

National Ethics Bureau Sponsored Program

# ERRORS & OMISSIONS INSURANCE

Nonmember Application



**Marsh Consumer (a service of Seabury & Smith)**  
 P.O. Box 14458  
 Des Moines, IA 50306  
 Phone (866) 324-4083 | Fax (515) 243-2331

Each Agent must meet the criteria contained within this application in order to be considered an insured under the policy. By signing below, Agent hereby represents that the information contained herein is true, accurate and complete and that no material facts have been suppressed or misstated. Further, Agent understands and acknowledges that:

1. If Agent's enrollment is accepted, CNA will have relied upon, as representation, this application;
2. The misrepresentation of any material matter by the Agent will render such Agent's coverage under the Policy null and void;
3. Agent's failure to report during the policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage. Submission of this application does not ensure coverage will be provided.

The Agent (hereafter "YOU") must be able to respond "NO" to each of the questions below in order to qualify.

## Step 1 Proposed Insured (Applicant) Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Expiration date of your most recent E&O coverage \_\_\_\_\_

## Step 2 Qualifying Questions (If any of the following are answered "YES", you are not eligible for this Program)

<p>1. Within the last seven (7) years, have you had a state or federally regulated license revoked, restricted, or terminated for cause? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>4. Do you have any regulatory or consumer-related complaints that are pending/unsettled, or are you awaiting any arbitration or civil proceedings? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. Within the last seven (7) years, have you been a defendant or respondent to any consumer complaint or allegation that resulted in any type of adverse decision, enforcement action, adverse order, disciplinary sanction, or censure against you by any state or federal regulatory agency? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>5. Within the last seven (7) years, have you been convicted of any felony or business-related misdemeanor, or are you currently named as a defendant, respondent, or party to any such criminal or civil action? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3. Within the last seven (7) years, have you been the subject of any investigation, inquiry, or complaint by any state or federal regulatory agency, or any other agency, alleging unethical conduct, prohibited sales practice, or breach of professional standards that resulted in any type of adverse decision, enforcement action, disciplinary sanction, or adverse order, such as a consent order, final order, or cease and desist-type order? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>6. Are you currently the subject of any investigation, inquiry, or complaint by any state or federal regulatory agency? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
	<p>7. Within the last seven (7) years, have you been censured, fined, reprimanded, or otherwise disciplined by an accredited designation? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
	<p>8. Within the last seven (7) years, have you declared bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
	<p>9. Are you currently aware of, or involved in any fee dispute with any of your clients? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

I affirm that all questions answered on this application are true and correct to the best of my knowledge, information and belief.

X  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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# COVERAGE OPTIONS

## Step 3 Select Your Coverage

**Carrier:** Continental Casualty Company (CNA)

**Limits of Liability:**

- \$1,000,000 each claim
- \$2,000,000 individual insured annual aggregate

**Retentions:**

- \$500 Per Insured for Life, Accident, Health Products
- \$2,500 Per Insured for Indexed Annuities, Fixed Annuities
- \$2,500 Per Insured for Disability Income Insurance
- \$5,000 Per Insured for Mutual Funds, Variable Annuities
- \$5,000 Per Insured for Registered Investment Advisor

**Note: See Policy for complete list of coverage and exclusions at [www.ethicscheck.com/eo](http://www.ethicscheck.com/eo)**

**Please Choose an E&O Coverage Package...**

A

- Life
- Accident
- Health

\$495.<sup>00</sup>

This price is the total cost of coverage, which includes the premium plus NEB administrative fee.

B

- Life
- Accident
- Health

PLUS...

- Indexed Annuities
- Fixed Annuities

\$595.<sup>00</sup>

This price is the total cost of coverage, which includes the premium plus NEB administrative fee.

C

- Life
- Accident
- Health

- Indexed Annuities
- Fixed Annuities

PLUS...

- Mutual Funds
- Variable Annuities / Life

\$695.<sup>00</sup>

This price is the total cost of coverage, which includes the premium plus NEB administrative fee.

**PLEASE CHECK E&O PACKAGE**

A

B

C

→

Enter Amount Here

**Additional Coverage Options** (prices include the premium plus NEB administrative fee)

- Disability Income Insurance .....  Add \$50
- \*Registered Investment Advisor (Must purchase package "C" to add RIA coverage) .....  Add \$400

**ENTER TOTAL AMOUNT DUE**

→

Enter Total Here

\* For details on RIA (series 65) coverage, see Policy Highlights on page 4.

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# PAYMENT METHOD

## Step 4 Select Your Payment Method

### OPTION 1 Pay Annually, With Your Credit Card

I authorize Marsh Consumer (a service of Seabury & Smith) to charge my total cost of coverage with my Credit Card. I understand that my annual payment due will be charged at the beginning of my effective date. I understand that if my premium changes, I will be notified and my authorization adjusted accordingly. I agree to notify Marsh Consumer should my account information change.

 Visa MasterCard

Total Amount Due (see page 2) \$ \_\_\_\_\_

Name as it Appears on the Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### OPTION 2 Pay Annually, By Mailing a Check

To pay annually by check, send check payable to: **Marsh Consumer**  
Send payment to address listed below.

Total Amount Due (see page 2) \$ \_\_\_\_\_

### OPTION 3 Pay Monthly, With Your Checking Account or Credit Card

I authorize Marsh Consumer (a service of Seabury & Smith), to establish automatic bill payment to pay my monthly charge with either my credit card or checking account. I understand that a \$5 service charge will be added to my monthly payment and that my total cost of coverage will be divided into twelve equal installments, beginning on my effective date. I also authorize my financial institution to charge my account accordingly. I understand that if my total monthly payment changes, I will be notified and my authorization adjusted accordingly. I agree to notify Marsh Consumer should my account information change.

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Pay by Credit Card (enter info below)

 Visa MasterCard

Total Amount Due\* (see page 2) \$ \_\_\_\_\_

Name as it Appears on the Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Pay by Checking Account (attach voided check here) Total Amount Due\* (see page 2) \$ \_\_\_\_\_

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JOHN DOE 123 Main St. Anywhere, USA 08000	_____, 20 ____
PAY TO THE ORDER OF _____	\$ _____
FIRST NATIONAL BANK ANYWHERE, USA	_____ DOLLARS

\*A \$5 service charge will be added to your monthly payment

Please Fax, Email, or Mail to:

**MARSH CONSUMER**  
(a service of Seabury & Smith)

**Fax:**  
(515) 243-2331

**Email:**  
plsteam2@marshpm.com

**Mail:**  
P.O. Box 14458  
Des Moines, IA 50306  
Phone: (866) 324-4083

## Step 5 Sign and Fax or Send

This signature authorizes the payment option chosen above. I also agree to receive all ethics and compliance updates from the National Ethics Bureau.

X \_\_\_\_\_  
Signature Date

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**POLICY HIGHLIGHTS**

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**Step 6 Review Policy Highlights****Underwritten by:**

Continental Casualty Insurance Company (CNA)  
CNA is the 7th largest U.S. commercial insurer and the 13th largest U.S. property & casualty insurer. CNA provides insurance protection to more than 1 million businesses and professionals in the U.S. and internationally. Highlights include:

- \$10 billion in revenues
- 100+ years in business
- 9,400 employees
- U.S. and International operations
- "A" rated for financial strength by A.M. Best

**Administered by:**

Marsh Consumer (a service of Seabury & Smith)  
With 26,000 employees and annual revenues approaching \$5 billion, Marsh Consumer serves more clients than any other firm in the industry. Marsh works with businesses, public entities, organizations, and private clients in over 100 countries.

**Limits of Liability:**

\$1,000,000 each claim  
\$2,000,000 individual insured annual aggregate  
\$10,000,000 total policy aggregate all insured

**Retentions:**

\$500 - Life, Accident, Health  
\$2500 - Disability Income, Fixed or Indexed Annuities  
\$5000 - Mutual Funds, Variable Annuities, Investment Advisor (RIA)

**Overview:**

Provides protection against your liability for wrongful acts in the rendering of or failure to render professional services. This includes (but is not limited to) activities relating to the sale, attempted sale, or servicing of term life insurance, fixed universal life insurance, fixed whole life insurance, accident and health insurance, managed health care organization contracts, long term care insurance, and Medicare supplemental insurance.

**Optional Coverage if Purchased:**

This includes (but is not limited to) activities relating to the sale, attempted sale, or servicing of disability income insurance, fixed annuities (including indexed annuities), variable annuities, variable universal life insurance, variable whole life insurance, mutual funds registered by the SEC and offered through a FINRA-registered Broker/Dealer, and Investment Advisory Services offered through a Registered Investment Advisor (RIA).

**Extended Reporting Period:**

Unlimited extended reporting period is granted to the insured in the event of retirement, disability, career change, or death (coverage extended to heirs) for no additional premium.

**Retroactive Date:**

Coverage back to date of your first continuous E&O.

**Plan Eligibility:**

NEB Members are eligible to receive this coverage subject to their favorably answering all qualifying questions on the application. Non-Members who answer favorably to the questions on the application may also be enrolled into this program.

**Features Include:**

- Post-retirement claims for no additional premium
- Notary Public activity
- Legal fees, court costs, and costs of appeal
- Coverage extended to spouses, domestic partners, beneficiaries, estate, or legal representatives for claims arising out of their status as such
- Employees or administrative personnel if acting on behalf of insured
- Severability for all personal conduct exclusions
- Coverage for failure to supervise, manage, or train
- Acting as a fiduciary advisor for ERISA plans
- Fee-based financial planning services ancillary to professional services

**Additional Features:**

- Competitive rates
- Unlimited extended reporting period
- Individualized coverage options
- Optional coverage for the sale and servicing of mutual funds, variable products, stocks and bonds by a Registered Investment Advisor (series 65)
- Optional Coverage for discretionary authority is provided to Registered Investment Advisors for professional services defined under the policy

**See Policy for complete list of coverage and exclusions at:**

[www.ethicscheck.com/eo](http://www.ethicscheck.com/eo)

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