AMERICAN FRATERNAL ALLIANCE PARTICIPATING SOCIETIES

EXTENDED REPORTING PERIOD ELECTION FORM

RETIRED AND DISABLED AGENTS (OR THE ESTATES OF DECEASED AGENTS)

On the date of "Termination of Coverage" due to the "Named Certificate Holder's" termination of contract by reason of the "Named Certificate Holder's" retirement from the business of providing "Professional Services" in accordance with the formal retirement procedures, the insurance under the Policy shall cease on such date.

Automatic Extended Reporting Period

The "Named Certificate Holder" shall be entitled to a free Automatic Extended Reporting Period of two (2) years after the "Named Certificate Holder's" date of contract termination to report in writing any Claim which is first made during the Automatic Extended Reporting Period and arises out of any negligent act, error or omission or Personal Injury which occurred before the "Named Certificate Holder's" date of contract termination and on or after the "Retroactive Date".

No coverage shall be provided in the event the "Named Certificate Holder" has any other applicable insurance, including a policy issued subsequent to this Policy. No coverage shall be provided if the "Named Certificate Holder" cancels this Policy before the end of the Policy Period. This Automatic Extended Reporting Period of two (2) years shall be included within the Optional Extended Report Period, if purchased.

Conditional Automatic Unlimited Extended Reporting Period

Notwithstanding the Automatic Extended Reporting Period described above, so long as the Master Policy is maintained with Zurich, the "Named Certificate Holder" shall have a free Conditional Automatic Unlimited Extended Reporting Period, after the "Named Certificate Holder's" date of "Termination of Coverage" to report in writing any "Claim" which is first made during this Conditional Automatic Unlimited Extended Reporting Period and arises out of a negligent act, error, omission or Personal Injury which occurred before the "Named Certificate Holder's" date of contract termination and on or after the "Retroactive Date".

No coverage shall be provided in the event the "Named Certificate Holder" has any other applicable insurance, including a policy issued subsequent to this Policy. No coverage shall be provided if the "Named Certificate Holder" cancels this Policy before the end of the Policy Period**.** Any other applicable Automatic Extended Reporting Period and any Optional Extended Reporting Period, if such is purchased, shall be included within this Conditional Automatic Unlimited Extended Reporting period.

Optional Extended Reporting Period

"Named Certificate Holder's" whose contract terminates for reasons of retirement, disability or death (as outlined above) may elect to purchase an Optional Extended Reporting Period of three (3) years, five (5) years or an unlimited amount of time from the date of the "Named Certificate Holder's" "Termination of Coverage".

The Extended Reporting Periods do not reinstate or increase the Limits of Liability beyond the limits available on the Certificate of Insurance, nor extend the "Certificate Period". The Extended Reporting Periods do NOT apply to any "Claim" that is covered under any subsequent insurance issued to the "Named Certificate Holder", or that would be covered but for the exhaustion of the Limit of Liability applicable to such insurance.

In the event a "Named Certificate Holder" wishes to purchase this Optional Extended Reporting Period, this form along with payment in full must be remitted to CalSurance® by check within sixty (60) days of the "Named Certificate Holder's" date of "Termination of Coverage" due to retirement, disability or death.

I elect to purchase the following Optional Extended Reporting Period:

- ☐ Three (3) years from the date of the "Named Certificates Holder's" date of "Termination of Coverage", if the "Named Certificate Holder" pays an additional premium equal to 200% of the "Named Certificate Holder's" last annual premium.
- ☐ Five (5) years from the date of the "Named Certificates Holder's" date of "Termination of Coverage", if the "Named Certificate Holder" pays an additional premium equal to 300% of the "Named Certificate Holder's" last annual premium.
- ☐ An unlimited amount of time from the date of Named "Certificates Holder's" date of "Termination of Coverage", if the "Named Certificate Holder" pays an additional premium equal to 400% of the "Named Certificate Holder's" last annual premium.

Name: _____

Address: _____

Agent Number: _____ Contract Termination Date: _____

Signature: _____ Date: _____

Please make checks payable to **"CalSurance Associates, A Division of Brown & Brown Program Insurance Services, Inc."** and mail with this form to:

CalSurance Associates, A Division of Brown & Brown Program Insurance Services, Inc.
PO Box 7048, Orange, CA 92863-7048
Phone 800-745-7189 ★ Fax: (800) 607-6875 ★ Email: Info@calsurance.com
Domiciled in California, CA License Number: 0B02587