

By purchasing this insurance, agents become members of the Financial Sales Professionals 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..... ALL sections must be completed. Incomplete forms will take additional time to process. Please allow up to ten (10) business days for processing.

Return this form along with payment to: CalSurance Associates, P.O. Box 7048, Orange, CA 92863-7048

Coverage Questions.....Call CalSurance Associates at (800) 745-7189 or email at info@calsurance.com

Certificates of Insurance.....Go on-line: www.calsurance.com - Certificate Reprinting - Sponsoring Group - AmeriLife Holding LLC

Section 1 - Eligibility Questions

You must be able to answer "NO" to proceed with this form.

- Do you have pending or paid E&O claim(s) in the past five (5) years or are you aware of any incident(s) or circumstance(s) that may give rise to an E&O claim? (Note: any such potential claims not already reported to your current E&O carrier are excluded from the proposed coverage and should be reported to your current E&O carrier immediately) Yes No
- Have you ever been the subject of a reprimand or disciplinary action or criminal action by any federal, state or local authority, or by any self-governing regulatory body or bodies as a result of your professional services? Yes No

Section 2 - Your Information (Please Print Clearly)

First Name Last Name

Street Address

City State Zip Code

Contact Phone Number - -

Email

Section 3- Effective Date and Amount Due

Effective Date of Coverage - -

NOTICE: Effective date of coverage cannot be backdated to a prior month.

Limits Each Claim/Agent Aggregate (Select One)

- \$1,000,000/\$1,000,000;
- \$1,000,000/\$2,000,000;
- \$1,000,000/\$3,000,000; or
- \$2,000,000/\$2,000,000

Coverage (Select One)

- Level A:** Sale & Servicing of Final Expense, Mortgage Life, Medicare Supplement/Advantage Insurance, LTC, Disability, Health Insurance, Life Insurance, Fixed and Indexed Annuities.
- Level B:** Level A plus Series 6
- Level C:** Medicare Advantage/Supplement & Final Expense Only
- Level D:** Level A New Agents Coverage (if licensed less than 2 years)

Total Amount Due (from Premium Matrix): \$

(Please refer to the "Outline of Coverage" for coverage level details.)

Section 4 - Payment

Check or Money Order: Check made payable to CalSurance Associates for the total amount due.

Other payment options including installments by credit card or ACH (Debit/Checking) are available online at: www.calsurance.com/alym

Section 4-Warranty Statement (Signature Required)

NOTICE: I must be currently affiliated with Your Medicare to be eligible for this program. Otherwise, I will not be considered an Insured under this program and no claims made against me will be covered.

I warrant that I am affiliated with Your Medicare.

NOTICE: This is a claims made and reported policy. If I have knowledge of any claim or incident that could give rise to a claim under the proposed policy and any claim or action arises therefrom, it is excluded from coverage for which this form applies. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, if any, and may result in the denial of a claim.

I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy.

I acknowledge that the specimen policy and program materials have been delivered to me via www.calsurance.com/alym and I have reviewed these documents prior to enrolling in the program.

I warrant and represent that the above statements 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 that completion of this application does not bind the company to issue nor the applicant to purchase the insurance.

Claims Expenses are included within the limits of liability applicable to the coverage provided by this Policy. Claim Expenses paid under this Policy will reduce the available limits of liability. To the extent that Policy limits are thereby exceeded, the Company shall not be liable for Claims Expenses or for the amount of any judgement or settlement.

This Notice forms a part of your insurance Policy.

I have read and acknowledge the above Notice and am aware that this Policy has Claims Expenses included in the Company's limits of liability.

Signature (Required)

Today's Date