



2012-2013 KINGDOM GROUP ERRORS AND OMISSIONS PLAN

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

AGENT INFORMATION

Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____
 Tax Id or Soc Sec#: _____
 State Insurance License #: _____

PLAN PREMIUMS*

Effective Date:	\$1MM/\$1MM Limit		\$1MM/\$3MM Limit	
	Annual	PAC Down ⁿ¹	Annual	PAC Down ⁿ¹
6/1/12	\$472.00	\$71.83	\$658.00	\$87.33
7/1/12	\$435.17	\$71.83	\$605.67	\$87.33
8/1/12	\$398.33	\$71.83	\$553.33	\$87.33
9/1/12	\$361.50	\$71.83	\$501.00	\$87.33
10/1/12	\$324.67	\$71.83	\$448.67	\$87.33
11/1/12	\$287.83	\$71.83	\$396.33	\$87.33
12/1/12	\$251.00	\$71.83	\$344.00	\$87.33
1/1/13	\$214.17	\$71.83	\$291.67	\$87.33
2/1/13	\$177.33	\$71.83	\$239.33	\$87.33
3/1/13	\$140.50	\$71.83	\$187.00	\$87.33
4/1/13	\$103.67	\$71.83	\$134.67	\$87.33
5/1/13	\$66.83	\$66.83	\$82.33	\$82.33
	Monthly PAC \$41.84		Monthly PAC \$57.34	

PLAN OPTIONS

Desired Effective Date: _____ / 01 / 20_____

Coverage Amount: \$1MM/\$1MM \$1MM/\$3MM

This policy renews on June 1st of each year. Premiums are prorated to allow for mid-policy enrollment. All enrollments must start on the first of the month. If an effective month and/or coverage amount is not selected, your application will be processed using the first available effective date at the minimum coverage level.

**Pricing includes \$30 administrative fee and \$5.00 monthly processing fee for monthly payment option. . 'PAC down-payment includes one month's premium, administrative fees and \$5.00 monthly processing fee. PAC down payments will be processed immediately. Future monthly payments are deducted on or about the 1st business day of each month.*

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

PAYMENT METHOD

I would like to pay by the following method:

- Annual Credit Card (visa, master card, discover, amex)
- Down Payment and Monthly Credit Card Charge

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 Kingdom Group program unless I am legally contracted to represent the Kingdom Group 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 on 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

Agent's Signature: _____ Date: _____