PREFERRED RISK E&O INSURANCE

National Ethics Association Sponsored Program

ERRORS & OMISSIONS INSURANCE - P&C

Application for Property & Casualty Agents

Administered by:

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 8146
Des Moines, IA 50306-8146
Phone (866) 795-2041 | Fax (515) 243-2331

EVEREST

Please complete the following questions in order to apply for enrollment in the NEA-sponsored Preferred Risk E&O Insurance Policy for Property & Casualty Agents, underwritten by Everest National Insurance Company and administered by Mercer Consumer, a service of Mercer Health & Benefits Administration LLC. Please note that submission of this application does not guarantee that coverage will be provided unless it is submitted electronically via the website.

Step 1 General Applicant Information (Enrollment is available to individuals only)

This application is for: ☐ New Policy ☐ Renewing Policy

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

How did you hear about us? _____

_____

Expiration date of your most recent E&O coverage _____

Are you a member of National Ethics Association (NEA)? YES☐ NO☐

If yes, provide your registered NEA e-mail address _____

_____

1. Do you currently have Professional Liability insurance in force? [Note: If applicant does not have Professional Liability insurance in force, there will not be coverage for acts occurring prior to the inception date of this Policy.] YES☐ NO☐
2. If you answered "Yes" to question #1 above, please provide the expiration date (MM/DD/YYYY) of your current coverage in force:_____
3. Please enter requested policy inception date (MM/DD/YYYY):_____
4. Please provide: a. Applicant's Property & Casualty License Number:_____ b. License State:_____
5. Do you currently hold a Property & Casualty state license and transact business in the state of New York? YES☐ NO☐
6. In the past 12 months, have you generated greater than $10,000,000 in revenues? YES☐ NO☐

Step 2 Qualifying Questions (If any of the following are answered "YES", you are not eligible for this Program)

1.	Within the last seven (7) years, have you had a state or federally regulated license revoked, restricted, or terminated for cause?	YES☐	NO☐
2.	Within the last seven (7) years, (a) have you been a defendant or respondent to any customer complaint or allegation that resulted in any type of settlement, adverse decision, enforcement action, adverse order, cease and desist order, or disciplinary action; (b) have you been the subject of any investigation, inquiry or complaint by any federal, state or local regulatory agency; or (c) are you currently a defendant or respondent in any regulatory or consumer-related proceeding?	YES☐	NO☐
3.	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 settlement, adverse decision, enforcement action, disciplinary sanction, or adverse order, such as a consent order, final order, or cease and desist-type order?	YES☐	NO☐
4.	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☐	NO☐
5.	Within the last seven (7) years, have you been censured, fined, reprimanded, or otherwise disciplined by a grantor of an accredited designation?	YES☐	NO☐
6.	Within the last seven (7) years, have you filed for or declared bankruptcy?	YES☐	NO☐
7.	Are you currently aware of, or involved in any fee dispute with any of your clients?	YES☐	NO☐
8.	Does any Insured know of any fact, circumstance or situation which could reasonably give rise to a Claim covered under the Policy? [Note: This question does not apply if this application is for the renewal of a policy issued by Everest National]	YES☐	NO☐

☐ **YES** - I affirm that all questions answered on this application are true and correct to the best of my knowledge, information and belief.

Signature **X** _____ Date _____

National Ethics Association Sponsored Program

Representations of Coverage Highlights

Step 3 Representations / Signature (Please read the following before signing below.)

Each applicant must meet the criteria contained within this application in order to be considered an Insured under the Policy. By signing below, applicant hereby represents that the information contained herein is true, accurate and complete.

Further, applicant understands and acknowledges that:

1. If enrollment is accepted, Everest will have relied upon the truth, accuracy and completeness of the information and representations in this application.

2. If this application contains any misrepresentation or omission made with the intent to deceive, or which materially affects either the acceptance of the risk or the hazard assumed under the Policy, all coverages under the **Certificate of Insurance** issued to the applicant will be null and void.

3. Any Claim arising out of any matter described in the applicable questions in Step 2, whether or not the questions in Step 2 were truthfully answered, shall be excluded from coverage under the **Certificate of Insurance** issued to the applicant.

I affirm that the statements and responses to the questions on this application are accurate and complete to the best of my knowledge, information and belief.

Signature _____ Date _____

Print Name _____ Title _____

Step 4 Review Coverage Highlights (Below are highlights. Please see policy for complete list of coverage and exclusions.)

Carrier: Everest National Insurance Company

Please Choose an E&O Coverage Package...

Pricing for Non-Members

	Limits**	Ethics.net (NEA) Membership Fee*		Insurance Premium		Cost Includes NEA Membership Fee
Property and Casualty	$1M/Each Claim $1M/Annual Aggregate	**$156**	+	**$595**	=	**$751**

NEA Member Fee Disclaimer
*For non-members of the National Ethics Association (NEA), there is an annual membership fee of $156 that is collected by Mercer Consumer and forwarded to NEA for your convenience. This annual fee covers your membership in the NEA which is required to participate in this group policy offering and is not part of the insurance transaction. You may also join NEA directly at www.ethics.net and then return and pay the insurance premium only by providing your NEA member number upon checkout. Mercer Consumer, a service of Mercer Health & Benefits Administration LLC | In CA d/b/a Mercer Health & Benefits Insurance Services LLC | AR Ins. Lic #303439 | CA Ins. Lic. #0G39709

**$10,000,000 total Master Policy Aggregate all insureds.

Pricing for Members

	Limits**	Ethics.net (NEA) Membership Fee*		Insurance Premium		Total Cost
Property and Casualty	$1M/Each Claim $1M/Annual Aggregate	**$0**	+	**$595**	=	**$595**

**$10,000,000 total Master Policy Aggregate all insureds.

ENTER TOTAL AMOUNT DUE →

Enter Total Here

National Ethics Association Sponsored Program

PAYMENT METHOD

Step 5 Select Your Payment Method

Pay Annually, With Your Debit or Credit Card

☐ **CREDIT**

I authorize Mercer Consumer, a service of Mercer Health & Benefits Administration LLC to charge my total cost of coverage with my Debit or Credit Card. I understand that my annual payment due will be charged upon processing of my application. I understand that if my premium changes, I will be notified and my authorization adjusted accordingly. I agree to notify Mercer Consumer should my account information change.

☐ Visa ☐ MasterCard
☐ American Express

Total Amount Due (see page 2) **$** _____

Name as it Appears on the Card _____

Cardholder's Billing Address _____

City, State and ZIP _____

Card Number _____ Expiration Date _____

This signature authorizes Mercer Consumer to charge the Total Amount Due to this credit/debit card.

_____

☐ **CHECKING**

To pay annually by check, send check payable to: **Mercer Consumer**. Send payment to address listed to the right.

Total Amount Due (see page 2) **$** _____

Please Fax, or Mail to:

MERCER CONSUMER
a service of Mercer Health & Benefits Administration LLC

Fax:
(515) 243-2331

Mail:
P.O. Box 8146
Des Moines, IA 50306-8146
Phone: (866) 795-2041

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Step 6 **Authorization to Bind** (This signed form MUST accompany your application in order for coverage to be provided.)

THIS SIGNED FORM MUST ACCOMPANY YOUR APPLICATION.

Authorization to Bind:

Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer is acting as the exclusive insurance agent and program manager for Everest National Insurance Company, "Insurer" for this type of coverage, and not as your insurance broker. Alternative insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected insurer quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to http://www.personal-plans.com/disclosure and enter in the security code o4915356, or call us at 1-888-206-5088 for specific details.

Authorization to Bind:

Coverage is underwritten by Everest National Insurance Company and offered through Mercer Consumer, a service of Mercer Health & Benefits Administration LLC. The program has been organized as a purchasing group (Mercer Financial Services Professional Risk Purchasing Group), a not-for-profit corporation located and domiciled in Iowa pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986 as amended. You will automatically become a member of the Purchasing Group when your completed application has been approved and your payment has been received.

☐ **YES**, I understand that maintaining a membership in the National Ethics Association (NEA) is a requirement for the Preferred Risk E&O Program. I have read and agree to abide by all the terms and conditions (http://www.ethics.net/membership/terms-conditions) for membership in the NEA. I understand that Mercer Consumer may share my personal information with NEA, including information in this application unless I specifically elect to opt out. I hereby acknowledge and am aware that this policy is a group policy and is subject to an overall policy aggregate of $10,000,000.

Your signature authorizes Mercer Consumer to bind coverage on your behalf for the above placement(s);

X _____ _____
Signature Date