AuguStar Financial-Sponsored Errors and Omissions Program

Plan details, including competitive rates and enrollment form

AuguStar Financial
A universe of possibilities®

FOR FINANCIAL PROFESSIONAL USE ONLY

As a valued agent of AuguStar Financial, you are eligible to take advantage of an exclusive sponsored Errors and Omissions (E&O) Program negotiated specifically to help you easily obtain the E&O coverage you need.

Plan Highlights*

Policy Period: April 1, 2026 - April 1, 2027
Policyholder: AuguStar® Life Insurance Company

Insureds
- Agents
- General Agents
- Registered Representatives of the O.N. Equity Sales Company (ONESCO) who have paid the respective premium and whose names are on file with the insurer

Coverage
- Acts, errors or omissions arising out of the rendering or failure to render Professional Services
- Personal Injury
- Failure to supervise, manage or train (applies to General Agents of an Agent and registered principals of a Registered Representative)

Prior Acts Date Coverage
- Date of first continuous claims-made E&O coverage for Life Agents and General Agents
- Date of ONESCO contract for Registered Representatives; optional Prior Acts extension coverage may be purchased

Defense Costs
Outside the Limits of Liability (for the first $2 million)

Professional Services

Life Agent (all companies)
- Life Insurance
- Employee Benefits Plans (including administration of)
- Fixed Annuities
- Accident & Health Insurance
- Disability Income Insurance
- Pension/Profit Sharing Plans

Also includes:
- Financial Planner activities in conjunction with sale of any of the above-listed products (whether or not a fee is charged)
- Notary Public

Life Agent Plus Mutual Funds & Variable Products
(Available to ONESCO Representatives only — Additional premium applies)
All of the above plus:
- Mutual Funds
- Variable Annuities
- Variable Life Insurance

Life Agent Plus Financial Products
(Available to ONESCO Representatives only — Additional premium applies)
All of the above plus: Other securities offered through ONESCO, including, but not limited to:
- Stocks
- Bonds
- Unit Investments Trusts
- Limited Partnerships*
- Real Estate Investments Trusts*

Plan highlights are subject to policy terms and conditions. The policy is issued by one or more affiliates of the CNA family of insurance companies, which operates independently from AuguStar Financial.

Extra Plan Benefits

No Additional Cost!

Credit Card Payment

Online Enrollment & No Processing Fees
- Privacy Protection Endorsement
- Wire Transfer Claim Endorsement
- Amend Definition of Prior Acts Endorsement
- Insured Reimbursement of Expenses Endorsement
- Pre-Claim Assistance Endorsement
- Subpoena Expenses Coverage Endorsement – subject to a sublimit of $10,000 each Insured

Visit: **http://www.proliability.com/augustarfinancial**

Cost of Corrections Coverage
Subject to the policy's terms and conditions, you can receive coverage for mechanical, computer or human errors in processing transactions.

Expanded Tail Coverage
You may be eligible for a full year of tail coverage after termination of your contract with AuguStar Financial. Additionally, you may be eligible to purchase optional, unlimited tail coverage within 90 days of your contract termination date. This applies to wrongful acts committed after your prior acts date and prior to your termination with AuguStar Financial.

Outside RIA Coverage (Available to ONESCO Representatives Only)
Subject to underlying coverage requirements, coverage will be provided for outside Registered Investment Advisor claims.

Limits of Liability

$1,000,000 Each Claim (Life Agent Only)
$1,000,000 In the Aggregate (Life Agent Only)

If you are an ONESCO Representative, you must carry coverage through AMBA, Association Member Benefits Advisors, LLC, and your options are either $2 million or $5 million in coverage.

$2,000,000 Each Claim
$2,000,000 In the Aggregate

$5,000,000 Each Claim
$5,000,000 In the Aggregate

Retentions

$500 Each Claim	For products of AuguStar Financial and those sold through ONESCO
$1,500 Each Claim	For claims involving all other covered products and services

Policy Exclusions**

- Any wrongful act that has been submitted under any prior policy
- Claims based on any act, error or omission for which the Insured had prior knowledge
- Claims by any spouse, child or any individual with whom the Insured has been involved in a live-in arrangement at the time of the loss
- Claims by an enterprise the Insured controls
- Damages allegedly sustained by anyone who is not a client of an Insured
- Claims from any governmental or self-regulatory organizations (with limited carveback and sublimit)
- Dishonest, fraudulent, criminal or intentional acts
- Bodily injury, damage or destruction of property
- Contractual liability (with a carveback described in the policy)
- Professional services performed by the Insured as an actuary, accountant, attorney, property or casualty agent, real estate agent or third-party administrator
- Claims based on the Insured's inability or refusal to pay or collect premium, claim or tax monies
- Claims based on tax advice provided by the Insured unless Insured advises the client to seek the advice of a tax professional
- Claims based on commingling or use of client funds
- Claims based on profit gained by an Insured to which the Insured was not legally entitled
- Insolvency of any organization in which funds have been placed or coverage obtained (with a carveback described in the policy)
- Promises or guarantees as to the future value of an investment
- Claims based on disputes over fees, commissions or charges (with a carveback described in the policy)
- Claims arising out of employees' benefits plans sponsored by an Insured as an employer
- Claims arising out of the Insured's status as a Named Fiduciary
- Placement of coverage with Multiple Employer Welfare Arrangements
- Claims involving exercise of discretionary authority except when the Insured is exercising discretionary authority as a Registered Investment Advisor with respect to mutual funds, variable annuities or variable life products (with a carveback described in the policy)
- Claims based on the design or implementation of any employee benefits plan
- Claims based on price fixing, price discrimination, restraint of trade, antitrust or unfair trade
- Unauthorized use of confidential information
- Claims based on unlicensed activities (with a carveback described in the policy)
- Viatical settlements, ETS pay phones, structured settlements, promissory notes, life settlements or reverse mortgages
- Claims based on Insider Trading or the use of nonpublic information
- Claims based on the Insured Broker/Dealer acting as a successor to another entity
- **Specific Products Exclusion Endorsement** — excludes coverage for the following:
  a. Investment in Woodbridge Group of Companies, LLC d/b/a Woodbridge Wealth; or
  b. Investment in LJM Partners Ltd; or
  c. Investment in Future Income Payments, LLC; or
  d. Altcoins, cryptocurrency, or any type of electronic or virtual currency, or any investment vehicle which trades in altcoins, crytocurrency or any type of electronic or virtual currency; however, this exclusion shall not apply to registered mutual funds or exchange traded funds that are approved by the Insured Broker/Dealer; or
  e. Investment in GPB Capital Holdings; or
  f. Investment in First Global Capital, LLC or, 1 Global Capital, LLC
- Claims based on any life insurance policy in which the premium was paid for, in whole or in part, by or through any premium finance mechanism or any premium finance company (with a limited carveback, if purchased, as described in the policy).

***Other exclusions may apply.*

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All newly contracted Agents must enroll within 45 days of their AuguStar Life, AuguStar Retirement or ONESCO contract date.

Agents with **expiring** coverage must enroll within 30 days.

2026–2027 Enrollment Form

Claims-Made and Reported Errors & Omissions Coverage*
(*other than NY Insureds)
Policy Period: April 1, 2026 - April 1, 2027

10595201

1. Complete Your Personal Information (please print)

First Name _____ Last Name _____

Agent # (required) _____ Email Address _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Fax (_____) _____

2. Select Coverage

Only Agents/Representatives holding an active contract with AuguStar Life, AuguStar Retirement, or ONESCO are eligible for this E&O coverage.

A. Effective Date of coverage
- ☐ _____/_____/_____ (mm/dd/yyyy)
- ☐ For newly contracted agents: Match to AuguStar Life, AuguStar Retirement or ONESCO Contract Effective Date

B. Professional Services (check one):
- ☐ Life Agent Only
- ☐ Life Agent Plus Mutual Funds & Variable Products* (includes Series 6 & 63)
  - ☐ Prior Acts Extension for Registered Representatives
- ☐ Life Agent Plus Financial Products* (includes series 7, 22, 24, 65, 66)
  - ☐ Prior Acts Extension for Registered Representatives

C. Limits of Liability (check one):
- ☐ $1,000,000 per claim/$1,000,000 annual aggregate*
- ☐ $2,000,000 per claim/$2,000,000 annual aggregate
- ☐ $5,000,000 per claim/$5,000,000 annual aggregate

D. Premium due (from table attached) $_____

***ONESCO Registered Representatives** — *the Life Agents Only coverage level and the $1,000,000/$1,000,000 Limits of Liability are not available options.*

3. Sign and Date

I understand and agree to the following: I must be a currently contracted agent with AuguStar Financial or its subsidiaries to be eligible for this program. Otherwise, I will not be considered an insured under this policy, no claims made against me will be covered, and any premiums paid by me will be returned. *Should my contract with AuguStar Financial or its subsidiaries terminate for any reason, coverage will terminate on the same date as my AuguStar Financial termination. I will be provided a One-Year Extended Reporting Period (ERP) at no charge unless terminated for disciplinary reasons or I have current coverage under another policy. The ERP allows me additional time to report claims first made during the extended reporting period and occurring prior to the termination of coverage and after the date of my first continuous claims-made E&O coverage.*

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 renewal 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.

Signature _____ Date _____

**This program is underwritten by Continental Casualty Company (one of the CNA companies).*

4. Return Enrollment Form and Provide Payment

- **Agents/Reps with a New AuguStar Financial Contract:**
  - AuguStar Financial requires return of the completed and signed enrollment form to documentcenter@augustarfinancial.com
- **All Other Applicants:**
  - **Submit & Pay by Credit/Debit Card or Bank Draft:** complete the Authorization Agreement and follow the submission instructions on that form.
  - **Pay by Check:** mail this signed, completed enrollment form to the address below with a check made payable to AMBA.
    - AMBA, PO Box 850179, Minneapolis, MN 55485-0179

Questions? Contact AMBA at 1.800.627.5538, Monday – Friday, 8am-5pm (CT)

AMBA

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Authorization Agreement: Bank Debit or Credit Card Payment

Please return with your signed Enrollment Form

Newly contracted agents: Return this authorization form to **documentcenter@augustarfinancial.com** with your Enrollment Form.

10595201

1. Complete Your Personal Information (please print)

First Name _____ Last Name _____

Agent # (required) _____

Address _____

City _____ State _____ ZIP _____

2. To Pay with Debit Card or Credit Card

☐ **Pay by debit/credit card:** Visit ambasecureservice.com/4031 to enter your debit/credit card information and upload this form.* Submission of your debit/credit card information to AMBA does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.*

☐ **Update your debit/credit card on file:** Visit ambasecureservice.com/4031 to enter your debit/credit card information and upload this form.**

** This program is underwritten by Continental Casualty Company (one of the CNA companies).*
*** Please do not attempt to email or fax your debit/credit card information as these methods are less secure and will not be accepted.*

Select your Payment Frequency:

☐ **Pay Quarterly** (April 1, July 1, Oct. 1 and Jan.1. Master policy renews on April 1; mid-term enrollment premiums are prorated.)

☐ **Pay Annually**

Total Amount Authorized: $ _____

3. To pay with Bank Account (no fee)

☐ **Pay by EFT/ACH:** Visit ambasecureservice.com/4031 to enter your bank account information and upload this form.* Submission of your bank account information to AMBA does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.*

☐ **Update your bank account information on file:** Visit ambasecureservice.com/4031 to enter your bank account information and upload this form.**

☐ **Pay by check:** Mail the Enrollment Form, this Authorization Agreement form and a voided check to one of the addresses below.

Regular Address:
AMBA
P.O. Box 850179
Minneapolis, MN 55485-0179

Overnight Address:
AMBA
4050 114th Street
Urbandale, Iowa 50322

** This program is underwritten by Continental Casualty Company (one of the CNA companies).*
*** Please do not attempt to email or fax your debit/credit card information as these methods are less secure and will not be accepted.*

Select your Payment Frequency:

☐ **Pay Quarterly** (April 1, July 1, Oct. 1 and Jan. 1. Master policy renews on April 1; mid-term enrollment premiums are pro-rated.)

☐ **Pay Annually**

Total Amount Authorized: $ _____

AMBA

Questions? Contact AMBA at 1.800.627.5538

CNA/AuguStar Financial-Sponsored E&O 2026-2027 Premiums*

	Limits	$1M/$1M	$2M/$2M	$5M/$5M
April 2026	Life Agent Only	$ 669	$777	$913
	Life Agent Plus Mutual Funds & Variable Products	N/A	$1,353	$1,625
	Life Agent Plus Financial Products	N/A	$1,859	$2,288
May 2026	Life Agent Only	$613	$712	$837
	Life Agent Plus Mutual Funds & Variable Products	N/A	$1,240	$1,490
	Life Agent Plus Financial Products	N/A	$1,704	$2,097
June 2026	Life Agent Only	$558	$648	$761
	Life Agent Plus Mutual Funds & Variable Products	N/A	$1,128	$1,354
	Life Agent Plus Financial Products	N/A	$1,549	$1,907
July 2026	Life Agent Only	$502	$583	$685
	Life Agent Plus Mutual Funds & Variable Products	N/A	$1,015	$1,219
	Life Agent Plus Financial Products	N/A	$1,395	$1,716
August 2026	Life Agent Only	$446	$518	$609
	Life Agent Plus Mutual Funds & Variable Products	N/A	$902	$1,083
	Life Agent Plus Financial Products	N/A	$1,239	$1,525
September 2026	Life Agent Only	$391	$453	$533
	Life Agent Plus Mutual Funds & Variable Products	N/A	$789	$948
	Life Agent Plus Financial Products	N/A	$1,084	$1,335
October 2026	Life Agent Only	$335	$389	$457
	Life Agent Plus Mutual Funds & Variable Products	N/A	$677	$813
	Life Agent Plus Financial Products	N/A	$930	$1,144
November 2026	Life Agent Only	$279	$322	$380
	Life Agent Plus Mutual Funds & Variable Products	N/A	$564	$677
	Life Agent Plus Financial Products	N/A	$775	$953
December 2026	Life Agent Only	$223	$259	$304
	Life Agent Plus Mutual Funds & Variable Products	N/A	$451	$542
	Life Agent Plus Financial Products	N/A	$620	$763
January 2027	Life Agent Only	$168	$194	$228
	Life Agent Plus Mutual Funds & Variable Products	N/A	$338	$406
	Life Agent Plus Financial Products	N/A	$465	$572
February 2027	Life Agent Only	$111	$130	$152
	Life Agent Plus Mutual Funds & Variable Products	N/A	$226	$271
	Life Agent Plus Financial Products	N/A	$310	$381
March 2027	Life Agent Only	$56	$65	$77
	Life Agent Plus Mutual Funds & Variable Products	N/A	$113	$136
	Life Agent Plus Financial Products	N/A	$155	$191

**Premiums above are samples for the 1st day of each month; premiums are prorated daily. Please contact the AMBA service center at 1.800.627.5538 for the specific pro-rata premium based on your requested effective date.*

Optional Endorsements – Annual Premiums (regardless of effective date)

Contract Type	$2M/$2M	$5M/$5M
Life Agents Plus Mutual Funds & Variable Products	$470	$564
Life Agents Plus Financial Products	$645	$795

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only.

It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. “CNA” is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the “CNA” service mark in connection with insurance underwriting and claims activities.

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Program Administered by AMBA Administrators, Inc.

Association Member Benefits Advisors, LLC.
In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0I96562 | AR Insurance License #100114462

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