

NEW YORK LIFE
2016-2017 ENROLLMENT FORM FOR
PROFESSIONAL LIABILITY INSURANCE

Referring Broker Sub-producer

I hereby request enrollment in the Professional Liability Insurance Plan (PLP) offered by Zurich-American Insurance Company to be effective the first day of the selected month through Aug. 31, 2017. **PLEASE CLEARLY CIRCLE THE EFFECTIVE MONTH AND CORRESPONDING PREMIUM**; and return the form along with check to **Affinity/Agents. PO Box 392071, Pittsburgh, PA 15251-9071.**

CIRCLE EFFECTIVE MONTH & CORRESPONDING PREMIUM	Referring Broker Sub-producer
Limits of Liability	\$1M/\$1M
Sept. 2016	\$296.00
Oct. 2016	\$271.00
Nov. 2016	\$247.00
Dec. 2016	\$222.00
Jan. 2017	\$197.00
Feb. 2017	\$173.00
March 2017	\$148.00
April 2017	\$123.00
May 2017	\$99.00
June 2017	\$74.00
July 2017	\$49.00
Aug. 2017	\$25.00

I understand that if I cancel my certificate of insurance in writing, unless I terminate my Referring Broker Sub-producer's contract, I must complete and sign the **Certification of Errors and Omissions (E&O) Coverage form affirming that I have required coverage through an "A" rated insurance carrier. See Referring Broker Contract Section 30 for description of required coverage.** I also understand that if my contract with New York Life is terminated when I am insured under the PLP, coverage will continue through the end of the applicable policy period unless I cancel my certificate of insurance in writing. By applying for this insurance, I also am applying for membership in the New York Life Agents' Purchasing Group, the purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15 USC 3901 et seq.) that sponsors the PLP.

Payment Options:

___ 1. Payment in full by check. **Make check payable to "Affinity Insurance Services".**

You can also enroll online, via secure website, at www.nylife.agents-eo.com and pay via credit card or check.

 Referring Broker Sub-producer's Name (Please Print)

(Required) Code #

(Required) G.O. Name & Code #

 Referring Broker Sub-producer's Phone #

 Referring Broker Sub-producer's e-mail address

 Referring Broker Sub-producer's Signature

 Date