



## Qualification Questions

Please complete the questionnaire to determine your eligibility for the Agents Solutions program.

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

Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Coverage Option: \_\_\_\_\_

What is your annual commission and fee revenue \_\_\_\_\_?  
(New agents should estimate annual commissions and fees.)

Requested effective Date: \_\_\_\_\_ Current Carrier: \_\_\_\_\_

Full prior Acts:  Yes  No (if No) Retro Date: \_\_\_\_\_

Are you an independent agent?

Yes  No

Is more than 50% of your revenue derived from sales of Life, Accident, Health, Disability, Long Term Care and Annuity Products?

Yes  No

Do you perform any services as a registered investment advisor or have an ownership interest in a broker dealer?

Yes  No

Do you have any discretionary authority relating to the funds of others?

Yes  No



Have you received any professional liability errors and omissions complaints, filed any errors and omissions claims with an insurance carrier or been involved in any arbitration, civil or criminal legal proceedings within the past 3 years?

Yes  No

Have you been the subject of any disciplinary action, or a defendant or respondent to any complaint or allegation that resulted in any type of adverse action by any state, federal, or regulatory agency within the past 3 years?

Yes  No

Do you have any knowledge or information of any fact, situation, allegation, complaint or incident which might result in a complaint, claim, suit or arbitration proceeding against you or your errors and omissions insurance?

Yes  No

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Payment method: Checks should be made out to: Affinity Insurance Services, Inc.  
PO Box 392071  
Pittsburgh, PA 15251

Coverage Option Descriptions

Coverage Options (Defense Costs are included in the Limits)
<ul style="list-style-type: none"> <li>• <b>Basic</b> (Life, Accident &amp; Health, Long Term Care, Disability, Medicare Advantage and Medicare Supplements) Deductible: \$1,000 each claim</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Basic Plus</b> (Life, Accident &amp; Health, Long Term Care, Disability, Medicare Advantage and Medicare Supplements PLUS Fixed Annuities (including Indexed Annuities) Deductible: \$1,000 each claim.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Comprehensive</b> (Life, Accident &amp; Health, Long Term Care, Disability, Medicare Advantage and Medicare Supplements, Fixed Annuities (including Indexed Annuities) PLUS Mutual Funds &amp; Variable Products) Deductible (each claim): \$1,000 for claims arising from Insurance products including fixed and indexed annuities; \$2,500 for Financial Products to include Mutual Funds registered with the SEC and variable life and variable annuity products.</li> </ul>

Affinity Insurances Services, Inc.

159 East County Line Road | Hatboro, Pennsylvania 19040-1218

Toll-free 800-797-2285 | fax 877-443-9183 | [info@agents-ao.com](mailto:info@agents-ao.com) | [aon.com](http://aon.com)

Aon Affinity, is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrator and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency



Rate Sheet:

Revenue up to \$299,999						
Plan	Premium	Purchasing Group Membership Fee	Surplus Lines Tax	Stamping Fee		Total Annual Premium
<b>Basic</b>						
1MM/1MM	\$394	\$40	\$14	\$0		\$448
1MM/2MM	\$437	\$40	\$15	\$1		\$493
2MM/2MM	\$631	\$40	\$22	\$1		\$694
<b>Basic Plus</b>						
1MM/1MM	\$473	\$40	\$17	\$1		\$531
1MM/2MM	\$517	\$40	\$18	\$1		\$576
2MM/2MM	\$711	\$40	\$25	\$1		\$777
<b>Comprehensive</b>						
1MM/1MM	\$596	\$40	\$21	\$1		\$658
1MM/2MM	\$636	\$40	\$22	\$1		\$699
2MM/2MM	\$949	\$40	\$33	\$1		\$1,023

Revenue up to \$300,000 to \$499,999						
Plan	Premium	Purchasing Group Membership Fee	Surplus Lines Tax	Stamping Fee		Total Annual Premium
<b>Basic</b>						
1MM/1MM	\$695	\$40	\$24	\$1		\$760
1MM/2MM	\$754	\$40	\$26	\$1		\$821
2MM/2MM	\$1,072	\$40	\$38	\$1		\$1,151
<b>Basic Plus</b>						
1MM/1MM	\$775	\$40	\$27	\$1		\$843
1MM/2MM	\$834	\$40	\$29	\$1		\$904
2MM/2MM	\$1,152	\$40	\$40	\$1		\$1,233
<b>Comprehensive</b>						
1MM/1MM	\$993	\$40	\$35	\$1		\$1,069
1MM/2MM	\$1,053	\$40	\$37	\$1		\$1,131
2MM/2MM	\$1,470	\$40	\$51	\$2		\$1,563

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