

**2007-2008 New Enrollees
Lincoln National Corporation Sponsored Errors & Omissions Insurance Program**

**LINCOLN FINANCIAL ADVISORS
JEFFERSON PILOT SECURITIES CORPORATION / JEFFERSON PILOT LIFE**

Please enroll me in the Errors & Omissions (E&O) Program for contracted agents/registered reps of Lincoln Financial Advisors, Jefferson Pilot Securities or Jefferson Pilot Life. Enclosed is my payment option for professional liability coverage for the policy period of my chosen effective date to April 1, 2008. **Complete this form and return with your payment to: Affinity Insurance Services, Agents E&O Program, 159 East County Line Road, Hatboro, PA 19040-1218. Phone 888-273-4698 Fax 877-443-9183**

Agent/Representative Classification (please check one):

<input type="checkbox"/> Lincoln Financial Advisors	<input type="checkbox"/> Jefferson Pilot Securities Corporation
<input type="checkbox"/> Jefferson Pilot Life – DAN	<input type="checkbox"/> Jefferson Pilot Life – ABGA <input type="checkbox"/> Jefferson Pilot Life

You have a choice of three PAYMENT OPTIONS* (check one):

1 Annual payment in full by check. **The check is made payable to Affinity Insurance Services.**

2 Annual payment in full by credit card (Visa/MasterCard/Discover only)

() Visa () MasterCard () Discover

Credit Card #: _____ Expiration Date: ____/____/____

3 Payment by Pre-Authorized Checking (PAC) account deductions – To implement the PAC payment mode please attach the down payment check as indicated below in column (2) of the rate page. The column will correspond to your desired limit of liability. Return it along with your completed PAC authorization form (enclosed). Your checking account will be debited the remaining installments on the first business day of the month. The amount of each installment is listed in column (2) of the rate page. **All drafts will be completed by July 2, 2007.**

PREMIUM* - Please fill this amount in from the rate page

Effective Month _____
Limit of Liability _____
Premium \$ _____

Source Code: 2007LNC

Agent's Name: _____ Email Address: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number _____

Agent/Representative #: _____ SSN: _____

I understand and acknowledge I am not eligible for coverage under the Lincoln National Corporation sponsored errors and omissions program unless I am legally contracted to represent Lincoln National Corporation and its covered affiliates as of my coverage effective date. I understand if my contract to represent Lincoln National Corporation or its covered affiliates is terminated, coverage under this program terminates on the same day. All premiums are fully earned under this program and there will be no refund of premium. I authorize Affinity Insurance Services to process my renewal.

Signature: _____ Date: ____/____/____

2007-2008 Lincoln National Corporation Rates

PLEASE CIRCLE YOUR DESIRED LIMIT OF LIABILITY AND RETURN WITH THE ENROLLMENT FORM

(1)	(2)		PAC Down payment and monthly draft*	Amount of Coverage \$3M	PAC Down payment and monthly draft*	Amount of Coverage \$3M	PAC Down payment and monthly draft*	Amount of Coverage \$6M
	Amount of Coverage \$2M	Amount of Coverage \$2M						
Limit of Liability	Amount of Coverage \$2M	Amount of Coverage \$2M	Amount of Coverage \$3M	Amount of Coverage \$3M	Amount of Coverage \$6M	Amount of Coverage \$6M	Amount of Coverage \$6M	Amount of Coverage \$6M
April 2007	\$1,730	\$432.50	\$2,084	\$521	\$2,651	\$662.75	\$662.75	\$662.75
May 2007	\$1,596	\$532.00	\$1,921	\$640.33	\$2,440	\$813.33	\$813.33	\$813.33
June 2007	\$1,462	\$731.00	\$1,757	\$878.50	\$2,229	\$1,114.50	\$1,114.50	\$1,114.50
July 2007	\$1,327	n/a	\$1,593	n/a	\$2,018	n/a	n/a	n/a
August 2007	\$1,193	n/a	\$1,429	n/a	\$1,807	n/a	n/a	n/a
September 2007	\$1,059	n/a	\$1,266	n/a	\$1,596	n/a	n/a	n/a
October 2007	\$925	n/a	\$1,102	n/a	\$1,385	n/a	n/a	n/a
November 2007	\$791	n/a	\$938	n/a	\$1,174	n/a	n/a	n/a
December 2007	\$657	n/a	\$755	n/a	\$964	n/a	n/a	n/a
January 2008	\$522	n/a	\$611	n/a	\$753	n/a	n/a	n/a
February 2008	\$388	n/a	\$477	n/a	\$542	n/a	n/a	n/a
March 2008	\$254	n/a	\$284	n/a	\$331	n/a	n/a	n/a

* All drafts will be completed by July 2, 2007.

April effective dates will be drafted on May 1, June 1 and July 2, 2007

May effective dates will be drafted on June 1 and July 2, 2007

June effective dates will be drafted on July 2, 2007

PAC Authorization Form
Authorization Agreement for Pre-Authorized Payments (Debits)

Lincoln National Corporation Sponsored Errors and Omission Program

Instructions: This form is to be used only if electing the preauthorized checking payment option. Please complete the three sections below.

I (we) hereby authorize Affinity Insurance Services, to initiate electronic debit entries or effect a charge by any other commercially accepted method, to my (our) checking account indicated below. I (we) hereby authorize the financial institution named below, hereinafter called Depository to debit the same to such account.

I (we) agree that if premiums are not paid as due under the policy, as in the event withdrawals are dishonored, your coverage as an enrollee under the policy will terminate. I (we) also agree that a \$20 service charge will apply for all payments, which are returned from your banking institution.

1.

Name of Financial Institution _____

Address or Branch _____

City _____ State _____ Zip Code _____

Transit / ABA Number _____ Account Number _____

The checking account must be owned by the certificate holder listed on the enrollment or renewal form. We will not honor any requests to terminate bank drafts from any person or entity other than the certificate holder.

This authority is to remain in full force and effect until Affinity Insurance Services has collected the full annual premium, or received written notification from me (or either of us) of its termination in such time and in such manner as to afford Affinity Insurance Services and Financial Institution a reasonable opportunity to act on it. We must be notified within 48 hours of the intended deduction. Deductions are scheduled for the 1st business banking day.

2.

Name: _____

Signature _____ Date _____

Signature _____ Date _____

(If account requires two signatures)

3. Please attach a voided check, or photocopy thereof applicable to the above account in this space.

COMPENSATION and OTHER DISCLOSURE INFORMATION

The Insurance Agent's Division, a division of Affinity Insurance Services, Inc., offers administration services to the Lincoln National Corporation Sponsored Errors and Omissions Program and to its' contracted agents/registered reps, as an agent of Lincoln National Corporation, and provides administrative services that may include the following: policy management, administration, billing, risk management and client services on its behalf.

As compensation for the services described above, Affinity receives a \$50 administration fee paid by you. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same levels as the initial policy commission, unless we notify you otherwise.

Other than the fee described in the preceding paragraph, Affinity will receive no other compensation from the insurer, and other than the fee described in the preceding paragraph, there will be no other fees or charges to you.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interests.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements.