



FARMERS® SPONSORED GROUP E&O PROGRAM MIDTERM INCREASE FORM FOR LEVEL 3 COVERAGE (PBB & CBB)

I would like to increase my coverage level to Level 3 (Personal Lines and Commercial Lines Brokered Business). I understand that premium must be paid continuously through my monthly folio deduction for coverage to apply and depending on the date this request is processed I may receive a supplemental folio deduction in the following month. I understand that any claims arising out of Personal Lines Brokered Business with a date of error between 1/1/14 and the effective date of coverage or arising out of Commercial Lines Brokered Business with a date of error between 1/1/04 and the effective date of coverage will not be covered by the policy. I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed coverage. It is agreed and understood that 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. Should my Agency Appointment Agreement terminate, coverage will cease that same day (TX agents, 30 days after termination date) regardless of the reason for termination.

Agent #:

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Fax:

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Full-Time Agent Appointment Date (MM/DD/YYYY):

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Email:

Name (first, middle initial and last):

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Requested Effective Date of Coverage Level 3:

Business Address:

Reason for Midterm Change Request:

City:

Outside Company Appointment Name*:

State:

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Zip:

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Effective Date of Contract with Outside Company:

Daytime Phone:

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Deductible Buyback Endorsement:

I would like to add the deductible buy back endorsement for an additional \$25 per month

*Please do not write Farmers Insurance Group in this field. Specify the company you are contracting with outside of Farmers for which the higher coverage level is needed.

Email completed form to: farmers@calsurance.com

Your Month of Birth field is your "Electronic Signature". It constitutes part of your application for insurance and is your lawful, original signature for the purpose of authenticating the validity of the application as an original document signed by you. By selecting the month of your birth, you agree and acknowledge that it authenticates the information in your application for a midterm coverage change. You also agree and acknowledge that entering the month of birth constitutes your intent to waive specific statutory protections that could benefit you in the event the Company denies or rejects a claim under your policy because of your misrepresentation, misstatement, or omission contained in your application for midterm coverage increase.

To process your request, we will need your electronic signature

Please select the month you were born:	<input type="checkbox"/>
I agree to the warranty statement and I warrant that the information provided above is true and accurate	<input type="checkbox"/> Yes/Agree <input type="checkbox"/> No/Disagree
Today's Date:	