

Group Sponsored Errors & Omissions Program: Agents of Allstate Benefits

800-745-7189

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

681 S. Parker St., Suite 300

Orange, CA 92868

Welcome to the Group Sponsored Errors & Omissions Program designed exclusively for the Agents of Allstate Benefits.

Enroll today at www.calsurance.com/ahlic



Here are just some of the features of this top rated E&O program:

- Multiple Coverage Options Available
- Multiple Limit of Liability Options Available
- Deductible as Low As \$0 per Claim on products of American Heritage Life and Allstate Life Insurance Company of New York
- Prior Acts coverage dating back to first continuously maintained Life Agents E&O Policy
- Flexible Payment Options
- Immediate Certificate Print upon Completion of Online Enrollment

Enroll Online Today at:
www.calsurance.com/ahlic

Should you have any questions about this program, please call or email us at:

Phone: (800) 745-7189 or info@calsurance.com

American Heritage Life Insurance Company and Allstate Life Insurance Company of New York

Agents' E&O Program - Outline of Coverage

Policy Period: May 1, 2025 to May 1, 2026

Insurer: Continental Casualty Insurance Company
AM Best's A: (Excellent) XV*

*The information obtained from A.M. Best dated December 5, 2024 is not in any way CalSurance Associates' warranty or guaranty of the financial stability of the insurer in question, and that the information is current only as of the date of publication.

Policy Number: 267868196-18

Risk Purchasing Group Membership:

By applying for this insurance, agents/enrollers 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 this membership.

Limits of Liability (Defense Costs Outside of Limits subject to a \$1,000,000 Cap):

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

\$50,000,000 Policy Aggregate for ALL Insureds

Deductibles (applicable to payment of Damages & Defense Costs):

\$ 0 Products of American Heritage Life Insurance Company and/or Allstate Life Insurance Company of New York
\$2,500 For Claims involving all other covered Products and Services

Insured:

Agents/General Agents of American Heritage Life Insurance Company and/or Allstate Life Insurance Company of New York, who have enrolled for coverage, paid the premium and whose names are on file with the Insurer.

Insured Also Includes:

Any corporation, partnership, or other business entity owned or controlled by the Insured Agent, but solely with respect to the Professional Services of the Insured Agent Secretarial, clerical and administrative employees of the Insured Agent not acting in a selling, enrolling and/or soliciting capacity Heirs/Estates/Legal Representatives
Enrollers (additional premium and limitations apply)

Coverage (Claims Made and Reported):

The Insurer shall pay on behalf of the Insured loss resulting from a claim for a Wrongful Act, but only if:

- ♦ the Wrongful Act occurred on or after the Retroactive Date and prior to the end of the Policy Period;
- ♦ the Claim is first made and reported to the Insurer during the Policy Period; and
- ♦ prior to the date of the Insured's initial enrollment, no Insured knew of, or could have reasonably foreseen that such Wrongful Act could result in a Claim.

Wrongful Act means any negligent act, error or omission of, or personal injury caused by the Insured in rendering or failing to render Professional Services.

Professional Services Include:

Basic Coverage Option:

Sales, attempted sale or servicing of:

Life Insurance	Employee Benefit Plans
Accident & Health Insurance	Disability Income Insurance
Individual Retirement Plans	Fixed Annuities
Keogh Retirement Plans	24 Hour Care Coverage
Organization Contracts	Managed Health Care

Financial planning activities in conjunction with any of the above
Supervision, management and training of an Agent by a General Agent with respect to activities otherwise covered by the policy.
Notary Public

Expanded Coverage Option (Additional Premium Applies):

All of the above noted in "Basic" Coverage, plus:
Sales, attempted sale or servicing of:
Mutual Funds & Variable Products

Retroactive Date:

The date of first continuous claims made Agents E&O coverage. Proof of such coverage satisfactory to the carrier will be required in the event of a claim.

Enhanced Cyber Coverage:

\$ 150,000 each Claim
\$ 150,000 aggregate all loss per Insured
\$ 1,000,000 total policy aggregate
\$ 5,000 Retention each Claim or limit first party loss or incident

Wire Transfer Coverage:

\$10,000 Limit Each Claim and Each Insured
\$ 1,500 Retention Each Claim

Questions and Answers

What if my contract with the Sponsoring Life Company is terminated during the policy period?)

Agents/General Agents terminated from American Heritage Life Insurance Company or Allstate Life Insurance Company of New York for reasons other than for cause shall have coverage to the end of the policy period. Coverage will continue to apply to professional services performed prior to the policy expiration date and subsequent to the retroactive date as long as the policy remains in force, including its subsequent renewal(s).

How does the "Enroller" coverage work?

Each participating Agent/General Agent may add coverage for enrollers working on his or her behalf. An Enroller is defined as natural person who is appropriately licensed as an insurance producer who enters into a contract with, or is an employee of, an Agent or General Agent. Enroller Professional Services means only the sale, solicitation, negotiation, or servicing of individual and group life and health insurance, and fixed annuities on behalf of the Agent or General Agent contracted with American Heritage Life Insurance Company.

Enrollers share the limit of liability with the participating Agent/General Agent, and the limit is capped at \$1,000,000.

The additional premium is \$144.43 per Enroller. The total premium for Enroller Coverage is based on the maximum number of Enrollers employed at any one time by the participating Agent or General Agent over a one year period. Premium will be pro-rated for midterm enrollees.

Enrollers shall be specifically named and their names shall be on file with the Insurer.

How do I report a claim or potential claim?

The Agent has the following duties in the event of a claim or suit: (Please refer to the Policy for specific details).

1. As soon as practicable during the policy period, give to notice Lancer Claims Services.
2. Immediately forward every demand, notice, summons, other process received or information regarding the Wrongful Act which could give rise to a future claim to:
Lancer Claims Services
Email: FirstReports@LancerClaims.com
Phone: 800.821.8540 ext. 377
Mail: 681 S. Parker Street, Suite 300, Orange, CA 92868
3. Cooperate with Lancer Claims Services and do whatever it takes to secure and effect any rights of indemnity, contribution or apportionment.
4. The Insured cannot demand or agree to arbitration of any claim nor make any payment, admit any liability, settle any claims, assume any obligation or incur any expenses without the written consent of the Insurance Company.

Program Administration: CalSurance Associates

A Division of Brown & Brown Program Insurance Services, Inc.
Domiciled in California, License # 0B02578

Claims Administration:

Lancer Claims Services
A Division of Brown & Brown Program Insurance Services, Inc

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/ahlic. 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):

The Insurer shall not be liable to pay any **Loss** in connection with any **Claim**:

A. Prior Litigation: based upon, directly or indirectly arising out of, or in any way involving facts alleged in any litigation against the **Insured** pending on or prior to the inception date of this Policy, or renewal thereof;

B. Prior Wrongful Acts of Broker/Dealers: based upon, directly or indirectly arising out of, or in any way involving any actual or alleged **Wrongful Acts** or **Interrelated Wrongful Acts** by, or liability of, any **Broker/Dealer** acquired by an **Insured**, where such **Wrongful Acts** or **Interrelated Wrongful Acts** were committed, attempted, or allegedly committed or attempted prior to such acquisition;

C. Claims by Specified Persons or Entities: by or on behalf of, or for the benefit of, whether directly or indirectly,

1. any parent, spouse, **Domestic Partner**, or child of the **Insured**
2. an entity in which one or more **Insureds**, at the time of the **Wrongful Act** giving rise to a **Claim**:
 - i. had a total of ten percent (10%) or more equity interest, or
 - ii. operated, controlled, or managed;
3. an individual or entity which has, or did have at the time of the **Wrongful Act**, a total of ten percent (10%) or more equity interest in an entity **Insured** or operates, controls or manages an entity **Insured**;
4. any past or present **Insured**, whether it be an individual, class or derivative action, except and to the extent that such **Claim** is by an **Insured** in his or her capacity as a **Client**;
5. any clearing agency or arising out of any function of any **Insured** as a clearing agency;
6. any **Broker/Dealer** other than one which buys, sells or trades in securities exclusively as a principal for its own account;
7. any governmental or quasi-governmental official or agency, including but not limited to any state or federal securities or insurance commission or agency, in any capacity; however, this exclusion shall not apply subject to the Insurer's maximum Limit of Liability of \$25,000 for all **Loss** for all such **Claims** made against an **Insured**, which amount shall be part of and not in addition to the amount set forth in Item 6. of the Declarations. Notwithstanding anything in the Policy to the contrary, the applicable retention amount for all such **Claims** shall be \$0;
8. any self-regulatory organization including, but not limited to, the Securities and Exchange Commission, the Financial Industry Regulatory Authority, the Securities Investor Protection Corporation, in any capacity; however, this exclusion shall not apply subject to the Insurer's maximum Limit of Liability of \$25,000 for all **Loss** for all such **Claims** made against an **Insured**, which amount shall be part of and not in addition to the amount set forth in Item 6. of the Declarations. Notwithstanding anything in the Policy to the contrary, the applicable retention amount for all such **Claims** shall be \$0.

Notwithstanding the foregoing, coverage is solely granted for matters tied to an **Insured's** performance of **Professional Services** and is subject to all other terms, conditions and exclusions of this Policy. In no event shall coverage apply to proceedings, investigations or matters against an **Insured** arising from such **Insured's** liability pertaining to administrative practices, business tort, or acting as a director or officer of a business entity, including, but not limited to, inquiries of such **Insured's** business practices, licensing issues, unfair competition, defamation or employment.

D. Intentional Acts: based upon, directly or indirectly arising out of, or in any way involving any actual or alleged dishonest, fraudulent, criminal, malicious, purposeful or intentional act, error or omission, or any actual or alleged willful violation of any statute or law as determined in fact by any trial court verdict, court ruling, regulatory ruling or legal admission; for the purposes of determining the applicability of this exclusion: 1) the facts pertaining to and knowledge possessed by any natural person **Insured** shall not be imputed to any other natural person **Insured**; 2) and only facts pertaining to and knowledge possessed by any executive officer shall be imputed to an **Insured** entity;

E. Bodily Injury/Property Damage: based upon, directly or indirectly arising out of, or in any way involving any actual or alleged bodily injury, sickness, disease, emotional distress, mental anguish or death of any person, or damage to or destruction of any tangible property, including loss of use thereof;

F. Contractual Liability/Promises/Guarantees: based upon, directly or indirectly arising out of, or in any way involving actual or alleged

1. liability of others assumed by an **Insured** under any contract or agreement; provided, however, that this paragraph shall not apply to the extent that the liability would attach to an **Insured** in the absence of such contract or agreement; or
2. making or stating of any promises or guarantees as to interest rates or fluctuations in interest rates, the market value of any investment or insurance product, or future premium payments;

G. Specified Services: based upon, directly or indirectly arising out of, or in any way involving actual or alleged:

1. performance of or failure to perform services by the **Insured** as:
 - a. an actuary, accountant, attorney, property or casualty agent, real estate agent, or third party administrator; or
 - b. a market maker or specialist in any securities; or
2. tax advice provided by the **Insured** except to the extent that such tax advice is an incidental part of the **Professional Services** being rendered;

H. Premium/claim/tax monies: based upon, directly or indirectly arising out of, or in any way involving:

1. the **Insured's** inability or refusal to pay or collect premium, claim or tax monies; or
2. a dispute over fees, commissions or charges, including without limitation the structure of fees or excessive fees; however, this paragraph 2. shall not apply to surrender charges;

I. Commingling/Illegal Profit: based upon, directly or indirectly arising out of, or in any way involving:

1. any actual or alleged commingling or use of **Client** funds; or
2. any actual or alleged profit, remuneration or pecuniary advantage gained by any **Insured**, to which the **Insured** was not legally entitled;

as determined by a final adjudication in the underlying action or in a separate action or proceeding

J. Insolvency: based upon, directly or indirectly arising out of, or in any way involving the insolvency, receivership, conservatorship, liquidation, bankruptcy or inability to pay of a natural person, entity, benefit plan, insurance company, managed health care organization, reinsurer, risk retention group or captive (or any self insurance plan or trust by whatsoever name), or limited partnership in which the **Insured** has placed business or obtained insurance coverage, or placed or recommended placement of the funds of a **Client**; provided, however, that if such **Claim** arises from the **Insured's** placement of coverage with any insurance company with an A.M. Best financial strength rating of "A-" or better rating at the time of placement, the Insurer shall have the right and duty to defend the **Insured**. The Insurer shall only be liable for payment of **Defense Costs** for such a **Claim** and not for payment of any **Loss** other than **Defense Costs**, subject always to the following Limits of Liability: \$250,000 per **Claim**/\$250,000 Aggregate per **Insured**/\$500,000 Total Policy Aggregate for all **Insureds** regardless of the number of **Claims**.

K. Employee Benefit Plans: based upon, directly or indirectly arising out of, or in any way involving:

1. any actual or alleged pension, profit sharing, health and welfare or other employee benefit plan or trust sponsored by the **Insured** or any entity owned or controlled by the **Insured** or in which the **Insured** is a participant, trustee or named fiduciary, as defined under the Employee Retirement Income Security Act of 1974, as amended, or any similar common or statutory law; or
2. the actual or alleged design of any employee benefit plan;

L. Sale or Servicing of Certain Products: based upon, directly or indirectly arising out of, or in any way involving the actual or alleged sale, attempted sale or servicing of any

1. coverage, alleged coverage or plan placed with any form of Multiple Employer Welfare Arrangement as defined by the Employee Retirement Income Security Act of 1974, as amended, or any employee benefits plan involving self funding in whole or in part, by any employer, union, or employment related entity;
2. commodities, commodities futures contracts, or any type of option contract with the exception of covered call writing;
3. promissory notes;
4. ETS pay phone investments or other similar type investments;
5. viatical settlements, viatical insurance benefits, viatical investment pools or any security backed by viatical settlements;
6. "Stranger Originated Life Insurance (STOLI)" or "Speculator Initiated Life Insurance (SPINLIFE);"
7. Structured settlements, structured notes, principal protected notes, or reverse convertible notes;
8. Life Settlements; Reverse mortgages or similar transactions in which the present value of a conditional contract is exchanged or sold;
9. issuer callable certificates of deposit and/or equipment sale-lease-buy-back transactions of any kind; or
10. Leveraged Exchange Traded Funds, Inverse Exchange Traded Funds or Exchange Traded Notes;
11. any life insurance policy in which the premium was paid for, in whole or in part, by or through any premium finance mechanism or any premium finance company.

M. Discretionary Authority: based upon, directly or indirectly arising out of, or in any way involving any actual or alleged activities in connection with the exercise of discretionary authority with regard to the management or disposition of assets (whether for individuals, groups, employee benefit plans, or other entities of whatever legal form or character); however, this exclusion shall not apply to the activities of the **Insured** when exercising discretionary authority as a **Registered Investment Adviser**;

N. Nuclear/Pollution: based upon, directly or indirectly arising out of, or in any way involving:

1. any nuclear reaction, radiation or contamination; or
2. any actual, alleged or threatened discharge, release, escape, or disposal of, or exposure to, **Pollutants**; any request, direction or order that any of the **Insureds** test for, monitor, clean up, remove, contain, treat, detoxify, neutralize or in any way respond to or assess the effect of **Pollutants** or nuclear reaction, radiation or contamination, or any voluntary decision to do so; or any actual or alleged property damage, or bodily injury, sickness, disease or death of any person, or financial loss to the **Insureds**, their security holders, or their creditors resulting from any of the aforementioned matters;

O. Anti-trust: based upon, directly or indirectly arising out of, or in any way involving actual or alleged price fixing, price discrimination, predatory pricing, restraint of trade, antitrust, monopolization, unfair trade, or unfair anti-competitive conduct; however, the knowledge of any such act by any **Insured** individual shall not be imputed to any other **Insured** individual; and only such knowledge of an executive officer shall be imputed to an **Insured** entity.

P. Confidential or non-public information: based upon, directly or indirectly arising out of or in any way involving the actual or alleged use, misuse or disclosure of:

1. confidential information, including but not limited to such use for the purpose of replacement of coverage; or
2. non-public information in a manner prohibited by the laws of the United States, including, but not limited to, the Insider Trading and Securities Fraud Enforcement Act of 1988, Section 10(b) of the Securities Exchange Act of 1934 and Rule 10b-5 thereunder, any similar laws of any other jurisdiction, or any rules or regulations promulgated under any of the foregoing, all as amended;

Q. Unlicensed entity: based upon, directly or indirectly, arising out of or in any way involving the placement of a **Client's** coverage or funds directly or indirectly with any organization, entity or vehicle of any kind, nature or structure which is not licensed to do business in the state or jurisdiction with authority to regulate such business; however, this Exclusion shall not apply to any **Claim** arising from or contributed to by the placement of a **Client's** coverage or funds directly or indirectly with such organization, entity or vehicle which is an eligible surplus lines insurer in the state or jurisdiction with authority to regulate such business;

R. Securities below Minimum Capitalization Levels based upon, directly or indirectly arising out of, or in any way involving any security issued by an entity unable to meet the minimum capitalization and other standards for listing and maintenance on the NASDAQ SmallCap Market;

S. Owned funds or investment products based upon, directly or indirectly arising out of, or in any way involving any proprietary fund or investment products in which an **Agent** or **General Agent** or **Registered Representative** has any ownership interest;

T. Fiduciary Services based upon, directly or indirectly arising out of, or in any way involving investment advice provided by a Fiduciary Adviser pursuant to Section 3(38) of the Employee Retirement Income Security Act of 1974, as amended, or any similar common or statutory law

U. Wrongful Employment Practices based upon, directly or indirectly arising out of, or in any way involving employment practices including but not limited to discrimination or termination of employment.

V. Class Actions brought by one party, or a group of parties, as representatives of a larger class including any **Claim** brought in federal court that is governed by Federal Rule of Civil Procedure 23.

X. Unsolicited Communications The Insurer shall not be liable to pay any **Loss** in connection with any **Claim** based on or arising out of:

1. any actual or alleged violation of any federal anti-spam statute or regulation, including the CAN-SPAM Act of 2003;
2. any actual or alleged violation of any federal statute or regulation prohibiting the dissemination of unsolicited communications, including any violation of the Telephone Consumer Protection Act of 2001; or
3. any actual or alleged violation of any federal, state or local anti-spam statute, ordinance or other regulation that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information including any statute or regulation prohibiting the dissemination of unsolicited communications.

Y. 412/419 Plan

1. based upon directly or indirectly arising out of, or in any way involving the sale, attempted sale or servicing of any plans created under sections 412 or 419 of the internal revenue code;
2. based upon directly or indirectly arising out of or in any way involving any actual or alleged sale or servicing of any insurance sold as part of or to be used in conjunction with or to fund any plan created under sections 412 or 419 of the internal revenue code.

Z. Social Media:

based upon or arising out of or in any way involving any regulatory proceeding brought by any governmental or quasi-governmental official or agency, including but not limited to any state or federal securities or insurance commission or agency or any self-regulatory agency, in any capacity based upon or arising out of the **Agent** or **General Agent** or **Registered Representative's** use of **Social Media** provided, however, that this exclusion shall not apply to any **Claim** by an official such agency or organization if such official is bringing the **Claim** in his or her capacity as a direct **Client** of an **Insured** and not as an official of such agency or organization.

Agents of Allstate Benefits
 Enrollment Form
 Claims Made & Reported Errors & Omissions Coverage
 Policy Period: May 1, 2025 to May 1, 2026



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 online: www.calsurance.com - Certificate Reprinting - Sponsoring Group - American Heritage Life Insurance Company and/or Allstate Life Insurance Company of New York

Section 1- Your Information (Please Print

First Name Last Name

Street Address

Mailing Address (if different than street address)

City State Zip Code

- -
 Phone

Email

NPN (NIPR) #

Section 3 - Payment

Check or Money Order: Payment in Full Only.

Mail to: CalSurance Associates: P.O. Box 7048
 Orange, CA 92863-7048

Note: Other payment options such as installments by Visa or MasterCard are available if enrolling online at:

www.calsurance.com/AHLIC

(Billing through CalSurance Associates
 A Division of Brown & Brown Program Insurance Services, Inc.)

Section 4 - Notices and Warranties

I understand and agree to the following:

I must be a currently contracted agent with American Heritage Life Insurance Company, Members of the Financial Sales Professionals Purchasing Group to be eligible for 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. If I am a currently contracted agent of American Heritage Life Insurance Company, paying a premium for coverage under this program, such premium is subject to a 10% short rate penalty in the event of midterm cancellation. Should my contract with American Heritage Life Insurance Company terminate for any reason, voluntarily or involuntarily, coverage will cease as of the date of my contract termination. I warrant that I am currently contracted with American Heritage Life Insurance Company.

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/AHLIC 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.

Signature (Required)

Today's Date

Section 2- Effective Date and Amount

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 & Coverage Options*			Amount Due
Select One	Limit**	Coverage*	
<input type="checkbox"/>	\$1MM/\$1MM	Basic	\$
<input type="checkbox"/>		Expanded	
<input type="checkbox"/>	\$1MM/\$3MM	Basic	\$
<input type="checkbox"/>		Expanded	
<input type="checkbox"/>	\$2MM/\$2MM	Basic	\$
<input type="checkbox"/>		Expanded	

Enroller Coverage (Optional; See Outline of Coverage) Please enter amount from PREMIUM TABLE		Additional Amount Due
Premium Amount		\$
Number of Enrollers		X
Names of Enrollers: (Use separate sheet to list additional Enrollers:		
1.		
2.		
Total Amount Due:		\$

*Please refer to the "Outline of Coverage" for coverage level details
 **Limits are Each Claim/Aggregate per Agent/General Agent.
 Total Combined Policy Aggregate Limit: \$50,000,000

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 ALASKA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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 DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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 IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer who files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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 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 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 HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

NOTICE TO TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For the Agents of American Heritage Life Insurance Company and

Allstate Life Insurance Company of New York

ENROLLMENT PREMIUM TABLE

Policy Period: May 1, 2025 to May 1, 2026



Effective Month	Coverage Option ⁽²⁾	\$1,000,000 Each Claim \$1,000,000 Aggregate per Agent ⁽¹⁾	\$1,000,000 Each Claim \$3,000,000 Aggregate per Agent ⁽¹⁾	\$2,000,000 Each Claim \$2,000,000 Aggregate per Agent ⁽¹⁾	Enroller Coverage (Optional)
		Premium	Premium	Premium	Premium Per Enroller
May	Basic (Excludes Mutual Funds & Variable Products)	\$ 386.65	\$ 433.11	\$ 487.65	\$144.43
	Expanded (Includes Mutual Funds & Variable Products)	\$ 537.67	\$ 576.16	\$ 644.03	
June	Basic (Excludes Mutual Funds & Variable Products)	\$ 355.93	\$ 398.52	\$ 448.51	\$132.39
	Expanded (Includes Mutual Funds & Variable Products)	\$ 492.95	\$ 528.13	\$ 590.17	
July	Basic (Excludes Mutual Funds & Variable Products)	\$ 325.21	\$ 363.93	\$ 409.38	\$120.36
	Expanded (Includes Mutual Funds & Variable Products)	\$ 449.78	\$ 481.76	\$ 538.15	
August	Basic (Excludes Mutual Funds & Variable Products)	\$ 294.49	\$ 329.33	\$ 370.24	\$108.32
	Expanded (Includes Mutual Funds & Variable Products)	\$ 406.60	\$ 435.38	\$ 486.14	
September	Basic (Excludes Mutual Funds & Variable Products)	\$ 263.77	\$ 294.74	\$ 331.10	\$96.29
	Expanded (Includes Mutual Funds & Variable Products)	\$ 363.42	\$ 389.01	\$ 434.12	
October	Basic (Excludes Mutual Funds & Variable Products)	\$ 233.05	\$ 260.15	\$ 291.96	\$84.25
	Expanded (Includes Mutual Funds & Variable Products)	\$ 320.24	\$ 342.63	\$ 382.11	
November	Basic (Excludes Mutual Funds & Variable Products)	\$ 202.33	\$ 225.56	\$ 252.83	\$72.22
	Expanded (Includes Mutual Funds & Variable Products)	\$ 277.07	\$ 296.26	\$ 330.09	
December	Basic (Excludes Mutual Funds & Variable Products)	\$ 171.60	\$ 190.96	\$ 213.69	\$60.18
	Expanded (Includes Mutual Funds & Variable Products)	\$ 233.89	\$ 249.88	\$ 278.08	
January	Basic (Excludes Mutual Funds & Variable Products)	\$ 140.88	\$ 156.37	\$ 174.55	\$48.14
	Expanded (Includes Mutual Funds & Variable Products)	\$ 190.71	\$ 203.50	\$ 226.06	
February	Basic (Excludes Mutual Funds & Variable Products)	\$ 110.16	\$ 121.78	\$ 135.41	\$36.11
	Expanded (Includes Mutual Funds & Variable Products)	\$ 147.53	\$ 157.13	\$ 174.05	
March	Basic (Excludes Mutual Funds & Variable Products)	\$ 79.44	\$ 87.19	\$ 96.28	\$24.07
	Expanded (Includes Mutual Funds & Variable Products)	\$ 104.36	\$ 110.75	\$ 122.03	
April	Basic (Excludes Mutual Funds & Variable Products)	\$ 48.72	\$ 52.59	\$ 57.14	\$12.04
	Expanded (Includes Mutual Funds & Variable Products)	\$ 61.18	\$ 64.38	\$ 70.02	

Above agent premiums include a non-refundable \$18 administration fee and a 1.0% FL Insurance Guarantee Association Assessment fee.

(1) The Policy has a Total Combined Policy Aggregate for ALL Insureds of \$50,000,000.

(2) Please refer to "Outline of Coverage" for coverage details.