



PROFESSIONAL LIABILITY INSURANCE IN MINUTES!

**Group Sponsored Errors &
Omissions Program Designed
Exclusively for
Agents Affiliated with
CareValue/Senior Market Sales.**



Enroll Today at: www.calsurance.com/carevalue

**It's time to enroll in the CareValue/Senior Market Sales
Group Sponsored Errors & Omissions Program.
Take advantage of an affordable and comprehensive E&O
program with superior benefits created exclusively for you!**

To learn more and enroll, please visit:

www.calsurance.com/carevalue

800-745-7189

M-F 7:00 AM - 5:00 PM PST

CalSurance Associates, A Division of Brown
& Brown Program Insurance Services, Inc.
Domiciled in California, CA License #0B02587
681 S. Parker St., Suite 300, Orange, CA 92868



Agents Affiliated with CareValue/Senior Market Sales Agent's E&O Program – Outline of Coverage

Policy Period: September 1, 2024 to September 1, 2025

Insurer:

Aspen American Insurance Company
Member of The Aspen Group Aspen American Insurance Company an admitted carrier.

Rated A (Excellent) XV, by A.M. Best Company

The information obtained from A.M. Best dated July 12, 2024 is not in any way CalSurance Associate's warranty or guaranty of the financial stability of the Insurer and the information is current only as of the date of the publication.

Policy Number:

LRA7C3124

Risk Purchasing Group Membership:

By applying for this insurance, Agents are applying for membership in the Financial Sales Professionals 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.

Limit of Liability:

\$1,000,000 Each Claim/\$1,000,000 Aggregate; or
\$1,000,000 Each Claim/\$2,000,000 Aggregate; or
\$1,000,000 Each Claim/\$3,000,000 Aggregate

Defense Costs:

Claims Expenses Additional Limit of Liability:

Each Claim: \$350,000

Agent Aggregate: \$350,000

After this is exhausted, Claims Expenses will erode the Limit of Liability

Deductible (Applicable to Damages only):

\$0 Products sold through Senior Market Sales, LLC

\$250 Products sold through all companies

Retroactive Date:

The inception date of the Agent's first claims-made life insurance agents professional liability policy from which coverage has been maintained in force without interruption.

Insured:

- 1) Agents Affiliated with Senior Market Sales, LLC who have enrolled in the program and paid their premiums and is properly licensed by the appropriate authority to solicit, sell and service life, accident or health insurance products..
- 2) An entity owned and controlled by an Agent, arising solely from the performance of Professional Services provided by the Agent;
- 3) An employee acting in his or her capacity as such on behalf of an Agent, arising solely from the performance of Professional Services by the Agent;
- 4) The legal heir, executor, administrator or legal representative of an Agent in the event of such Agent's death, incapacity or bankruptcy;
- 5) The lawful spouse or domestic partner of any individual which qualifies as an Insured under Sub-sections 1., 3., or 4., above, for a Claim arising solely out of spousal or domestic partner status, and not out of any alleged independent wrongful acts, of such individual; or
- 6) Senior Market Sales, LLC, but only for its vicarious liability based upon the Wrongful Acts of an Agent.

Coverage:

The Insurer shall pay on behalf of the Insured all sums in excess of the deductible set forth in Item 4 of the Declarations which the Insured shall be legally obligated to pay as Damages and Claims Expenses resulting from Claims first made against the Insured during the Policy Period, or Extended Reporting Period, if applicable, as a result of a Wrongful Act by an Insured, provided that:

- A. The Wrongful Act was first committed on or after the Retroactive Date and before the expiration of the Policy Period
- B. No Insured gave notice to any prior insurer of such a Wrongful Act
- C. The Insured reported such Claim in writing to the company, as soon as practicable, during the Policy Period, but in no event later than sixty (60) days after expiration or termination of the Policy, or during the Extended Reporting Period, if applicable;
- D. Prior to the Inception Date of this Policy, no Insured knew or could have reasonably foreseen that such Wrongful Act might give rise to a Claim; and
- E. There is no other policy or policies which provide insurance for such Wrongful Act

Professional Services:

The solicitation, sale or servicing of:

- a) Individual or group accident or health insurance, Medicare Supplement, Medicare Advantage (including Medicare Part D), disability insurance, disability insurance and senior dental insurance
- b) Final expense and guaranteed final expense;
- c) Long term care insurance;
- d) Fixed life or fixed annuity insurance (**Covered only under Basic Plus**);
- e) Indexed annuities (**Covered only under Basic Plus**);
- f) Providing financial planning services solely in connection with the products sold in Sub-sections a. – d. above; or
- g) Travel insurance

Note: Level A includes products listed above when sold through Senior Market Sales, LLC only; Level B includes products listed above regardless of whether they are sold through Senior Market Sales, LLC.

Coverage Extensions:

- Disciplinary Proceedings*
- Subpoena Compliance*
- Privacy and Network Security*
- Mediation/Deductible Credit
- Reimbursement of Expenses*
- Pre-Claims Assistance*
- Crisis Management – Public Relations*

*Sub-Limits apply, please see specimen policy for full details.

Extended Reporting Period:

If, during the Policy Period, the Sponsoring Company terminates an Agent's contract, the insurance for such Insured shall continue until the end of this Policy Period. The agent shall have a period of 60 days after the end of the policy period to report claims arising from a wrongful acts committed after the retroactive date and prior to the end of the policy period.

If, during the Policy Period, an Agent retires or becomes disabled or deceased, the Agent or its legal representative shall be provided, at no additional cost, a 2-year automatic Extended Reporting Period. In addition, optional Extended Reporting Period options are available for additional premium for 3 years, 5 years or an unlimited period of time.

Claims Administrator:

Lancer Claims Services

A Division of Brown & Brown Program Insurance Services, Inc.

681 S. Parker St. #300, Orange, CA 92869

(800) 821-0540

Program Administration:

CalSurance Associates

A Division of Brown & Brown Program Insurance Services, Inc.

California License #0B02587

Please review the policy and program materials. A complete copy of the specimen policy is available by calling 800-745-7189 or by visiting www.calsurance.com/carevalue. This document is a summary of the coverage provided. All statements contained herein are subject to all terms, conditions and exclusions of the actual policy. In all circumstances the actual policy language will prevail.

EXCLUSIONS (including but not limited to)

This Policy does not apply to any Claim based upon, arising out of, directly or indirectly, or in whole or in part, or in any way involving:

- A. Any intentional wrongdoing, fraud, dishonesty, or malicious Wrongful Acts by an Insured, if a judgment or other final adjudication adverse to the Insured establishes such conduct, or if the Insured admits to such conduct. The Company shall continue to defend the Insured, if these allegations arise out of Wrongful Acts otherwise covered under this Policy, but the Insured shall reimburse the Company for Claims Expenses if such conduct is established as a matter of fact in a civil, arbitration, criminal or other proceeding, or is admitted to by an Insured.
- B. Any Claim brought or maintained, directly or indirectly, by or on behalf of any:
- 1) Insured; provided that this Exclusion shall not apply to any alleged Wrongful Termination;
 - 2) Company or Broker-Dealer;
 - 3) Insurance agent or broker;
 - 4) Entity that is not a client of an Insured; provided that this Exclusion shall not apply to any Claim brought by an entity who is a beneficiary, heir, executor, conservator, or administrator of a deceased client of an Insured, and it shall further not apply to any alleged Wrongful Termination;
 - 5) Entity:
 - a. Wherein the Insured has a Controlling Interest;
 - b. In which the Insured is:
 - i. An Officer;
 - ii. A director; or
 - iii. A partner; or
 - c. Which wholly or partly owns, operates, or manages the Insured;
 - 6) Governmental or quasi-governmental entity, or Self-Regulatory Organization including, but not limited to, any state or federal insurance or securities commission or agency, or the Financial Industry Regulatory Authority or the Securities and Exchange Commission; provided that this Exclusion shall not apply to a Claim brought by or on behalf of such entity in its capacity as a client of an Insured and does not limit the availability of coverage pursuant to Section II. A. EXTENSIONS OF COVERAGE.
- C. Any fact, circumstance, situation, transaction, event or Wrongful Act that, before the Inception Date set forth in Item 2.(A) of the Declarations, was the subject of any notice given under any insurance policy issued by any insurer or any policy of which this Policy is a direct or indirect renewal or replacement.
- D. Any Claim, demand, suit, litigation or other proceeding pending against, or order, decree or judgment entered for or against any Insured which was pending on or existed prior to the Inception Date set forth in Item 2.(A) of the Declarations, or the same or substantially the same facts, circumstances, situation or allegations underlying or alleged therein.
- E. Any actual or alleged services as an accountant, tax preparer or advisor, actuary, architect, engineer, lawyer, estate agent or broker, property or casualty insurance agent, title insurance agent, or third-party claims administrator.
- F. Any actual or alleged placement of a client's coverage or funds directly or indirectly with any entity which is not licensed to conduct business in the state or jurisdiction with authority to regulate such business; provided that this Exclusion shall not apply to the placement of client's coverage or funds directly or indirectly with an eligible surplus lines insurer in the state or jurisdiction with authority to regulate such business.
- G. Any actual or alleged ownership, formation, sale, servicing, operation, or administration of claims for any insurance company, health maintenance organization, preferred provider organization, captive, risk retention group, self-insurance group/program, purchasing group, Professional Employer Organization (PEO), or any pool syndicate, association or other similar group combination formed for the purpose of providing insurance or benefits.
- H. Any actual or alleged sale, servicing, or administration of, or advice or planning with respect to, any Multiple Employer Welfare Arrangement.
- I. Any pension, profit sharing, health, welfare or other employee benefit plan, insurance plan or trust, organized for the benefit of employees of any Insured.
- J. Any financial inability or refusal to pay, insolvency, receivership, conservatorship, bankruptcy, or liquidation of any entity in which an Insured has placed or recommended to be placed, coverage or the funds of a client; provided that this Exclusion shall not apply to any insurer that was Rated A- or better by A.M. Best at the time of the Insured's acts.
- K. Any actual or alleged liability of others assumed by an Insured under any written or oral contract or agreement, provided that this Exclusion shall not apply to the extent that the Insured would have been liable in the absence of such contract or agreement.
- L. The Insured making representations, promises or guarantees as to the future value of any investment including but not limited to, representations, promises or guarantees as to interest rates, fluctuation in interest rates, future premium payments or market value(s).
- M. Any actual or alleged gaining of personal profit or advantage to which an Insured is not legally entitled.
- N. Any disputes involving an Insured's commissions, fees, charges, entitlements or other compensation.
- O. Any actual or alleged commingling, conversion, misappropriation, or defalcation of any funds by any Insured.
- P. Any actual or alleged willful violation of the rules or regulations of the Financial Industry Regulatory Authority, Securities and Exchange Commission, Securities Act of 1933, Securities Exchange Act of 1934, Investment Company Act of 1940, and any amendments thereto, or of any state securities statute or state regulatory agency.
- Q. Any Securities.
- R. Any insurance or financial product owned in whole or in part by an Insured.
- S. Any structured settlements; provided that this Exclusion shall not apply to an underlying covered product.
- T. Any promissory notes, commodities, futures contracts, or option contracts.

Please review the policy and program materials. A complete copy of the specimen policy is available by calling 800-745-7189 or by visiting www.calsurance.com/carevalue. This document is a summary of the coverage provided. All statements contained herein are subject to all terms, conditions and exclusions of the actual policy. In all circumstances the actual policy language will prevail.

EXCLUSIONS (including but not limited to) (continued)

This Policy does not apply to any Claim based upon, arising out of, directly or indirectly, or in whole or in part, or in any way involving:

- U. Any viatical or life settlements, reverse mortgages, or any similar product in which the present value of a condition contract is exchanged or sold.
- V. Any "Stranger Originated Life Insurance (STOLI)" or "Speculator Initiated Life Insurance (SPINLIFE)" or any other type of policies where the purchaser of the life product does not have an insurable interest in the Insured under such life product.
- W. Any accident and/or health insurance products sold into or part of an IRS Section 412(i) and/or 419 plan or the tax status or lack of eligibility relative to any IRS or other governmental ruling concerning IRS Section 412(i) p 419 plans.
- X. Any bodily injury, including sickness, injury, disease or death of any person; or injury to or destruction of any tangible property, including loss of use thereof.
- Y. Any actual or alleged discrimination, harassment, or misconduct:
 - 1) By an Insured because of race, creed, color, age, gender, sex, sexual preference or orientation, national origin, religion, disability, handicap, marital status, or any other class protected under the federal, state, local or other law; or
 - 2) By an employee, former employee, or job applicant of an Insured in their capacity as such
- Z. Any actual or alleged infringement of copyright; plagiarism, piracy or misappropriation of ideas; or infringement of title, slogan, trademark, trade name, trade dress, service mark or service name; or any patent or trade secret; or any unfair competition, deceptive advertising, anticompetitive acts, restraint of trade, price fixing, or antitrust.
- AA. Any allegation of a pattern or practice of wrongful act or conduct by the Sponsoring Company including, but not limited to, any class action allegation.
- BB. Any actual or alleged violation of:
 - 1) The Telephone Consumer Protection Act (TSPA), including any amendment of or addition to such law,
 - 2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law, or
 - 3) Any statute, ordinance or regulation other than the TCPA or CAN-SPAM Act of 2003 that prohibits or limits the sending, transmitting, communicating, or distribution of material or information.
- CC. Any notary services performed in the absence of the physical presence of the person whose signature is notarized.
- DD. Any actual or alleged design of any employee benefit plan.
- EE. Any life insurance policy with respect to which premium was paid for in whole or in part by or through any premium finance mechanism or any premium finance company.
- FF. Any unauthorized access to, or breach of, an Insured's computers or network security, including the loss, theft or unauthorized disclosure or dissemination of Personal Information, or the damage, destruction, or theft of confidential information of any Insured, except as otherwise provided in this Policy.

GG. Any loss of client or customer funds in reliance upon fraudulent instructions.

Privacy And Network Security Coverage Endorsement Exclusions:

Solely with respect to Claims for Privacy and Network Security Wrongful Acts, this Policy does not apply to any Claim:

- 1) For the failure to transfer funds, monies or securities;
- 2) For any derivative suit or any actual or alleged violation of the Employee Retirement Income Security Act of 1974, as amended, the Securities Act of 1933, the Securities Exchange Act of 1934, or any other federal, state or local securities laws or regulations;
- 3) Based upon or arising out of any actual or alleged discharge, dispersal, release or escape of toxic chemicals, liquids or gases, waste materials or other contaminants, or pollutants, however caused;
- 4) Based upon or arising out of any suspension or reduction in utilities or telephone communications services not under the Insured's control;
- 5) Based upon or arising out of declared war;
- 6) Based upon or arising out of any infringement of copyright; plagiarism, piracy or misappropriation of ideas; or infringement of title, slogan, trademark, trade name, trade dress, service mark or service name; or
- 7) Based upon or arising out of any actual or alleged unfair competition, deceptive trade practices, restraint of trade, or antitrust.

Provided however, that Exclusions 1) through 7) above shall not apply to that portion of an otherwise covered Claim for Privacy and Network Security Wrongful Act.

Solely with respect to Claims for Privacy Network Security Wrongful Acts and Privacy and Network Security Incidents based upon or arising out of any actual or alleged matter that prior to the Policy Period an Executive Officer knew or reasonably should have known would likely lead to a Claim or Expense.

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Enrollment Form
Claims Made & Reported Errors & Omissions Coverage
Policy Period: September 1, 2024 to September 1, 2025

By purchasing this insurance, agents become members of the Financial Sales Professionals 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..... ALL sections must be completed. Incomplete forms will take additional time to process. Please allow up to ten (10) business days for processing.

Return this form along with payment to: CalSurance Associates, P.O. Box 7048, Orange, CA 92863-7048

Coverage Questions.....Call CalSurance Associates at (800) 745-7189 or email at info@calsurance.com

Certificates of Insurance.....Go on-line: www.calsurance.com - Certificate Reprinting - Sponsoring Group - Senior Market Sales, Inc.

Section 1 - Your Information (Please Print Clearly)

First Name: Last Name:

Street Address:

City: State: Zip Code:

Contact Phone Number: - -

Fax Number: - -

E-mail:

Section 2- Effective Date and Amount Due

Effective Date of Coverage: - -

NOTICE:

Effective date of coverage cannot be prior to your date of contract with the sponsor and cannot be backdated to a prior month.

Limit of Liability: \$1,000,000 per Claim / \$1,000,000 Aggregate
 \$1,000,000 per Claim / \$2,000,000 Aggregate
 \$1,000,000 per Claim / \$3,000,000 Aggregate

Coverage Level: Level A: (Products sold through Senior Market Sales, Inc. Only)
 Level B: (Products sold through all companies)

Products Covered*: Basic Products: See Outline of Coverage for Covered Products
 Basic Plus Products: Includes Basic Products plus fixed life and fixed and indexed annuities. See Outline of Coverage for Covered Products

Total Amount Due: \$

Total Due for Selected Options (See Premium Chart)

Section 3 - Payment

Check or Money Order: Check made payable to CalSurance Associates for the **total amount due**.

Other payment options including installments by credit card or ACH (Debit to Checking) are available online at: www.calsurance.com/carevalue

Section 4-Warranty Statement (Signature Required)

Warranty Statement

I am a currently licensed enrolled agent, affiliated with CareValue/Senior Market Sales, Inc., paying a premium for coverage under this program. Otherwise, I will not be considered an Insured under this program and no claims made against me will be covered, and any premiums paid by me will be returned. I warrant that I am currently affiliated with CareValue/Senior Market Sales, Inc.

This is a claims made and reported policy. If I have knowledge of any claim or incident that could give rise to a claim under the proposed policy and any claim or action arises therefrom, it is excluded from coverage for which this 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 the denial of a claim. I warrant that I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy.

I acknowledge that the specimen policy and program materials have been delivered to me via www.calsurance.com/carevalue and I have reviewed these documents prior to enrolling in the program.

I warrant and represent that the above statements are true and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the company issuing the policy. It is understood that completion of this application does not bind the company to issue or the applicant to purchase the insurance. I have read the above notices and warranties and agree.

Auto Renew Notice

Information regarding the program renewal will be made available on the program website prior to expiration. This may include an offer of automatic coverage renewal based upon your eligibility and selected payment method. Failure to take appropriate action may lead to a lapse of coverage and the denial of claims. It is the insured's responsibility to verify renewal of coverage prior to expiration.

Fraud Warning

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: WARNING – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly and with intent to deceive, presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and with intent to deceive, presents false information, that is material to the risk, in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Fraud or misrepresentation with the intent to deceive made after the contract is formed is grounds to deny coverage for illegitimate claims and is reason for cancellation, but the insurer must supply coverage for legitimate claims until cancellation is effective.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature (Required)

Today's Date

CareValueSMS_07292024v1

CalSurance Associates, a Division of Brown & Brown Program Insurance Services, Inc.
Domiciled in California, CA License # 0B02587



Premium Chart E&O Program

**For Agents Affiliated with CareValue/Senior Market Sales
Program Effective September 1, 2024 to September 1, 2025**

	Level A – Products of Senior Market Sales, Inc. Only						Level B – Products of Senior Market Sales, Inc. & Other Companies					
	Basic Products: Please see Outline of Coverage for Covered Products			Basic Plus Products: Please see Outline of Coverage for Covered Products			Basic Products: Please see Outline of Coverage for Covered Products			Basic Plus Products: Please see Outline of Coverage for Covered Products		
Limit of Liability (per Claim/Aggregate)	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000
Effective Month												
September, 2024	\$297	\$345	\$360	\$372	\$429	\$451	\$334	\$382	\$406	\$412	\$471	\$503
October, 2024	\$275	\$320	\$333	\$344	\$397	\$417	\$309	\$353	\$376	\$381	\$435	\$465
November, 2024	\$253	\$293	\$306	\$316	\$363	\$381	\$284	\$324	\$344	\$349	\$398	\$425
December, 2024	\$232	\$268	\$279	\$288	\$331	\$347	\$259	\$295	\$314	\$318	\$362	\$386
January, 2025	\$209	\$241	\$251	\$259	\$297	\$312	\$234	\$266	\$282	\$286	\$325	\$347
February, 2025	\$187	\$215	\$224	\$231	\$264	\$277	\$209	\$237	\$250	\$254	\$288	\$307
March, 2025	\$167	\$191	\$199	\$205	\$234	\$245	\$186	\$210	\$222	\$225	\$255	\$271
April, 2025	\$145	\$165	\$171	\$176	\$200	\$209	\$160	\$180	\$191	\$193	\$218	\$231
May, 2025	\$123	\$139	\$145	\$149	\$168	\$175	\$136	\$152	\$160	\$162	\$182	\$193
June, 2025	\$101	\$113	\$117	\$120	\$134	\$140	\$110	\$122	\$129	\$130	\$145	\$153
July, 2025	\$80	\$88	\$90	\$92	\$102	\$106	\$86	\$94	\$98	\$99	\$109	\$114
August, 2025	\$57	\$61	\$63	\$64	\$68	\$70	\$60	\$64	\$67	\$67	\$72	\$75

Above rates are inclusive of a non-refundable \$35 administrative fee.