



**Please sign this letter and return it to us with your payment below for \$120.00. Your credit card will be debited for each renewal period unless we are instructed to terminate your policy.**

You are now specifically named as an additional insured under Gordon Marketing Insurance, Errors and Omissions Insurance Sub-Broker coverage with American Alternative Insurance Corporation. The policy will provide coverage from **4/1/2017 to 4/1/2018**

**The protection limits you share are:**

- \$2,500 DEDUCTIBLE
- \$1,000,000.00 FOR EACH CLAIM
- \$1,000,000.00 in the Aggregate

This insurance **ONLY COVERS TRANSACTIONS WITH THOSE COMPANIES WHICH Gordon Marketing represents** and those transactions must be negotiated through our brokerage office.

American Alternative Insurance Corporation 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 American Alternative Insurance Corporation for all settlements under \$2,500.00 and reimburse American Alternative Insurance Corporation \$2,500.00 on all larger settlements. You are not to advertise or in any way let your clients know that you are insured for error and omissions.

**I understand the information contained in this letter. After receipt of payment by Gordon Marketing coverage will not be effective until Gordon Marketing receives written confirmation from the insurance carrier.**

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

Agent Printed Name: \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ CVV code: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

**Pro Rated Amounts: Your coverage is from 4/1/2017 to 4/1/2018**

**\*\*Prudential is not a covered carrier under this E and O policy.**

April - \$120	May - \$120	June - \$110	July - \$100	August - \$90	Sept - \$80
Oct - \$70	Nov - \$70	Dec - \$70	Jan - \$70	Feb - \$70	March - \$70