



## ERRORS & OMISSIONS INSURANCE PROGRAM

**Please fill out this form and return it to us with your \$100 check**

**made payable to: URL Insurance Group - 5320 Jaycee Avenue, Harrisburg, PA 17112-2936**

You will be specifically named as an additional insured under URL Insurance Group's Errors and Omissions insurance with Arthur J. Gallagher & Co. The policy will provide coverage from 11/01/11 to 10/31/2012.

**The protection limits you share with us are:**

- \$5,000 Deductible
- \$1,000,000 for each claim
- \$1,000,000 in the aggregate

This insurance **ONLY COVERS TRANSACTIONS WITH THOSE COMPANIES WHICH URL INSURANCE GROUP REPRESENTS** and those transactions must be negotiated through our brokerage office.

Arthur J. Gallagher & Co. will defend and settle any claims. You are required to advise us immediately upon first knowledge of a situation, which might give rise to a claim or dispute. You are asked to cooperate fully with the insurance company.

There is no cost to you for claim investigation or defense, but you will be expected to reimburse Arthur J. Gallagher & Co. for all settlements under \$5,000 and reimburse Arthur J. Gallagher & Co. \$5,000 on all larger settlements. You are not to advertise or in any way let your clients know that you are insured for errors and omissions.

We are happy to provide this important protection for you at a reasonable cost and hope it will expand your business with our agency. Please sign and return one copy of this letter indicating that you understand these provisions.

Sincerely,  
URL Insurance Group

I understand the information contained in this letter. After receipt of payment by URL Insurance Group, coverage will not be effective until URL receives written confirmation from the insurance carrier.

\_\_\_\_\_ Date: \_\_\_\_\_  
Producer - Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address (No P.O. Boxes)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

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