

**NAIFA SELECT  
PROFESSIONAL LIABILITY PROGRAM APPLICATION  
FOR INDIVIDUAL AGENTS**

Professional Liability Program application available to members of the National Association of Insurance and Financial Advisors. Underwritten by New Hampshire Insurance Company, Administrative Office: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038. Complete and send this form with payment to Affinity/Agents. P.O. Box 19318, Newark, NJ 07195-0318. If you elect to pay with a credit card you may fax the form to (877) 443-9183. **NOTICE: THIS IS A CLAIMS MADE POLICY. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED IN THE POLICY, THIS IS AN APPLICATION FOR A POLICY GENERALLY LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS OF THE POLICY.**

**1. Applicant's Information (Please Complete):**

**Applicant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**NAIFA Member #:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**2. Coverage Options (Please Refer to the Attached Annual Premium Sheet & Provide Your Coverage Election):**

**a. Desired Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **b. Date of your First Continuous E&O Coverage:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**c. Coverage Election:**

**Limit** \_\_\_\_\_ **Deductible** \_\_\_\_\_ **Premium \$** \_\_\_\_\_

Please note: The application form must be remitted to our office within **10 days** of your requested effective date in order to honor.

**3. Qualifying Questions: In order to qualify for the simplified NAIFA Select process, you must be able to answer "no" to each of the questions below. If you answer "yes" to any of the questions, you may still qualify for coverage through the standard application process. We encourage you to contact our office for an underwriting evaluation at (800) 247-3448.**

1. Have any Professional Liability claims been made against you within the past 3 years?  Yes  No
2. Do you have any knowledge or information of any fact situation, allegation, and complaint or incident which may result in a complaint, claim, suite or arbitration against you?  Yes  No
3. Have you ever had any professional license, registration or contract denied, suspended, revoked, terminated, non-renewed or restricted in any way?  Yes  No
4. Do you receive overrides from other producers?  Yes  No
5. Does more than 50% of your revenue come from sales **other than** the sale of Life, Accident, Health, Disability, Long Term Care and Annuity Products?  Yes  No
6. Do you provide any of the following products or services: Viatical/Life Settlement Investments, Viatical/Life Settlements, Pension Administration, Claims Administration or other Third Party Administration, RIA, Tax Consulting, Structured Settlement Arrangements or Multiple Employer Trusts & Multiple Employer Welfare Arrangements?  Yes  No

**4. You have a choice of three payment options (check one):**

\_\_\_\_ 1. **Payment in full by check.** The check is made payable to: **Affinity Insurance Services, Inc.**

\_\_\_\_ 2. **Payment in full by Credit Card.** (Visa/MasterCard/Discover/American Express)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_

\_\_\_\_ 3. **Payment by Premium Finance.** The down payment check amount is made payable to: **Affinity Insurance Service, Inc.** The premium financing APR rate is: 12.25% with 9 equal monthly installments.

**5. Authorization:**

All claims will be excluded that result from any circumstances or situations known prior to the inception of coverage being applied for that could reasonably be expected to result in a claim. Applicant hereby represents that the statements and answers to questions made above and attachments hereto are true and applicant has not intentionally omitted or misrepresented any information. Applicant understands and agrees that the completion of this application does not bind the insurance carrier to issue an insurance policy. Further, the applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application. Applicant understands that this policy can be issued only to agents that meet NAIFA membership requirements. Applicant understands and agrees that, if not currently qualified for coverage due to the lack of local NAIFA membership, you must so join before any policy is issued. In such cases, forms will accompany the offer of coverage on which the applicant will be required to verify local life underwriter association membership and return the proof with acceptance of the offer. Your submission of this form and/or our preliminary acceptance of payment does not guarantee coverage. Should this submission be determined ineligible for coverage, your payment will be refunded. Enclosed is my payment authorization for individual agent professional liability coverage.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer/Agent Signature:** *Affinity Insurance Services, Inc.* **Producer License Number:** NH 0365104 **Producer/Agent Name:** Affinity Insurance Services, Inc.

**NAIFA SELECT  
PROFESSIONAL LIABILITY PROGRAM ANNUAL PREMIUM SHEET  
FOR INDIVIDUAL AGENTS**

*Premiums shown are effective the date that this premium sheet is published. If rates should change you may be charged an additional premium or be returned a portion of your payment consistent with filed rates as of the effective date of the policy.*

**COVERAGE OPTIONS & ANNUAL PREMIUM AMOUNT**

Based upon your revenue over the last twelve months.

Please INDICATE your coverage election in section two of the NAIFA SELECT application page.

Total Gross Revenue Over the Last Twelve Months	Deductible	\$1M/\$2M** Basic Coverage		\$2M/\$2M** Basic Coverage		\$1M/\$2M** Basic Coverage with Mutual Funds		\$2M/\$2M** Basic Coverage with Mutual Funds	
		Annual Payment Amount	Down Payment Amount for Premium Financing	Annual Payment Amount	Down Payment Amount for Premium Financing	Annual Payment Amount	Down Payment Amount for Premium Financing	Annual Payment Amount	Down Payment Amount for Premium Financing
\$0-\$49,999	\$1,000	\$684	\$164	\$795	\$191	\$769	\$185	\$881	\$211
\$50-\$149,999	\$1,000	\$856	\$205	\$996	\$239	\$942	\$226	\$1,081	\$259
\$50-\$149,999	\$2,500	\$813	\$195	\$946	\$227	\$899	\$216	\$1,031	\$247
\$150,000-\$299,999	\$2,500	\$909	\$218	\$1,058	\$254	\$995	\$239	\$1,143	\$274
\$150,000-\$299,999	\$5,000	\$814	\$195	\$946	\$227	\$899	\$216	\$1,032	\$248
\$150,000-\$299,999	\$7,500	\$766	\$184	\$891	\$214	\$851	\$204	\$976	\$234
\$300,000-\$499,999	\$5,000	\$1,236	\$297	\$1,437	\$345	\$1,321	\$317	\$1,523	\$366
\$300,000-\$499,999*	\$7,500	\$1,163	\$279	\$1,353	\$325	\$1,249	\$300	\$1,438	\$345

\*If your total gross revenue exceeds \$500,000, or you require other limits options please contact our office for further information.

\*\* Limits shown are Each Claim Limit /Aggregate Limit.

**Basic coverage: Life, Accident, Health, Disability, Long Term Care and Annuities including Variable Products.  
Options including Mutual Funds, coverage applicable to Mutual Funds is limited by endorsement to \$1,000,000 in the aggregate.**

Program Coverage Highlights available at: [www.naifainsurance.com](http://www.naifainsurance.com)

## COMPENSATION AND OTHER DISCLOSURE INFORMATION

Insurance Agent's, a division of Affinity Insurance Services, Inc., exclusively offers the NAIFA Professional Liability Program as an agent of New Hampshire Insurance Company and provides administrative services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

As compensation for the services described above, Affinity receives 23.5% of your paid premium as commission for marketing the program and for administrative services. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same levels as the initial policy commission, unless we notify you otherwise.

**Other than the commissions described in the preceding paragraph, Affinity will receive no other compensation from the insurer and there will be no other fees or charges to you.**

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interests.

### Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for more detail on these agreements.

### If you elect to finance via AFCO

Affinity Insurance Services offers our clients assistance in procuring premium financing. In connection with such service, Affinity Insurance Services will act as agent for its affiliate company, AFCO, and not as broker for our clients. Affinity Insurance Services, in recommending the use of AFCO, for premium financing, does not undertake any duty on behalf of our clients to obtain alternative premium financing quotes.

## **NOTICE TO APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO ILLINOIS APPLICANTS:** THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF MATERIAL FACT IN THE POLICY WILL RENDER THIS POLICY, IF ISSUED, VOID AT INCEPTION. THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF A MATERIAL FACT DURING A CLAIM WILL RENDER THIS POLICY, IF ISSUED, CANCELLED.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.