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, 2009 to July 1, 2010

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, 4117 Orontes Way, Suite E, Simi Valley, CA 93063. 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

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 Premium by Date of Enrollment	Enrollment Month	Option B Life, Accident & Health, Disability & Fixed Annuities Premium by Date of Enrollment
July 2009	☐ $650	July 2009	☐ $698
Aug 2009	☐ $600	Aug 2009	☐ $644
Sep 2009	☐ $550	Sep 2009	☐ $590
Oct 2009	☐ $500	Oct 2009	☐ $536
Nov 2009	☐ $450	Nov 2009	☐ $482
Dec 2009	☐ $400	Dec 2009	☐ $428
Jan. 2010	☐ $350	Jan. 2010	☐ $374
Feb. 2010	☐ $300	Feb. 2010	☐ $320
Mar. 2010	☐ $250	Mar. 2010	☐ $266
Apr 2010	☐ $200	Apr 2010	☐ $212
May 2010	☐ $150	May 2010	☐ $158
Jun 2010	☐ $106	Jun 2010	☐ $110

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

$1,000,000 each Wrongful Act/$25,000,000 Policy Aggregate ALL Insureds (annual rates are inclusive of a non-refundable admin/service fee of $222 and applicable Surplus Lines Taxes).

☑ 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 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/Non Sufficient 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 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