



# WEST COAST LIFE INSURANCE COMPANY



## Enrollment Form

Claims Made and Reported Errors and Omissions Coverage

Policy Period: December 31, 2005 to December 31, 2006

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

Instructions: Complete all sections of form. If you are paying by credit card, fax enrollment form to: (800) 607-6875. Enrollment forms with checks, please mail to: Brown & Brown of California, Inc., dba CalSurance, P.O. Box 7048, Orange, CA 92863-7048.

Questions: Call CalSurance at (800) 745-7189 or e-mail at info@calsurance.com.

### 1. Your Information

Please print clearly.

Name (first, middle initial and last):

Street Address:

City:

State:

Zip:

Daytime Phone:

Fax:

E-Mail:

### 2. Selection of Options

Effective Date of Coverage: \_\_\_\_\_

You must select both a "Limit" and "Coverage" option from below:

#### Limit Options:

\$1,000,000/\$1,000,000

\$2,000,000/\$2,000,000

#### Coverage Options:

(please refer to "Plan Highlights" for further description)

**West Coast Life Products Only.** Products made available by West Coast Life.

**West Coast Life and All Other Companies Products.** Other companies' products, variable life annuities, mutual funds and Financial Planning.

TOTAL PREMIUM DUE:

\$

(From Attached Premium Table)

\*Premium is inclusive of a \$25 Administration Fee.

### 3. Payment

Payment in Full by check:

Check made payable to Brown & Brown of California, Inc. dba CalSurance for the full premium.

OR

Payment in full Credit Card:

I elect to pay my premium by credit card. I authorize Brown & Brown of California, Inc. dba CalSurance to process the charge on the date the enrollment form is received.

#### Credit Card Information

MasterCard  Visa (We do not accept Debit Cards)

(Sorry, No Discover or American Express Accepted)

Account #:

Expiration Date of Credit Card:

Cardholder's Name:

Cardholder's Signature:

Today's Date:

(Billing Through Brown & Brown of California, Inc.)

### 4. Signature Required (IMPORTANT)

I understand and agree to the following: I must be a currently contracted agent with West Coast Life Insurance Company (Sponsor) to be eligible for this program, otherwise, I will not be considered an insured under this policy, no claims made against me will be covered, and any premiums paid by me will be returned. If I am a currently contracted agent of the Sponsor, paying a premium for coverage under this program, such premium is considered fully earned and therefore I will not be entitled to a return premium for any reason. Should my contract with the sponsor terminate for any reason, coverage will cease as of my date of contract termination.

This is a claims made and reported policy. I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy, and if any such claim exists, or knowledge or information exists and any claim or action arises therefrom, it is excluded from coverage for which this enrollment form applies. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, and may result in denial of a claim.

Agent's Signature:

Today's Date: