

2019–2020 Enrollment Form

Claims-Made and Reported Errors & Omissions Coverage*

(*other than NY Insureds)

Policy Period: April 1, 2019–April 1, 2020

Agents with expiring coverage must enroll within 30 days of expiration.

Newly contracted **Career** Agents must enroll within 45 days of their Ohio National contract date.

All other new Agents must enroll within 30 days of their Ohio National contract date.

1. Complete Your Personal Information (please print)

First Name _____ Last Name _____

Agent # (required) _____ Email Address _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Fax (_____) _____

2. Select Coverage

A. Effective Date of coverage

____/____/____ (mm/dd/yyyy)

For newly contracted agents: Match to Ohio National Contract Effective Date

B. Professional Services (check one):

Life Agent Only

Life Agent Plus Mutual Funds & Variable Products*
(includes Series 6 & 63)

Prior Acts Extension for Registered Representatives

Life Agent Plus Financial Products*
(includes series 7, 22, 24, 65, 66)

Prior Acts Extension for Registered Representatives

C. Limits of Liability (check one):

\$1,000,000 per claim/\$1,000,000 annual aggregate*

\$2,000,000 per claim/\$2,000,000 annual aggregate

\$5,000,000 per claim/\$5,000,000 annual aggregate

D. Premium due (from table attached) \$ _____

***ONESCO Registered Representatives** — *the Life Agents Only coverage level and the \$1,000,000/\$1,000,000 Limits of Liability are not available options.*

3. Sign and Date

I understand and agree to the following: I must be a currently contracted agent with Ohio National or its subsidiaries to be eligible for this program. Otherwise, I will not be considered an insured under this policy, no claims made against me will be covered, and any premiums paid by me will be returned. *Should my contract with Ohio National or its subsidiaries terminate for any reason, coverage will terminate on the same date as my ONL termination. I will be provided a One-Year Extended Reporting Period (ERP) at no charge unless terminated for disciplinary reasons or I have current coverage under another policy. The ERP allows me additional time to report claims first made during the extended reporting period and occurring prior to the termination of coverage and after the date of my first continuous claims-made E&O coverage.*

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, and 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 renewal 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 denial of a claim.

Signature _____

**This program is underwritten by Continental Casualty Company (one of the CNA companies).*

4. Return Enrollment Form and Provide Payment

- **To pay by check**, return this Enrollment Form and include a check payable to Mercer Consumer for the premium amount above.
- **If you prefer to pay by credit card or bank draft**, complete the enclosed Authorization Agreement and return it with the Enrollment Form.

Newly contracted agents: Return this enrollment form to documentcenter@ohionational.com

Fax your information to: 1.515.365.0494, or mail your Enrollment Form and

Credit Card/Bank Draft Authorization to: P.O. Box 8146, Des Moines, IA 50306-8146

Questions? Contact Mercer Consumer at 1.800.627.5538