Agents Appointed with Designated Life & Health Companies of

Titan Marketing Group

ENROLLMENT FORM

Claims Made and Reported Errors and Omissions Coverage

Policy Period: July 1, 2011 to July 1, 2012

By applying for this insurance, you are applying for membership in the Financial Sales Professionals Risk 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: Complete all sections of this form. If you are paying by Debit to Checking or credit card, fax enrollment form to: Titan Marketing Group at (805) 522-1901. Enrollment forms with checks, please mail to: Titan Marketing Group, 11959 Discovery Court, Moorpark, CA 93021. Phone: 800-967-1819

Coverage Questions: Call Brown & Brown of California, Inc., dba CalSurance Associates at (800) 745-7189 or e-mail at info@calsurance.com.

☑ Section 1 Your Information (Please print clearly)

Name (first, middle initial and last):

Street Address:

City:

State: Zip:

Contact Phone: - -

Fax: - -

E-Mail:

Birthday (Month/Year) / Last Four (4) Digits of your Social Security Number: X X X - X X -

Have you had more than 1 claim in the past five (5) years? ❑ Yes ❑ No

In the past 5 years have you had any claim in which more than $50,000 was paid either in defense or indemnity or both? ❑ Yes ❑ No

If you answered *"YES"* to any of the above questions, your enrollment is *NOT* guaranteed and is subject to review and approval by the underwriter. Please provide an explanation and documentation regarding the facts of your *"YES"* responses for consideration.

☑ Section 2 Effective Date & Premium Amount

Effective Date of Coverage cannot be effective prior to your date of contract and cannot be back dated to a prior month

Effective Date of Coverage will be the 1st day of the month you enroll.

Enrollment Month	Option A Life, Accident & Health & Disability Premium by Date of Enrollment	Enrollment Month	Option B Life, Accident & Health, Disability, & Fixed Annuities Premium by Date of Enrollment
July 2011	❒ $650	July 2011	❒ $698
Aug 2011	❒ $600	Aug 2011	❒ $644
Sep 2011	❒ $550	Sep 2011	❒ $590
Oct 2011	❒ $500	Oct 2011	❒ $536
Nov 2011	❒ $450	Nov 2011	❒ $482
Dec 2011	❒ $400	Dec 2011	❒ $428
Jan. 2012	❒ $350	Jan. 2012	❒ $374
Feb. 2012	❒ $300	Feb. 2012	❒ $320
Mar. 2012	❒ $250	Mar. 2012	❒ $266
Apr 2012	❒ $200	Apr 2012	❒ $212
May 2012	❒ $150	May 2012	❒ $158
June 2012	❒ $106	June 2012	❒ $110

Please refer to the "Outline of Coverage" for a description of coverage.

$1,000,000 each Wrongful Act/$1,000,000 Policy Aggregate Each Insured (annual rates are inclusive of a non-refundable admin/service fee of up to $222.

☑ Section 3 Payment Options

❑ Payment in Full by Check: Please forward a check made payable to "CalSurance Associates" for the *full premium.*

❑ Pay by Debit to Checking (Installments): Each installment includes a $6.00 installment charge which is not reflected in the "Payment in Full" total. (See and complete the "Debit to Checking Authorization Form" in addition to this enrollment form). There will be a $50.00 Declined/NonSufficient Fund Fee charged if payment is declined.

❑ Payment in Full by Credit Card: Please complete credit card information below.

❑ Pay by Credit Card Installments: I elect to pay my premium in twelve installments by credit card. I authorize Brown & Brown of California, Inc., DBA CalSurance Associates to process the installment charges on the date the enrollment form is received and the 15th of each month following. I understand each installment includes a $6.00 installment charge which is not reflected in the "Payment in Full" total. I also understand that if payment is declined, coverage shall terminate upon ten (10) day Notice of Cancellation. Payment may be paid within the specified ten (10) day period to maintain coverage. Should payment decline a second time, payment is due in full within the specified ten (10) day period to maintain coverage.

(Billing processed through Brown & Brown of California, Inc., dba CalSurance Associates)

Credit Card Information ❑ MasterCard ❑ Visa ❑ DIscover

(We do not accept Debit Cards or American Express)

Account #:

Expiration Date of Credit Card: (Required)

- (MM / YY)

Cardholder's Name:

Cardholder's Signature: Today's Date

☑ Section 4 Auto Renew Notice:

Initial Here

This is an auto-renew policy.

You will be sent materials to "opt out" before renewal.

Please initial here after you have read this.

☑ Section 5 Warranty Statement - Signature Required

I understand and agree to the following: I must be a currently licensed Agent associated with Titan Marketing Group. If I am not a currently licensed agent, I may not be considered an insured under this policy and claims made against me may not be covered.

This is a claims made and reported policy. I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy, and 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. A potential gap in coverage may occur if I elect an effective date that is not continuous with my prior expiration date, and may result in denial of a claim.

Agent's Signature: Today's Date:

Brown & Brown of California, Inc., DBA CalSurance Associates
(dba CalSurance Brokerage in New York)
California License# 0B02587