fourth among professions in number of lawsuits being filed against them. They are preceded only by physicians, attorneys and accountants.

**Underwritten By:**

Zurich American Insurance Company, a Zurich American Group Company, has been selected to underwrite this program because, along with their many years experience in producing Agents' and Brokers' coverage, they offer: Underwriting stability and financial solvency, evidenced by an A.M. Best rating of A XV (Excellent) and an experienced claims staff providing expert knowledge and counsel.

**CONTACT:**

*INSURANCE  
SPECIALTIES  
SERVICES, INC.*

2370 York Road

Suite D4

Jamison, PA 18929

Phone: 800/533-4579

Fax: 215/918-0507

Email:

administrator@issisvs.com

**Program Highlights**

- ◆ Basic liability limit is \$1,000,000 per claim and annual aggregate per agent with optional \$2,000,000 limit available;
- ◆ No program Annual Aggregate Limit
- ◆ Deductibles(Indemnity Only): \$500 per claim for Protective Life and West Coast Life products, \$2,500 for products of other companies;
- ◆ First Dollar Defense Expenses Provided (\$0 Deductible for Defense Costs);
- ◆ Defense costs are paid in addition to the limit of liability;
- ◆ Limited insolvency coverage for admitted carriers with B+ or better A.M. Best Rating at time coverage was obtained or account placed;
- ◆ Basic coverage includes Life, Accident and Health products, Variable and fixed Life, Variable and Fixed Annuities and Mutual Funds coverage;
- ◆ Three Optional extended reporting periods for retired or terminated agents priced at 150% for three years, 300% for five years and 400% for unlimited;
- ◆ Optional Financial Planner/Registered Investment Advisor coverage for ProEquities, Inc. Registered Representatives;
- ◆ Optional Coverage for outside (Non-ProEquities related) independent RIA activities;
- ◆ Full prior acts coverage for qualified agents.

**Competitive Premium Rates: For the period 2/15/2010 to 2/15/2011**

| <u>Basic Coverage (Includes Mutual Funds coverage)</u> | <u>Cost per Agent</u> |
|--|-----------------------|
| \$1,000,000 Limit:                                     | \$674.00              |
| \$2,000,000 Limit:                                     | \$809.00              |

| <u>Basic Coverage with ProEquities, Inc.</u>               | <u>Cost per Agent</u> |
|--|-----------------------|
| <u>Optional Financial Products</u>                         |                       |
| \$2,000,000 Limit Required                                 | \$1,120.00            |
| *(Covers ProEquities Financial Products and Services only) |                       |

|  | <u>Flat Additional Cost (Not Prorated)</u> |
|--|--|
| Optional Outside Independent RIA<br>For Non-ProEquities, Inc. related activities | \$300.00                                   |

**NOTE:** These highlights summarize some of the more important features of the Protective Life Insurance Company Professional Liability Program. This is not meant to be a legal interpretation of the policy provisions. For specific answers to questions you may contact *Insurance Specialties Services, Inc. (ISSI)* for more details.



PRODUCERS PROFESSIONAL LIABILITY INSURANCE PROGRAM



West Coast Life Insurance Company A PROTECTIVE COMPANY

ENROLLMENT FORM

- 1. Name:
2. Address:
City: State: Zip:
3. Telephone: Social Security #:
4. I am a: [ ] General Agent [ ] Agent Date became agent or broker of the Company:
5. Number of years licensed as an agent and/or broker:
6. Has applicant or anyone for whose actions applicant is responsible been the subject of disciplinary action by any insurance authority? [ ] Yes [ ] No
7. Has any policy or application for errors and omissions insurance or reinsurance on behalf of the applicant or any of its partners, executive officers or directors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, cancelled or renewal refused within the last five years? [ ] Yes [ ] No
8. Have any errors and omissions claims been made against the applicant, any of the present partners, executive officers or directors, or to the knowledge of the applicant, against its predecessors in business, or any partner, executive officer or director within the last ten years? [ ] Yes [ ] No
9. Are there any circumstances which may result in an errors and omissions claim being made against the applicant, its predecessor in business, or any past or present partners, executive officers or directors? [ ] Yes [ ] No
10. List E&O carriers for past 3 years. (If none, state "none"):

Table with 4 columns: Carrier Name, Expiration Date, Policy#, Limit. Rows 1, 2, 3.

NOTE: Please attach a detailed explanation for any "Yes" answers to questions above.

Enrollee hereby warrants and represents that the statement and answers to questions made herewith and attachments hereto are true, and enrollee has not omitted or misrepresented any information. Enrollee further understands and agrees that the completion of this form does not bind any company to issuance of an insurance policy or certificate.

DATE SIGNATURE

[ ] Check enclosed [ ] Payment by Visa, MasterCard or Discover for premium per pro rata premium schedule

Card Number: Ex. Date: Amount Authorized:

Address of Cardholder if different than above:

Please Read The Following Carefully: This is a Claims Made Policy. \*PRIOR ACTS COVERAGE - The policy will apply to prior acts committed but only in the event you a). have maintained prior continuous and consecutive E&O coverage, and b). you had no prior knowledge or awareness of facts or circumstances that could result in a claim being made against you. All agents to be covered must apply individually and pay according to the enrollment premium schedule. Your check, payable to ISSI or your signed credit card authorization must accompany this application. The program effective date is February 15. Only newly contracted agents or contracted agents with expiring coverage are eligible to enroll midterm. The premium will be prorated according to the Enrollment Premium Schedule. The completed enrollment form and payment of the premium due must be received within 45 days of the agent's date of contract or expiration date.

RISK PURCHASING GROUP MEMBERSHIP: By applying for this insurance agents and representatives are applying for membership in the Insurance Professionals Protection Group formed and operating pursuant to the federal Liability Risk Retention Act of 1986 (RRA 1986) [15 USC 3901.1 et seq.] There is no additional charge for this membership.

RETURN TO: Insurance Specialties Services, Inc., 2370 York Road, Suite D4Jarnison, PA 18929 Phone: 800/533-4579 FAX: 215/918-0507 E-mail: administrator@issisvs.com

Protective Life/Westcoast Life Agents E&O Program  
 Pro Rata Premium Schedule for the period 2/15/2010 to 2/15/2011

| Entry Date | Coverage Level | Option 1:         | Option 2:         |
|------------|----------------|-------------------|-------------------|
|            |                | \$1,000,000 Limit | \$2,000,000 Limit |
| 15-Feb     | Coverage A     | \$674.00          | \$809.00          |
|            | Coverage B     | \$962.00          | \$1,120.00        |
| 1-Mar      | Coverage A:    | \$646.00          | \$776.00          |
|            | Coverage B:    | \$913.00          | \$1,074.00        |
| 15-Mar     | Coverage A:    | \$618.00          | \$742.00          |
|            | Coverage B:    | \$873.00          | \$1,027.00        |
| 1-Apr      | Coverage A:    | \$590.00          | \$708.00          |
|            | Coverage B:    | \$833.00          | \$980.00          |
| 15-Apr     | Coverage A:    | \$662.00          | \$675.00          |
|            | Coverage B:    | \$794.00          | \$934.00          |
| 1-May      | Coverage A:    | \$594.00          | \$841.00          |
|            | Coverage B:    | \$754.00          | \$887.00          |
| 15-May     | Coverage A:    | \$606.00          | \$607.00          |
|            | Coverage B:    | \$714.00          | \$840.00          |
| 1-Jun      | Coverage A:    | \$478.00          | \$574.00          |
|            | Coverage B:    | \$675.00          | \$794.00          |
| 15-Jun     | Coverage A:    | \$450.00          | \$540.00          |
|            | Coverage B:    | \$635.00          | \$747.00          |
| 1-Jul      | Coverage A:    | \$422.00          | \$506.00          |
|            | Coverage B:    | \$595.00          | \$700.00          |
| 15-Jul     | Coverage A:    | \$394.00          | \$472.00          |
|            | Coverage B:    | \$556.00          | \$654.00          |
| 1-Aug      | Coverage A:    | \$366.00          | \$439.00          |
|            | Coverage B:    | \$516.00          | \$607.00          |
| 15-Aug     | Coverage A:    | \$337.00          | \$405.00          |
|            | Coverage B:    | \$476.00          | \$560.00          |
| 1-Sep      | Coverage A:    | \$309.00          | \$371.00          |
|            | Coverage B:    | \$437.00          | \$514.00          |
| 15-Sep     | Coverage A:    | \$281.00          | \$338.00          |
|            | Coverage B:    | \$397.00          | \$467.00          |
| 1-Oct      | Coverage A:    | \$253.00          | \$304.00          |
|            | Coverage B:    | \$357.00          | \$420.00          |
| 15-Oct     | Coverage A:    | \$225.00          | \$270.00          |
|            | Coverage B:    | \$318.00          | \$374.00          |
| 1-Nov      | Coverage A:    | \$197.00          | \$236.00          |
|            | Coverage B:    | \$278.00          | \$327.00          |
| 15-Nov     | Coverage A:    | \$169.00          | \$203.00          |
|            | Coverage B:    | \$238.00          | \$289.00          |
| 1-Dec      | Coverage A:    | \$141.00          | \$169.00          |
|            | Coverage B:    | \$199.00          | \$234.00          |
| 15-Dec     | Coverage A:    | \$113.00          | \$135.00          |
|            | Coverage B:    | \$159.00          | \$187.00          |
| 1-Jan      | Coverage A:    | \$85.00           | \$102.00          |
|            | Coverage B:    | \$119.00          | \$140.00          |
| 15-Jan     | Coverage A:    | \$57.00           | \$68.00           |
|            | Coverage B:    | \$80.00           | \$94.00           |
| 1-Feb      | Coverage A:    | \$29.00           | \$34.00           |
|            | Coverage B:    | \$40.00           | \$47.00           |

Coverage A: Basic coverage includes Variable Life, Variable Annuities and Mutual Funds coverage.  
 Coverage B: Optional Financial Planner/Registered Investment Advisor coverage for ProEquities, Inc. Registered Reps.  
 NOTE: For Optional Coverage for outside (Non-ProEquities related) independent RIA activities add a flat additional \$300.