



# AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

## Enrollment Form



Claims Made and Reported Errors and Omissions Coverage  
Policy Period: September 1, 2006 to September 1, 2007

**Instructions:** Complete all sections of form. If you are paying by Debit to Checking Installment, fax enrollment form to: (800) 607-6875.  
Enrollment forms with checks, please mail to: **Brown & Brown of California, Inc., dba CalSurance, P.O. Box 7048, Orange, CA 92863-7048.**

**Questions:** Call CalSurance at (800) 745-7189 or e-mail at [info@calsurance.com](mailto:info@calsurance.com).

*By applying for this insurance, you are applying for membership in the Financial Sales Professionals Risk 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.*

### 1. Your Information – Please print clearly

Name (first, middle initial and last):

Agent #:

Street Address:

City:

State:

Zip:

Daytime Phone:

Fax:

E-Mail:

### 2. Selection of Options

Effective Date of Coverage: \_\_\_\_\_

You must select both a "Limit" and "Coverage" option from below:

#### Limit Options:

<input type="checkbox"/> \$1,000,000 / \$1,000,000	See Premium Table
<input type="checkbox"/> \$2,000,000 / \$2,000,000	See Premium Table

#### Coverage Option:

(Please refer to "Plan Highlights" for further description of coverage):

<input type="checkbox"/> Coverage Enhancement Level I
<input type="checkbox"/> Coverage Enhancement Level II
<input type="checkbox"/> <b>Property Casualty Option</b> (Only available to agents with 20% or less of total sales in Property/Casualty Lines). <b>Sublimits of Liability:</b> \$300,000/\$300,000 <b>Additional Premium:</b> See Premium Table.
<b>PREMIUM DUE FROM TABLE:</b> \$

\*Above rates are inclusive of an administrative fee.

### 3. Payment

**Payment in Full by check:**

Check made payable to CalSurance for the *full premium*.

**OR**

**Payment by Debit to Checking Installments:**

I would like to pay my premium in four equal installments by pre-authorized debits from my checking account. I understand and authorize Brown & Brown of California, Inc., dba CalSurance to process four installments on the date the **enrollment form is received and on November 1, 2006, January 1, 2007 and March 1, 2007.** I understand a \$7.50 processing fee will be added to each installment. Please return enrollment form with attached Debit Pre-Authorization Form along with a voided check. Without completed Debit Pre-Authorization Form, this Enrollment Form **WILL NOT** be processed.

### 4. Signature Required (IMPORTANT)

I understand that I must be a currently contracted agent with American Equity Investment Life to be eligible for this Errors & Omissions coverage. I understand that if I am not a contracted agent as described, I will not be considered an insured under this policy, and no claims made against me will be covered. In this instance, any premiums paid by me will be returned to me as I was not an Insured under the policy. I further understand that if I am a currently contracted agent with American Equity Investment Life, paying a premium for coverage under the Errors and Omissions program for American Equity Investment Life, such premium is considered fully earned and therefore I will not be entitled to a return premium if I decide to cancel for any reason. Should my contract with American Equity Investment Life terminate, coverage will continue until the end of the normal policy period or 90 days from contract termination, whichever is greater. I understand this is a claims made and reported policy. I have no knowledge of any pending claim or incident that could give rise to a claim under the proposed policy. It is agreed and understood that if any such claim exists, or knowledge or information exists and any claim or action arises therefrom, it is excluded from coverage for which this enrollment form applies.

**Agent's Signature:**

**Today's Date:**

# AMERICAN EQUITY INVESTMENT ENROLLMENT PREMIUM TABLE

Policy Period: September 1, 2006 to September 1, 2007

Enroll Date	Coverage Option	\$1,000,000 Each Claim \$1,000,000 Annual Aggregate	\$2,000,000 Each Claim \$2,000,000 Annual Aggregate	Property Casualty Option \$300,000 / \$300,000
September	<input type="checkbox"/> Coverage Enhancement Level I	\$1,508	\$1,901	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$1,690	\$2,132	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$744
October	<input type="checkbox"/> Coverage Enhancement Level I	\$1,385	\$1,745	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$1,552	\$1,957	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$682
November	<input type="checkbox"/> Coverage Enhancement Level I	\$1,262	\$1,589	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$1,413	\$1,782	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$620
December	<input type="checkbox"/> Coverage Enhancement Level I	\$1,139	\$1,433	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$1,275	\$1,607	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$558
January	<input type="checkbox"/> Coverage Enhancement Level I	\$1,015	\$1,277	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$1,137	\$1,431	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$496
February	<input type="checkbox"/> Coverage Enhancement Level I	\$ 892	\$1,121	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 998	\$1,256	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$434
March	<input type="checkbox"/> Coverage Enhancement Level I	\$ 769	\$ 966	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 860	\$1,081	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$372
April	<input type="checkbox"/> Coverage Enhancement Level I	\$ 646	\$ 810	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 722	\$ 906	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$310
May	<input type="checkbox"/> Coverage Enhancement Level I	\$ 523	\$ 654	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 583	\$ 731	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$248
June	<input type="checkbox"/> Coverage Enhancement Level I	\$ 400	\$ 498	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 445	\$ 556	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$186
July	<input type="checkbox"/> Coverage Enhancement Level I	\$ 276	\$ 342	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 307	\$ 380	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$124
August	<input type="checkbox"/> Coverage Enhancement Level I	\$ 153	\$ 186	N/A
	<input type="checkbox"/> Coverage Enhancement Level II	\$ 168	\$ 205	N/A
	<input type="checkbox"/> Property/Casualty Option	N/A	N/A	\$ 62



# Errors and Omissions Insurance Authorization Agreement for Pre-Authorized Debits



September 1, 2006 to September 1, 2007

## SEE ENROLLMENT INSTRUCTIONS FOR PREMIUM AMOUNT.

I (we) hereby authorize Brown & Brown of California, Inc., dba CalSurance, hereinafter called COMPANY, to initiate electronic debits from my (our) checking account indicated below at the financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification from me (or either of us) of its termination in such time as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I (we) agree that if premiums are not paid on the dates specified below, or in the event the withdrawals are dishonored, coverage shall terminate upon ten (10) days. Notice of Cancellation: The agent will be eligible for reinstatement of coverage ONE time only, by paying appropriate premium in addition to a reinstatement fee of \$20.00. Please attach a "voided" check to the bottom of this form. The Enrollment Form will not be processed if a "voided": check is not attached. Annual premium will be divided into 4 (four) equal installments. Payments will be processed accordingly: **First installment will be taken upon receipt of Enrollment Form then again on, November 1, 2006, January 1, 2007 and March 1, 2007.** I understand that a \$7.50 processing charge will be added to each installment.

Name of Financial Institution: \_\_\_\_\_

Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If account requires two signatures)

**Please attached a voided check, or photocopy thereof applicable to the above account in this space  
(enrollment will not be processed without it).**

