

AMERICAN FIDELITY 2008-2009 ERRORS AND OMISSIONS PLAN

PRESENTED BY:



1-800-593-7657

ENROLLMENT FORM FOR AGENTS AND GENERAL AGENTS

To Enroll: Complete the Agent Information, Plan Options and Payment Method.
Sign the form and fax or mail to NAPA.

AGENT INFORMATION

Am Fidelity Agent#: _____
 Check here if Writing Number is Pending

Soc Sec#: _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

PLAN PREMIUMS*

Effective Date:	\$500,000 Per Claim		\$1 Million per Claim		\$1 Million per Claim	
	\$500,000 Annual		\$1 Million Annual		\$2 Million Annual	
	Annual	PAC Down ¹	Annual	PAC Down ¹	Annual	PAC Down ¹
11/1/08	\$450.00	\$95.92	\$525.00	\$102.17	\$650.00	\$112.62
12/1/08	\$414.58	\$92.92	\$483.33	\$99.17	\$597.92	\$109.62
1/1/09	\$379.17	\$89.92	\$441.67	\$96.17	\$545.83	\$106.62
2/1/09	\$343.75	\$86.92	\$400.00	\$93.17	\$493.75	\$103.62
3/1/09	\$308.33	\$83.92	\$358.33	\$90.17	\$441.67	\$100.62
4/1/09	\$272.92	\$80.92	\$316.67	\$87.17	\$389.58	\$97.62
5/1/09	\$237.50	\$77.92	\$275.00	\$84.17	\$337.50	\$94.62
6/1/09	\$202.08	\$74.92	\$233.33	\$81.17	\$285.42	\$91.62
7/1/09	\$166.67	\$71.92	\$191.67	\$78.17	\$233.33	\$88.62
8/1/09	\$131.25	\$68.92	\$150.00	\$75.17	\$181.25	\$85.62
9/1/09	\$95.83	n/a	\$108.33	n/a	\$129.17	n/a
10/1/09	\$60.42	n/a	\$66.67	n/a	\$77.08	n/a
	Monthly PAC withdrawal \$34.92		Monthly PAC withdrawal \$41.17		Monthly PAC withdrawal \$51.58	

PLAN OPTIONS

Desired Effective Date: ___/___/01/200___

Coverage Amount:

- \$500K/\$500K \$1MM/\$1MM \$1MM/\$2MM

PAYMENT METHOD

I would like to pay by the following method:

(visa, master card, discover, amex)

- Annual Credit Card

Card Holder Name: _____
if different from applicant

Account #: _____

Expiration Date: _____

- Annual Check
 (Please enclose a check made payable to: NAPA)
- Annual PAC
 (Please enclose a voided check)
- Down Payment and Monthly Bank Draft
 (Please enclose a voided check)

I understand and acknowledge that this is a claims made policy and that I am not eligible for coverage under the American Fidelity program unless I am legally contracted to represent American Fidelity as of my coverage date as well as at the time I submit a claim under the policy. I also warrant that I am not aware of any fact, circumstance or actual or alleged act, error or omission which might reasonably be expected to give rise to a future claim under this policy. All premiums are earned at policy enrollment, policy is non-cancelable and non-refundable. A \$20 service fee will be charged of any non-sufficient funds transaction. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to NAPA from me or my payment institution.

FAX to:
1-800-411-4771
MAIL to:
 NAPA E&O PLAN
 9024 Town Center Parkway
 Lakewood Ranch, FL 34202

ENROLL ONLINE AT:
www.napa-benefits.org/americanfidelity

Agent's Signature: _____ Date: _____