



ONEAMERICA
SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM
ENROLLMENT FORM

POLICY PERIOD: DECEMBER 1, 2023 – DECEMBER 1, 2024

Complete all sections of this form and return with your payment to: Affinity/Agents, P.O. Box 392071, Pittsburgh, PA 15251-9071
 (Overnight Address: Affinity/Agents Division, Attn: 392071, 500 Ross Street 154-0455, Pittsburgh, PA 15262-0001)

Please contact Affinity Insurance Services, Inc. for assistance at: (877) 718-4648 or info@agents-eo.com

SECTION 1: YOUR INFORMATION

Customer #: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION 2: COVERAGE & LIMIT OPTIONS

- I. **Effective Date (MM/DD/YYYY):** _____
- II. **Coverage Option (choose one):** **Tier I:** Includes Fixed and Variable (Series 6) Products, Excludes Securities
 Tier II: Includes Coverage Tier I, plus Securities (Series 7)
- III. **Limit of Liability (choose one):** \$1m/\$2m \$2m/\$2m \$2m/\$4m \$3m/\$3m \$3m/\$5m
- IV. **Premium Due:** \$ _____ (refer to 2023-2024 Midterm Rates Chart)

SECTION 3: PAYMENT METHOD SELECTION (choose one)

- Payment in full by check. Make check payable to: Affinity Insurance Services, Inc.
- Payment by Monthly Pre-Authorized Checking (PAC) Account deductions. If choosing this method, you must complete and return this enrollment form, a PAC Authorization Agreement and your down payment via check, enrollment requests received which are missing one or more of these items will not be processed. PAC down payment amounts can be found on the annual rate page pursuant to your coverage/limit selection above. Your checking account will be debited for the remaining monthly installments beginning on the first business day of the second month of coverage and will continue until October 2024. This payment method is only available for enrollments with an Effective Date between December 2023 and May 2024. ***If there are insufficient funds to withdraw your premium, your policy will cancel for nonpayment. By selecting this payment option, you agree that a \$65 policy reinstatement fee will apply for all payments returned due to insufficient funds and that you must pay any outstanding balance in full to reinstate coverage following an unsuccessful withdrawal.***

SECTION 4: WARRANTY ACKNOWLEDGMENT AND ACCEPTANCE

*I understand and acknowledge I am not eligible for coverage under the OneAmerica sponsored errors and omissions program unless I am legally contracted to represent OneAmerica and its covered affiliates as of my coverage effective date. I understand if my contract to represent OneAmerica or its covered affiliates is terminated, coverage under this program terminates on the same day and I am still responsible for the payment of the full annual E&O Cost. All payments are fully earned under this program and there will be no refund. I authorize Affinity Insurance Services, Inc. to process my enrollment. Submission of this form and/or our preliminary acceptance of payment does not guarantee coverage. Should this submission be determined ineligible for coverage, my payment will be refunded. **If I have elected Monthly PAC Installment as my payment method and there are insufficient funds to withdraw my premium, I understand my policy will cancel for nonpayment. I also agree that a \$65 policy reinstatement fee will apply for all payments returned due to insufficient funds and that if any of my installments are returned due to insufficient funds, I must pay the \$65 reinstatement fee and any outstanding balance due in full to reinstate my coverage.***

Signature: _____ Date: _____ / _____ / _____



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**SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM
MIDTERM RATES 2023-2024 – COVERAGE TIER I**

Instructions: Choose your coverage level, limit of liability and effective date using the rate chart below. Be sure to indicate your elections on the Enrollment Form. If you are electing Monthly PAC Installments as your payment method, please return your Enrollment Form, PAC Authorization Agreement and the PAC Down Payment Amount pursuant to your coverage and limit selections. Down Payments must be paid in full by check. The PAC Installment Amount is the amount which will be withdrawn from your checking account monthly, beginning on the first business day of the second month of your enrollment, until October 2024. Please note: The monthly PAC Installment payment method is only available for effective dates between December 2023 and May 2024. If you are enrolling with an effective Month of June 2024 or later, you must remit the full premium due, refer to the amount shown in the Rate column pursuant to your corresponding coverage/limit selection.

COVERAGE TIER I – Includes Fixed and Variable (Series 6) Products, excludes Securities:

COVERAGE TIER I LIMIT OPTIONS (EACH CLAIM / AGGREGATE)															
Effective Month	\$1M / \$2M			\$2M / \$2M			\$2M / \$4M			\$3M / \$3M			\$3M / \$5M		
	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment
December 2023	\$607.00	\$101	\$50.60	\$698.00	\$116	\$58.20	\$723.00	\$120	\$60.30	\$834.00	\$139	\$69.50	\$951.00	\$158	\$79.30
January 2024	\$556.40	\$101	\$50.60	\$639.80	\$116	\$58.20	\$662.70	\$120	\$60.30	\$764.50	\$139	\$69.50	\$871.70	\$158	\$79.30
February 2024	\$505.80	\$101	\$50.60	\$581.60	\$116	\$58.20	\$602.40	\$120	\$60.30	\$695.00	\$139	\$69.50	\$792.40	\$158	\$79.30
March 2024	\$455.20	\$101	\$50.60	\$523.40	\$116	\$58.20	\$542.10	\$120	\$60.30	\$625.50	\$139	\$69.50	\$713.10	\$158	\$79.30
April 2024	\$404.60	\$101	\$50.60	\$465.20	\$116	\$58.20	\$481.80	\$120	\$60.30	\$556.00	\$139	\$69.50	\$633.80	\$158	\$79.30
May 2024	\$354.00	\$101	\$50.60	\$407.00	\$116	\$58.20	\$421.50	\$120	\$60.30	\$486.50	\$139	\$69.50	\$554.50	\$158	\$79.30
June 2024	\$303.50	N/A	N/A	\$349.00	N/A	N/A	\$361.50	N/A	N/A	\$417.00	N/A	N/A	\$475.50	N/A	N/A
July 2024	\$252.92	N/A	N/A	\$290.83	N/A	N/A	\$301.25	N/A	N/A	\$347.50	N/A	N/A	\$396.25	N/A	N/A
August 2024	\$202.33	N/A	N/A	\$232.67	N/A	N/A	\$241.00	N/A	N/A	\$278.00	N/A	N/A	\$317.00	N/A	N/A
September 2024	\$151.75	N/A	N/A	\$174.50	N/A	N/A	\$180.75	N/A	N/A	\$208.50	N/A	N/A	\$237.75	N/A	N/A
October 2024	\$101.17	N/A	N/A	\$116.33	N/A	N/A	\$120.50	N/A	N/A	\$139.00	N/A	N/A	\$158.50	N/A	N/A
November 2024	\$50.58	N/A	N/A	\$58.17	N/A	N/A	\$60.25	N/A	N/A	\$69.50	N/A	N/A	\$79.25	N/A	N/A

Your payment includes membership in the Agents Professional Liability Service Organization, the purchasing group formed under the Risk Retention Act of 1986 that is involved in the placement of this group coverage.

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity



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**SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM
MIDTERM RATES 2023-2024 – COVERAGE TIER II**

Instructions: Choose your coverage level, limit of liability and effective date using the rate chart below. Be sure to indicate your elections on the Enrollment Form. If you are electing Monthly PAC Installments as your payment method, please return your Enrollment Form, PAC Authorization Agreement and the PAC Down Payment Amount pursuant to your coverage and limit selections. Down Payments must be paid in full by check. The PAC Installment Amount is the amount which will be withdrawn from your checking account monthly, beginning on the first business day of the second month of your enrollment, until October 2024. Please note: The monthly PAC Installment payment method is only available for effective dates between December 2023 and May 2024. If you are enrolling with an effective Month of June 2024 or later, you must remit the full premium due, refer to the amount shown in the Rate column pursuant to your corresponding coverage/limit selection.

COVERAGE TIER II – Includes Coverage Tier I, plus Securities:

COVERAGE TIER II LIMIT OPTIONS (EACH CLAIM / AGGREGATE)															
Effective Month	\$1M / \$2M			\$2M / \$2M			\$2M / \$4M			\$3M / \$3M			\$3M / \$5M		
	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment	Rate	Down Payment	PAC Monthly Payment
December 2023	\$723.00	\$120	\$60.30	\$835.00	\$139	\$69.60	\$864.00	\$144	\$72.00	\$1,003.00	\$167	\$83.60	\$1,138.00	\$189	\$94.90
January 2024	\$662.70	\$120	\$60.30	\$765.40	\$139	\$69.60	\$792.00	\$144	\$72.00	\$919.40	\$167	\$83.60	\$1,043.10	\$189	\$94.90
February 2024	\$602.40	\$120	\$60.30	\$695.80	\$139	\$69.60	\$720.00	\$144	\$72.00	\$835.80	\$167	\$83.60	\$948.20	\$189	\$94.90
March 2024	\$542.10	\$120	\$60.30	\$626.20	\$139	\$69.60	\$648.00	\$144	\$72.00	\$752.20	\$167	\$83.60	\$853.30	\$189	\$94.90
April 2024	\$481.80	\$120	\$60.30	\$556.60	\$139	\$69.60	\$576.00	\$144	\$72.00	\$668.60	\$167	\$83.60	\$758.40	\$189	\$94.90
May 2024	\$421.50	\$120	\$60.30	\$487.00	\$139	\$69.60	\$504.00	\$144	\$72.00	\$585.00	\$167	\$83.60	\$663.50	\$189	\$94.90
June 2024	\$361.50	N/A	N/A	\$417.50	N/A	N/A	\$432.00	N/A	N/A	\$501.50	N/A	N/A	\$569.00	N/A	N/A
July 2024	\$301.25	N/A	N/A	\$347.92	N/A	N/A	\$360.00	N/A	N/A	\$417.92	N/A	N/A	\$474.17	N/A	N/A
August 2024	\$241.00	N/A	N/A	\$278.33	N/A	N/A	\$288.00	N/A	N/A	\$334.33	N/A	N/A	\$379.33	N/A	N/A
September 2024	\$180.75	N/A	N/A	\$208.75	N/A	N/A	\$216.00	N/A	N/A	\$250.75	N/A	N/A	\$284.50	N/A	N/A
October 2024	\$120.50	N/A	N/A	\$139.17	N/A	N/A	\$144.00	N/A	N/A	\$167.17	N/A	N/A	\$189.67	N/A	N/A
November 2024	\$60.25	N/A	N/A	\$69.58	N/A	N/A	\$72.00	N/A	N/A	\$83.58	N/A	N/A	\$94.83	N/A	N/A

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**SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM
PRE-AUTHORIZED CHECKING (PAC) AUTHORIZATION AGREEMENT**

Important Notice: You do not need to complete/remit this form if you are paying in full by check or have enrolled online; however, this form is **REQUIRED** if you have elected to pay the annual E&O cost via monthly pre-authorized checking (PAC) installments. Your enrollment **will not** be processed unless the following are received together: this PAC Authorization Agreement, the Enrollment Form, and your down payment (see Enrollment Form for amount and remittance instructions).

SECTION 1: YOUR INFORMATION

Customer #: _____

First Name: _____ Last Name: _____

SECTION 2: CHECKING ACCOUNT DETAILS

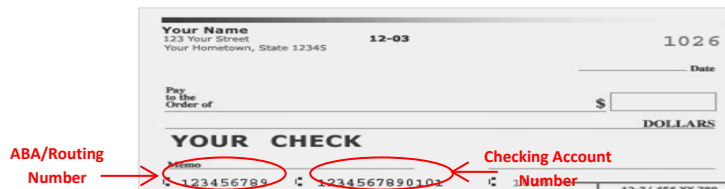
The checking account must be owned by the certificate holder listed on the enrollment or renewal form. We will not honor any requests to terminate bank drafts from any person or entity other than the certificate holder.

Name of Financial Institution: _____

Branch Address: _____

City: _____ State: _____ Zip: _____

ABA/Routing Number: _____ Checking Account Number: _____



SECTION 3: AUTHORIZATION AGREEMENT & SIGNATURE(S)

I (we) hereby authorize Affinity Insurance Services, Inc. (AIS) to initiate electronic debit entries or effect a charge by any other commercially accepted method, to my (our) checking account indicated above. I (we) hereby authorize the financial institution named above, hereinafter called Depository to debit the same to such account.

I (we) agree that if premiums are not paid as due under the policy, as in the event withdrawals are dishonored or your deposit or installment for any Electronic Funds Transfer (EFT) is returned to AIS from your Depository for any reason, coverage under the policy will be cancelled for non-payment. A \$65 reinstatement fee plus the full remaining balance due must be paid **in full** to reinstate my policy. Further, I agree to pay the full annual amount due even if my registration with Parkland is terminated.

This authority is to remain in full force and effect until Affinity Insurance Services has either collected the full annual rate or received written notification from me (or either of us) of its termination in such time and in such manner as to afford Affinity Insurance Services, Inc. and Depository a reasonable opportunity to act on it. We must be notified within 48 hours of the intended deduction. Deductions are scheduled for the 1st banking day of the month.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

(If account requires two signatures, both parties must sign above)

**ATTACH CHECK FOR
DOWN PAYMENT HERE**

Make Check Payable to: Affinity Insurance Services, Inc.
(For Down Payment Amount, refer to 2022-2023 Midterm Rates for your Coverage Tier, Limit of Liability and Desired Coverage Effective Date)

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