



**ONEAMERICA**  
**SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM**  
**EMERITUS AGENTS' 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. **Annual Premium Due:** \$\_\_\_\_\_ (refer to 2023-2024 Annual 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. ***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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**ONEAMERICA**  
**SPONSORED ERRORS & OMISSIONS (E&O) INSURANCE PROGRAM**  
**AGENT EMERITUS**  
**2023 - 2024 ANNUAL RATES**

**Coverage Tier I: Includes Fixed and Variable (Series 6) Products, Excludes Securities**

<b>Limits of Liability (each Claim/Aggregate)</b>	<b>Annual Premium</b>	<b>PAC Down Payment</b>	<b>PAC Installment Amount*</b>
\$1,000,000/\$2,000,000	\$455.25	\$75	\$38.03
\$2,000,000/\$2,000,000	\$523.50	\$87	\$43.65
\$2,000,000/\$4,000,000	\$542.25	\$90	\$45.23
\$3,000,000/\$3,000,000	\$625.50	\$104	\$52.15
\$3,000,000/\$5,000,000	\$713.25	\$118	\$59.53

**Coverage Tier II: Includes Coverage Tier I, plus Securities (Series 7)**

<b>Limits of Liability (each Claim/Aggregate)</b>	<b>Annual Premium</b>	<b>PAC Down Payment</b>	<b>PAC Installment Amount*</b>
\$1,000,000/\$2,000,000	\$542.25	\$90	\$45.23
\$2,000,000/\$2,000,000	\$626.25	\$104	\$52.23
\$2,000,000/\$4,000,000	\$648.00	\$108	\$54.00
\$3,000,000/\$3,000,000	\$752.25	\$125	\$62.73
\$3,000,000/\$5,000,000	\$853.50	\$142	\$71.15

\* 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 second month of your enrollment, until October 2024.

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.



ONEAMERICA



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.

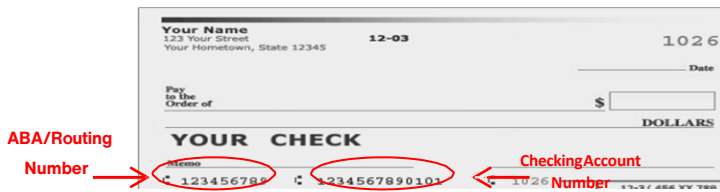
SECTION 1: YOUR INFORMATION

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) 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.

This authority is to remain in full force and effect until Affinity Insurance Services has either collected the full annual cost 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.

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 2023-2024 Annual Rate Form and locate the amount due based on your limit/coverage elections)

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 Berkeley Insurance Agency and in NY, AIS Affinity Insurance Agency.