



Is Your Business Protected When You Sign On the Bottom Line?



BCS Errors & Omissions Insurance

Exclusively available to authorized agencies of
Blue Cross and Blue Shield of Illinois

Program Highlights

- Policy coverage limits:
 - \$1,000,000 per claim / \$1,000,000 annual aggregate
 - \$1,000,000 per claim / \$2,000,000 annual aggregate
 - \$2,000,000 per claim / \$2,000,000 annual aggregate
 - \$3,000,000 per claim / \$3,000,000 annual aggregate
- Guaranteed Issue – group preferred rates
- Pay by credit card, check, or electronic funds transfer (EFT)
- Prior acts coverage back to first date of continuous Agency E&O coverage
- First dollar defense costs are sold or provided within the limits of liability
- \$1,000 deductible for Blue Cross and Blue Shield of Illinois product-related claims (damages only)
- \$2,500 deductible for non-Blue Cross and Blue Shield of Illinois claims (damages only)
- Coverage includes life, accident and health, disability income activities as well as mutual funds, variable products, universal life, annuities and section 125, employee benefit plans, self-funded plans, and managed health care organizations
- Provides coverage for: the Insured Agency; any owner, partner, executive, officer, director, stockholder or employee of the Insured Agency, solely while acting within the scope of the person's duties as such; and any estate, heir, executor, administrator, assignee or legal representative of any Insured in the event of the Insured's death, incapacity or bankruptcy, but only to the extent that such person had coverage under the Policy.
- For more information, visit www.bcs-eo.com/IL or call MGA Insurance Services at (866) 389-0022

For more information,
please visit
www.bcs-eo.com/IL or call
MGA Insurance Services
at 866.389.0022

Made available to agents and agencies of:



**BlueCross BlueShield
of Illinois**



Underwritten by:
BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181
Toll-Free: 800.621.9215
www.bcsins.com



Administered by:
MGA Insurance Services
8430 Enterprise Circle, Suite 200
Lakewood Ranch, FL 34202
Toll-Free: 866.389.0022
Fax: 800.411.4771
www.bcs-eo.com/IL

Enroll Online: www.bcs-eo.com/IL

Plan Highlights

- Four coverage limits available
- Coverage includes life, accident, health and disability insurance products as well as mutual funds, variable products, universal life, annuities and Section 125, employee benefit plans, self-funded plans, and managed health care organizations
- Provides coverage for the sale and servicing of mutual funds, variable life and variable annuity products through a FINRA-registered broker dealer
- \$1,000 deductible for Blue Cross and Blue Shield of Illinois product-related claims (damages only)
- \$2,500 deductible for all other claims (damages only)
- Defense costs are paid from first dollar within your liability limit
- Pay in full or choose monthly payments via credit card or electronic funds transfer (EFT)
- Provides coverage for your administrative, clerical and support personnel while they are acting on your behalf
- Prior acts coverage extends back to first date of continuous coverage
- Provides coverage for the agency under which you are doing business or are employed but only as respects such agency's liability as it might arise out of your individual activities as covered under this policy

Key Plan Exclusions

- Visit <http://www.bcs-eo.com/IL> for complete policy details and exclusions
- Any dishonest, fraudulent, criminal or malicious act, or assault or battery committed by or contributed to by the Insured or Insureds;
- Bodily injury to, or sickness, disease or death of any person arising out of the Wrongful Act(s) of an Insured;
- Injury to or destruction of any property, including the Loss of use thereof;
- Any liability assumed by the Insured under contract, unless the Insured would have been legally liable in the absence of such contract;
- The financial inability to pay, insolvency, receivership, bankruptcy or liquidation of any insurance plan, any reinsurer, any IPA, HMO, PPO, DSP or any pool, syndicate, association or other combination formed for the purpose of providing health care, insurance or reinsurance;
- Any claim arising out of the insolvency, receivership, bankruptcy, liquidation or financial inability to pay of any company, entity or other investment vehicle in which any customer has invested;
- Any Wrongful Act based upon, arising out of, directly or indirectly resulting from or in consequence of the sale or recommendation of investments other than Life, Health or Accident Insurance or mutual funds other than through a FINRA-registered broker/dealer organization;
- Any liability arising out of any duties or activities assumed under contract by an Insured as a plan administrator or fiduciary under the Employee Retirement Income Security Act of 1974 (ERISA), the Pension Benefits Act or the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) including any amendments, regulations or enabling statutes pursuant thereto, or any other similar federal, state or provincial statute or regulation;
- Any proceedings against or fines or penalties levied against the Insured by a state or federal regulatory agency or self-regulatory body;
- Any Claim made against the Insured arising out of the Insured's activities as the third party administrator of any plan whether Insured or self Insured and whether the Insured performs such activities for a fee or for no fee;
- Any Claim arising out of the development, placement or sale of structured or viatical settlements;
- Any Claim arising out of the referral of individuals or entities to individuals or entities selling or servicing or purporting to sell or service property and casualty insurance or securities products.

Plan Eligibility

- The agency must be actively contracted with Blue Cross and Blue Shield of Illinois at the time of your effective date under this policy in order to be eligible for coverage.
- The agency must be actively contracted with Blue Cross and Blue Shield of Illinois at the time you submit a claim under this policy in order to be eligible for full benefits.
- If the agency is terminated from Blue Cross and Blue Shield of Illinois during the policy period, coverage for any new business activities ceases immediately as of your termination date. You will be covered under an extended reporting period up to the policy anniversary date. The extended reporting period only applies to claims filed between the date of termination and the policy anniversary date and will only respond to covered claims that arose from transactions that occurred while the agency was actively Insured under the policy, subject to the terms of the policy.
- The agency may purchase an extended reporting period for the reporting of claims for one year commencing on the next policy anniversary date. The agency must request and purchase the extended reporting period within 30 days of their termination date. The cost for the extended reporting period will be 100% of their last annual premium.
- Coverage under this program is offered on a claims made basis. The policy will only cover claims first made against the Insured and reported to the Carrier during the policy period. The agency must not have had knowledge of the claim or circumstances likely to result in a claim at the effective date of coverage.
- This policy applies to an act, error or omission which takes place anywhere in the world, provided that the claim is made and suit is brought against the Insured in the United States of America, its territories or possessions and the District of Columbia, Puerto Rico or Canada.

2013-2014 BLUE CROSS AND BLUE SHIELD OF ILLINOIS AGENCY - ERRORS AND OMISSIONS PLAN

To Enroll: Complete the Agency Information, Plan Options and Payment Method.
Sign the form and fax or mail to MGA Insurance Services.



AGENCY INFORMATION

Agency Name: _____

Tax ID#: _____

BCBS Agency#: _____

Contact: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

Please list agency owners, officers and licensed
employee producers (attach separate list if necessary)

PLAN OPTIONS

Desired Effective Date: ____ / 01 / 20 ____

Coverage Amount: ☐ \$1M/\$1M ☐ \$1M/\$2M ☐ \$2M/\$2M ☐ \$3M/\$3M

Annual Calculated Premium: \$ _____

Use page 2 of this application to calculate your agency's annual premium

FAX to:
1-800-411-4771

MAIL to:
MGA E&O PLAN
8430 Enterprise Circle, Suite
200
Lakewood Ranch, FL 34202

PAYMENT METHOD

I would like to pay by the following method:

☐ Single Payment via Credit Card (Visa, MasterCard, Discover, AmEx)

☐ Down Payment and Monthly Credit Card Charge

Card Holder Name: _____

if different from applicant

Account #: _____

Expiration Date: _____

☐ Single Payment via Check

(Please enclose a check made payable to: MGA)

☐ Single Payment via Bank Draft

(Please enclose a voided check)

☐ Down Payment and Monthly Bank Draft

(Please enclose a voided check)

I hereby advise that the statements contained on this enrollment form are accurate and complete and are a material inducement to the insurance carrier to provide coverage under the Errors and Omissions Insurance policy sponsored by Blue Cross and Blue Shield of Illinois and my enrollment in the policy has been permitted upon these representations. I understand and acknowledge that this is a claims made policy and that the agency is not eligible for coverage under the Blue Cross and Blue Shield of Illinois program unless the agency is legally contracted to represent Blue Cross and Blue Shield of Illinois as of the coverage date as well as at the time of submitted claim under the policy. I also warrant that I am not aware of any fact, circumstance or actual or alleged act, error or omission which might reasonably be expected to give rise to a future claim under this policy. A \$20 service fee will be charged on any non-sufficient funds transaction. Payment authorization for subsequent renewals of this policy shall be automatic and shall remain in force until revoked by written notification to MGA from me or my payment institution.

Signature: _____ Date: _____

Signature is Required to Process Policy!

2013-2014 BLUE CROSS AND BLUE SHIELD OF ILLINOIS AGENCY - ERRORS AND OMISSIONS PLAN



PREMIUM CALCULATION*

Please enroll my agency in the Blue Cross and Blue Shield of Illinois Errors and Omissions Program. The required premium is shown below and is based on your agency's net commission and fee income for the previous 12 months; that is, commissions retained by your agency after payment of commissions to independent sub-producers writing through your agency.

This plan is a group plan which requires the applying agency to be appointed with Blue Cross and Blue Shield of Illinois as of the coverage date as well as at the time of submitted claim under the policy. This policy renews on December 1st of each year. Premiums are prorated to allow for mid-policy enrollment. All enrollments must start on the first of the month.

¹ Monthly Payment Option via Pre-Authorized Checking or Monthly Credit Card Charge. Plan pricing includes \$25.00 administrative fee and \$15.00 per month processing fee for monthly payment options.

1st payment will be processed immediately. Future monthly payments are deducted on the 3rd business day of each month.

Effective Date:	Coverage Limits: \$1M Per Claim / \$1M Aggregate					Coverage Limits: \$1M Per Claim / \$2M Aggregate				
	Net Agency Income					Net Agency Income				
	\$0 to \$199,999	\$200,000 to \$499,999	\$500,000 to \$999,999	\$1,000,000 to \$1,999,999	\$2,000,000 to \$2,999,999	\$0 to \$199,999	\$200,000 to \$499,999	\$500,000 to \$999,999	\$1,000,000 to \$1,999,999	\$2,000,000 to \$2,999,999
12/1/13	\$1,105.00	\$1,510.00	\$2,275.00	\$5,155.00	\$6,055.00	\$1,375.00	\$1,881.00	\$2,838.00	\$6,438.00	\$7,560.00
1/1/14	\$1,015.00	\$1,386.25	\$2,087.50	\$4,727.50	\$5,552.50	\$1,262.50	\$1,726.33	\$2,603.58	\$5,903.58	\$6,932.08
2/1/14	\$925.00	\$1,262.50	\$1,900.00	\$4,300.00	\$5,050.00	\$1,150.00	\$1,571.67	\$2,369.17	\$5,369.17	\$6,304.17
3/1/14	\$835.00	\$1,138.75	\$1,712.50	\$3,872.50	\$4,547.50	\$1,037.50	\$1,417.00	\$2,134.75	\$4,834.75	\$5,676.25
4/1/14	\$745.00	\$1,015.00	\$1,525.00	\$3,445.00	\$4,045.00	\$925.00	\$1,262.33	\$1,900.33	\$4,300.33	\$5,048.33
5/1/14	\$655.00	\$891.25	\$1,337.50	\$3,017.50	\$3,542.50	\$812.50	\$1,107.67	\$1,665.92	\$3,765.92	\$4,420.42
6/1/14	\$565.00	\$767.50	\$1,150.00	\$2,590.00	\$3,040.00	\$700.00	\$953.00	\$1,431.50	\$3,231.50	\$3,792.50
7/1/14	\$475.00	\$643.75	\$962.50	\$2,162.50	\$2,537.50	\$587.50	\$798.33	\$1,197.08	\$2,697.08	\$3,164.58
8/1/14	\$385.00	\$520.00	\$775.00	\$1,735.00	\$2,035.00	\$475.00	\$643.67	\$962.67	\$2,162.67	\$2,536.67
9/1/14	\$295.00	\$396.25	\$587.50	\$1,307.50	\$1,532.50	\$362.50	\$489.00	\$728.25	\$1,628.25	\$1,908.75
10/1/14	\$205.00	\$272.50	\$400.00	\$880.00	\$1,030.00	\$250.00	\$334.33	\$493.83	\$1,093.83	\$1,280.83
11/1/14	\$115.00	\$148.75	\$212.50	\$452.50	\$527.50	\$137.50	\$179.67	\$259.42	\$559.42	\$652.92

Monthly Payment Option¹

1st Payment	\$130.00	\$163.75	\$227.50	\$467.50	\$542.50	\$152.00	\$194.67	\$274.42	\$574.42	\$667.92
Monthly Amount	\$105.00	\$138.75	\$202.50	\$442.50	\$517.50	\$127.50	\$169.67	\$249.42	\$549.42	\$642.92

Effective Date:	Coverage Limits: \$2M Per Claim / \$2M Aggregate					Coverage Limits: \$3M Per Claim / \$3M Aggregate				
	Net Agency Income					Net Agency Income				
	\$0 to \$199,999	\$200,000 to \$499,999	\$500,000 to \$999,999	\$1,000,000 to \$1,999,999	\$2,000,000 to \$2,999,999	\$0 to \$199,999	\$200,000 to \$499,999	\$500,000 to \$999,999	\$1,000,000 to \$1,999,999	\$2,000,000 to \$2,999,999
12/1/13	\$1,591.00	\$2,178.00	\$3,288.00	\$7,464.00	\$8,769.00	\$1,807.00	\$2,475.00	\$3,738.00	\$8,490.00	\$9,975.00
1/1/14	\$1,460.50	\$1,998.58	\$3,016.08	\$6,844.08	\$8,040.33	\$1,658.50	\$2,270.83	\$3,428.58	\$7,784.58	\$9,145.83
2/1/14	\$1,330.00	\$1,819.17	\$2,744.17	\$6,224.17	\$7,311.67	\$1,510.00	\$2,066.67	\$3,119.17	\$7,079.17	\$8,316.67
3/1/14	\$1,199.50	\$1,639.75	\$2,472.25	\$5,604.25	\$6,583.00	\$1,361.50	\$1,862.50	\$2,809.75	\$6,373.75	\$7,487.50
4/1/14	\$1,069.00	\$1,460.33	\$2,200.33	\$4,984.33	\$5,854.33	\$1,213.00	\$1,658.33	\$2,500.33	\$5,668.33	\$6,658.33
5/1/14	\$938.50	\$1,280.92	\$1,928.42	\$4,364.42	\$5,125.67	\$1,064.50	\$1,454.17	\$2,190.92	\$4,962.92	\$5,829.17
6/1/14	\$808.00	\$1,101.50	\$1,656.50	\$3,744.50	\$4,397.00	\$916.00	\$1,250.00	\$1,881.50	\$4,257.50	\$5,000.00
7/1/14	\$677.50	\$922.08	\$1,384.58	\$3,124.58	\$3,668.33	\$767.50	\$1,045.83	\$1,572.08	\$3,552.08	\$4,170.83
8/1/14	\$547.00	\$742.67	\$1,112.67	\$2,504.67	\$2,939.67	\$619.00	\$841.67	\$1,262.67	\$2,846.67	\$3,341.67
9/1/14	\$416.50	\$563.25	\$840.75	\$1,884.75	\$2,211.00	\$470.50	\$637.50	\$953.25	\$2,141.25	\$2,512.50
10/1/14	\$286.00	\$383.83	\$568.83	\$1,264.83	\$1,482.33	\$322.00	\$433.33	\$643.83	\$1,435.83	\$1,683.33
11/1/14	\$155.50	\$204.42	\$296.92	\$644.92	\$753.67	\$173.50	\$229.17	\$334.42	\$730.42	\$854.17

Monthly Payment Option¹

1st Payment	\$170.50	\$219.42	\$311.92	\$659.92	\$768.67	\$188.50	\$244.17	\$349.42	\$745.42	\$869.17
Monthly Amount	\$145.50	\$194.42	\$286.92	\$634.92	\$743.67	\$163.50	\$219.17	\$324.42	\$720.42	\$844.17