

Agents of Titan Marketing Group, Outline of Coverage

Policy Period:

July 1, 2009 to July 1, 2010

Insurer:

American International Specialty Lines Insurance Company
(A member of American International Group)
2009 A.M. Best's A (Excellent): XV

"The information obtained from A.M. Best dated November 10, 2008 is not in any way CalSurance Associate's warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of the publication."

Policy Number: 01-877-89-26

Risk Purchasing Group Membership:

By applying for this insurance, agents and representatives 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 3901et seq). There is no additional charge for this membership.

Limit of Liability (including Defense Costs):

\$1,000,000 each Wrongful Act or Interrelated Wrongful Act resulting in a Claim involving one Insured Agent
\$1,000,000 each Agent in the Aggregate per Policy Period
\$3,000,000 each Wrongful Act or Interrelated Wrongful Act resulting in a Claim involving more than one Insured Agent

Policy Aggregate: \$25,000,000 (including Defense Costs)

Deductible (applicable to payment of Damages and Defense Costs and each Insured Agent named in the claim will be responsible for their deductible):

\$1,000 each Wrongful Act
50% reduction after you have been insured continually in this program for 24 months.

Coverage:

- Claims Made and Reported coverage for negligent acts, errors or omissions arising out of the rendering or failure to render Professional Services as a licensed life, accident and health agent or general agent or notary public.
- Optional –Coverage for Fixed Annuities & Disability Insurance.
- Corporate Identity Protection is included providing coverage for an Insured for the fraudulent use of Personal Identification that is or was in their care, custody and control.

Continuity ("prior acts") Date:

- The date of the agents' first continuously maintained Insurance Agents Professional Liability Insurance policy

Eligible Participants/ Insured Agent:

- Currently licensed Agents associated with Titan Marketing Group

Additional Insureds:

Corporation/Partnership/Business Entity for Wrongful Acts of an Insured Agent
Partners/Officers/Directors/Employees acting in the scope of their duties and who is not party to an agent, broker or registered representative contract

Professional Services Includes:

Professional Services shall mean those services rendered or required to be rendered in the Insured Agent's profession as:

- A licensed life or accident and health insurance agent or general agent who is placing business with the Named Insured;
- A licensed life or accident and health insurance agent or general agent who is placing business with insurance companies other than the Named Insured;
- A notary public, but solely with respect to the performance of Professional Services described in paragraphs (1) and (2) above;
- A general agent of the Named Insured, but solely while acting within the scope of his duties on behalf of the Named Insured, including but not limited to the recruitment, training and supervision of Insured Agents.

Duty to Defend?

Yes, to those claims for which coverage applies.

Discovery Period:

Upon termination of an Insured Agent during the Policy Period, the terminated agent shall have an automatic one (1) year terminated agent's discovery period, effective as of termination date, to report claims under the policy, but only for Wrongful Acts which occurred prior to the expiration date of the policy.

Producer & Program Administrator:

Brown & Brown of California, Inc. dba CalSurance Associates
(dba CalSurance Brokerage in New York)
California Lic.# 0B02587

Claims Administration:

Brown & Brown of California Inc. dba Lancer Claims Services

- This document is a summary of the coverage provided. All statements contained herein are subject to all terms, Conditions and Exclusions of the actual policy. A copy of the policy is available by calling CalSurance 800-745-7189
- This document does not reflect the terms and conditions of the policy which have been modified in order to comply with New York requirements. Please contact CalSurance to request a copy of the New York Amendatory Endorsement which details any changes to the policy relative to agents licensed in the state of New York.



Agents of Titan Marketing Group



Errors and Omissions Insurance Debit To Checking - Automatic Premium Collection Authorization Agreement for Pre-Authorized Payments (Debits) July 1, 2009 to July 1, 2010

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance Associates, hereinafter called COMPANY, to initiate an electronic entry or effect a change by any other commercially accepted method, to 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 and in such manner as to afford COMPANY and Depository a reasonable opportunity to act on it, but no less than three (3) business days before the next scheduled date.

PREMIUM SCHEDULE BY ENROLLMENT MONTH			
Please note that the initial installment will be taken upon receipt, all other installments will occur on the 15 th of each month. If enrollment is received after the 15 th of the month both initial and next installments will be collected.			
TOTALS INCLUDE ALL APPLICABLE PREMIUMS, SURPLUS LINES TAXES, ADMINISTRATIVE AND INSTALLMENT FEES.			
Enrollment Month	Option A Payments	Enrollment Month	Option B Payments
July 2009	Initial Payment of \$106 & 11 installments of \$56	July 2009	Initial Payment of \$110 & 11 installments of \$60
Aug 2009	Initial Payment of \$106 & 10 installments of \$56	Aug 2009	Initial Payment of \$110 & 10 installments of \$60
Sep 2009	Initial Payment of \$106 & 9 installments of \$56	Sep 2009	Initial Payment of \$110 & 9 installments of \$60
Oct 2009	Initial Payment of \$106 & 8 installments of \$56	Oct 2009	Initial Payment of \$110 & 8 installments of \$60
Nov 2009	Initial Payment of \$106 & 7 installments of \$56	Nov 2009	Initial Payment of \$110 & 7 installments of \$60
Dec 2009	Initial Payment of \$106 & 6 installments of \$56	Dec 2009	Initial Payment of \$110 & 6 installments of \$60
Jan 2010	Initial Payment of \$106 & 5 installments of \$56	Jan 2010	Initial Payment of \$110 & 5 installments of \$60
Feb 2010	Initial Payment of \$106 & 4 installments of \$56	Feb 2010	Initial Payment of \$110 & 4 installments of \$60
Mar 2010	Initial Payment of \$106 & 3 installments of \$56	Mar 2010	Initial Payment of \$110 & 3 installments of \$60
Apr 2010	Initial Payment of \$106 & 2 installments of \$56	Apr 2010	Initial Payment of \$110 & 2 installments of \$60
May 2010	Initial Payment of \$106 & 1 installments of \$56	May 2010	Initial Payment of \$110 & 1 installments of \$60
June 2010	Full Payment of \$106	June 2010	Full Payment of \$110

I (we) agree that if premiums are not paid monthly or as in the event withdrawal is dishonored, coverage shall terminate upon ten (10) day Notice of Cancellation. There will be a \$50.00 Declined/Non Sufficient Fund Fee charged when coverage is reinstated. Continuance of coverage can be obtained ONE time only within the ten (10) day period. Above rates are inclusive of a non-refundable administrative fee. If funds are dishonored the second time, payment is due in full within the specified ten (10) day period. **Please note, billing will be processed through Brown & Brown of California, Inc., dba CalSurance Associates.**

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, but no less than three (3) days before scheduled date.

Name: _____

Signature: _____

Signature: _____ Date: _____

(If account requires two signatures)

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

Affix Check Here

