

INSURED'S ACKNOWLEDGEMENT

I understand, accept and acknowledge that my insurer will be providing Errors and Omissions coverage **ONLY** on my **ACTIVITIES** as an **INSURANCE AGENT**.

I will release and forever **HOLD HARMLESS** my insurer regarding my **ACTIVITIES** in any lines of business other than **INSURANCE ACTIVITIES**.

Agency Name: _____

Individual Name: _____

Title: _____

Signature: _____

Date: _____

THIS ACKNOWLEDGEMENT IS MADE A PART OF THE POLICY