



Silver Star Financial Group, Inc.

217 N. Azusa Ave., Azusa CA 91702
Tel: (626) 254-8787, Fax: (626) 254-8811

- New Agent Enrollment
- Change/Update Account

E&O Enrollment Form

1. Your Information

Name (first, middle, last)

Street Address

City, State, Zip

Mailing Address (if different from street address)

City, State, Zip

Contact Phone

Fax

Email

2. Payment

- Annual \$360.00
- Semi-Annual \$180.00 (\$3 fee per installment)
- Quarterly \$90.00 (\$3 fee per installment)
- Monthly \$30.00 (\$3 fee per installment)

Card Type MasterCard Visa

Account #:

 - - -

Expiration Date (MM-YY)

 -

Security Code

Cardholder's Billing Address

Cardholder's Signature

 X

Today's Date

3. Auto Renew Notice

Please initial here if you would like to auto-renew your policy.

Initials

4. Warranty Statement

I understand and agree to the following: This policy only covers business transacted through Silver Star Financial Group, Inc. with designated life insurance companies. If I submit business through another agency, I will not be considered an insured under this policy, and claims made against me will not be covered. If I should decide to cancel the coverage for any reason, I will not get a refund on premiums paid. I am aware that this is a 3rd party insurance liability. It is not Silver Star Financial Group, Inc.'s responsibility to reach out when my account gets denied. It is my obligation to update my account when changes occur and/ or when my credit card on file becomes expired.

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 enrollment 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.

Agent's Signature

 X

Today's Date