



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

CalSurance
Brown & Brown of California, Inc.



PROGRAM HIGHLIGHTS

Insurer: Zurich American Insurance Company (a member of the North American Insurance Group) 2007 A.M. Best's A (Excellent): XV	Policy Period: 12/31/07-12/31/08	Policyholder: West Coast Life Insurance Company
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This information obtained from A.M. Best dated December 4, 2007 is not in any way CalSurance's warranty or guaranty of the financial stability of the insurer. The information is current only as of December 20, 2006, the date of the publication.

Limits of Liability (inclusive of Defense Costs):

Option 1: \$1,000,000/\$1,000,000 per Claim / Aggregate Each Named Certificate Holder
Option 2: \$2,000,000/\$2,000,000 per Claim / Aggregate Each Named Certificate Holder

Coverage Options:

		Option 1	Option 2
Level 1:	West Coast Life & Protective Life Products Only	\$ 780	\$1,312
Level 2:	Includes Level 1, plus fixed insurance products of other companies	\$1,005	\$1,395
Level 3:	Includes Level 2, plus variable life, variable annuities, mutual funds & financial planning (Premiums are inclusive of a \$30 non-refundable Administration Fee)	\$1,297	\$1,550

Deductible (Damages Only):

\$ 500 Each claim for products of West Coast Life Insurance Company, or for products of Protective Life Insurance Company
 \$2,500 Each claim for all other covered products

Insured:

- Agents (Named Certificate Holder) of West Coast Life Insurance Company who have elected to enroll for coverage, paid the premium and whose enrollment is on file with the Policyholder
- General Agents
- Insured Agents business entity
- Partners, officers, directors, stockholders or employees of the Named Insured solely for services on behalf of the (Named Certificate Holder)
- Heirs/Executors/Administrators/Legal Representatives

Coverage:

- Claim arising out of a negligent act, error or omission of the Insured in rendering or failing to render Professional Services
- Claim resulting from supervision and training by a "General Agent" over the conduct of the "Insured"
- Claim resulting for Personal Injury caused by an offense arising out of the rendering or failing to render Professional Services

Retroactive Date:

- The earlier date of the Named Certificate Holder's first continuous contract with either West Coast Life Insurance Company or the Named Certificate Holder's first continuous Claims Made Errors and Omissions coverage.

Claims Administrator:

Brown & Brown of California, Inc. dba Lancer Claims Services, 681 South Parker St., Suite 200, Orange, CA 92868. Phone: (800) 821-0540

Please note: This is an incomplete summary of the program. Coverage is subject to all terms, conditions, and exclusions of the policy. A sample policy, or the actual policy when issued, is available in PDF format on the home page or you may request a copy by contacting CalSurance Customer Service Department at (800) 745-7189.



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ENROLLMENT PREMIUM TABLE

December 31, 2007 to December 31, 2008

EFFECTIVE DATE	COVERAGE OPTION	Option 1	Option
		\$1,000,000 Each Claim \$1,000,000 Annual Aggregate	\$2,000,000 Each Claim \$2,000,000 Annual Aggregate
Dec. 31 to Jan. 31	Level 1	\$ 780	\$1,312
	Level 2	\$1,005	\$1,395
	Level 3	\$1,297	\$1,550
Feb. 1 to Feb. 29	Level 1	\$ 718	\$1,205
	Level 2	\$ 924	\$1,281
	Level 3	\$1,191	\$1,423
Mar. 1 to Mar. 31	Level 1	\$ 655	\$1,098
	Level 2	\$ 843	\$1,168
	Level 3	\$1,086	\$1,297
Apr. 1 to Apr. 30	Level 1	\$ 593	\$ 992
	Level 2	\$ 761	\$1,054
	Level 3	\$ 980	\$1,170
May 1 to May 31	Level 1	\$ 530	\$ 885
	Level 2	\$ 680	\$ 940
	Level 3	\$ 875	\$1,043
Jun. 1 to Jun. 30	Level 1	\$ 468	\$ 778
	Level 2	\$ 599	\$ 826
	Level 3	\$ 769	\$ 917
Jul. 1 to Jul. 31	Level 1	\$ 405	\$ 671
	Level 2	\$ 518	\$ 713
	Level 3	\$ 664	\$ 790
Aug. 1 to Aug. 31	Level 1	\$ 343	\$ 564
	Level 2	\$ 436	\$ 599
	Level 3	\$ 558	\$ 663
Sep. 1 to Sep. 30	Level 1	\$ 280	\$ 457
	Level 2	\$ 355	\$ 485
	Level 3	\$ 452	\$ 537
Oct. 1 to Oct. 31	Level 1	\$ 218	\$ 351
	Level 2	\$ 274	\$ 371
	Level 3	\$ 347	\$ 410
Nov. 1 to Nov. 30	Level 1	\$ 155	\$ 244
	Level 2	\$ 193	\$ 258
	Level 3	\$ 241	\$ 283
Dec. 1 to Dec. 31	Level 1	\$ 93	\$ 137
	Level 2	\$ 111	\$ 144
	Level 3	\$ 136	\$ 157

Level 1: West Coast Life and Protective Life Products Only

Level 2: Includes Level 1, plus fixed insurance products of other companies

Level 3: Includes Level 2, plus variable life, variable annuities, mutual funds and financial planning

(Premium is inclusive of a \$30 non-refundable administrative fee)



Enrollment Form

Claims Made and Reported Errors and Omissions Coverage
Policy Period: December 31, 2007 to December 31, 2008



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:

Coverage Options: (Please refer to "Plan Highlights" for further description of coverage):	Limit of Liability	
	Option 1	Option 2
<input type="checkbox"/> Level 1: West Coast Life & Protective Life Products Only. Products made available by West Coast Life & Protective Life.	<input type="checkbox"/> \$1,000,000/ \$1,000,000	<input type="checkbox"/> \$2,000,000/ \$2,000,000
<input type="checkbox"/> Level 2: Includes Level 1 plus other companies fixed insurance products	See Premium Table	
<input type="checkbox"/> Level 3: Includes Level 2 plus variable life, variable annuities, mutual funds and financial planning		
TOTAL PREMIUM DUE:	\$	

*Premium is inclusive of a \$30 non-refundable Administration Fee.

3. Payment

- Payment in Full by check: Check made payable to Brown & Brown of California, Inc. dba CalSurance for the full premium.
- Payment by Credit Card (Installments Only): 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, then again on March 1, 2008, May 1, 2008 and July 1, 2008. I understand a \$7.50 processing fee will be added to the premium on each installment.
- Payment by Debit to Checking Installments: I would like to pay my premium in four equal installments by pre-authorized debits from my checking account. I understand and authorize Brown & Brown of California, Inc. dba CalSurance to process the first installment upon receipt of my Enrollment Form then again on March 1, 2008, May 1, 2008 and July 1, 2008. I understand a \$7.50 processing fee will be added to the premium on each installment. Please return enrollment form with attached Debit to Checking Pre-Authorization Form along with a voided check. Without a completed Debit Pre-Authorization Form this Enrollment WILL NOT be processed.

Credit Card Information MasterCard Visa)
(Sorry, No Discover, American Express or Debit Cards Accepted)

Account #:
 - - -

Credit Card Expiration Date: - Today's Date:

Cardholder's Name:

Cardholder's Signature:

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

2. Warranty Statement - Signature Required

I understand and agree to the following: I must be a currently contracted agent with West Coast Life Insurance Company (Sponsor) at the time of enrollment in order 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 if my contract with the Sponsor terminates. Should my contract with the sponsor terminate, coverage will cease upon that termination date and an Extended Reporting Provision (ERP), may apply. Cancellation of this policy may not be permitted and is subject the terms of the applicable State Amendatory Endorsement based upon the Insured Agents state of domicile.

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.

I hereby warrant and represent that the above statements and particulars are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company issuing the policy. It is understood and agreed that completion of this application does not bind the Company to issue or the applicant to purchase the insurance.

Agent's Signature: Today's Date: