

# UFirst Alliance Sponsored Errors & Omissions Insurance Application for Insurance



### Important note to AgentPAC application and coverage:

UFirst Alliance Agents are required to complete all of the questions in this application for it to be considered complete. Only complete applications will be eligible for insurance and to be considered insured under this policy. You represent that all of the information contained in this application is true, accurate and complete and that no material items, facts, or circumstances have been omitted or misstated. Your signature below is an attestation to this fact. It is further agreed that:

1. Once coverage is bound this application will become part of the policy;
2. Lloyds of London will have relied upon, as representation, this application;
3. Any material misrepresentation will void any and all coverage granted in this policy;
4. Agent's failure to report during the policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage. Submission of this application does not ensure coverage will be provided.

UFirst Alliance Agents (hereafter "You") who successfully answer no to all of the questions are immediately eligible for coverage, otherwise, please return for underwriter approval.

### UFirst Alliance Agent Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Email: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Agent ID: \_\_\_\_\_

### Background questions:

- |  |  |
|--|--|
| <p>1. Have you previously carried E&amp;O insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Do you require retroactive coverage? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If yes, what retroactive date do you require: ___/___/___</p> <p>3. Within the last seven (7) years, have you had a state or federally regulated license revoked, restricted, or terminated for cause? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Within the last seven (7) years, have you been a defendant or respondent to any consumer complaint or allegation that resulted in any type of adverse decision, enforcement action, adverse order, disciplinary sanction, or censure against you by any state or federal regulatory agency? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Do you have any regulatory or consumer related complaints that are pending or unsettled, or are you awaiting any arbitration or civil proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Within the last seven (7) years, have you been convicted of any felony or business related misdemeanor, or are you currently named as a defendant, respondent, or party to any such criminal or civil action? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>7. Are you currently the subject of any investigation, inquiry, or complaint by any state or federal regulatory agency? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Within the last seven (7) years, have you been censured, fined, or otherwise disciplined by a grantor of an accredited designation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Within the last seven (7) years, have you filed for or declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Are you currently aware of, or involved in any fee dispute with any of your clients? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>11. Within the last seven (7) years, have you been the subject of any investigation, inquiry, or complaint by any state or federal regulatory agency, or any other agency, alleging any violations of ethical conduct, prohibited sales practice, or breach of professional standards that resulted in any type of adverse decision, enforcement action, disciplinary sanction, or adverse order, such as a consent order, final order, or cease and desist-type order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. When would you like this coverage to become effective? ___/___/___</p> |
|--|--|

If you selected yes for any of the questions 3-11 above please complete the additional information section on page 3

### Signature and affirmation of statement:

I affirm I have answered all of the questions on this application truthfully and correctly to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Coverage Provided**

Agents who successfully answered "No" to all of the questions above are automatically eligible for coverage! If you answered "Yes" to one or more of the questions above your application requires underwriting. For applicants requiring underwriting no coverage is granted at this time. Please forward your application to fax (801-880-8396) or e-mail (contracting@ufirstalliance.com).

**Policy Limits**

**Limits of Liability**

\$ 1,000,000 each claim  
 \$ 1,000,000 aggregate each insured  
 \$10,000,000 group aggregate

**Retentions**

Life Insurance:  
 \$ 1,000 each claim  
 UFirst Products:  
 \$ 500 each claim

**Premiums:**

- Life (Term and Whole)
- Disability\*
- United First Financial Products (Money Merge)

**Annual Premiums: \$539.00\*\***

**Payment Options:**

**Option 1 - Annual Payment**

I authorize UFirst Alliance to charge my total annual premiums of **\$539.00** using my Credit Card listed below. I understand that my annual payment due will be charged at the beginning of my effective date. I understand that if my premium changes, I will be notified and my authorization adjusted accordingly. I will notify UFirst Alliance if any of my account information changes.

**Option 2 - Monthly Payments (12)**

I authorize UFirst Alliance to establish automatic premium payments using my Credit Card listed below. My annual premiums will be charged in 12 equal installments, beginning on the effective date of this policy. I understand that an additional service fee will be added to my monthly payments, totalling \$7 additional per month. I understand that **\$51.92** will be charged to my credit card each month until the expiration date of my policy. I further understand that I will be charged for a minimum of three months coverage, should I wish to cancel this coverage early. I understand that if my monthly payment amounts change, I will be notified and be required to authorize any adjusted accordingly. I will notify UFirst Alliance if any of my account information changes.

**Credit Card Information and Authorization:**

Name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Visa  Mastercard  American Express

By signing below I authorize the payment option I have indicated above. I understand that my personal information may be shared with applicable and authorized partners of UFirst Alliance in conjunction with this insurance and other service. This information includes (but is not limited to), information in this application, and other information I have previously provided UFirst Alliance, to provide and market services. I expressly consent to sharing this information only with approved partners of UFirst Alliance in conjunction with these benefits and services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Application:**

Please email, fax or mail your completed application to UFirst Alliance's Member Benefit Group at:

- Fax: 801-880-8396
- Email: contracting@ufirstalliance.com
- Mail: UFirst Alliance  
 Member Benefit Group  
 14950 Pony Express Rd.  
 Bluffdale, UT 84065

\* Coverage is available for the sale of disability insurance as a rider to an existing life insurance product.

\*\* Premiums include all taxes, fees and any other charges. Monthly payments may incur additional service fees.

**Background Questions Additional Information:**

If you answered yes to any of the Background Questions on page one please provide additional detail in the box below. Additional detail should reference which question you are providing additional detail for and may include, but does not need to be limited to, when the issue occurred, who was involved, what was the outcome, etc. Please provide as much detail as possible and attach any pertinent information to your application when you fax or email it to UFirst Alliance for underwriting.

**Additional Information:**

[Empty text area for providing additional information]