

**2008-2009
NEW ENROLLEES FORM
LINCOLN NATIONAL CORPORATION SPONSORED ERRORS & OMISSIONS INSURANCE PROGRAM**

Please enroll me in the Errors & Omissions (E&O) Program for contracted agents/registered reps of Lincoln Financial Advisors or Jefferson Pilot Securities Corporation. Enclosed is my payment for professional liability coverage for the policy period of my applicable effective date through April 1, 2009. **Complete this form and return with your check/credit authorization to: Affinity Insurance Services Inc., Agents E&O Program, 159 East County Line Road, Hatboro, PA 19040-1218. Fax 877-443-9183**

Agent/Representative Classification (please check one):

If you hold multiple contracts but are contracted with LFA or JPSC, please reflect the appropriate broker/dealer. If you are ABGA/DAN, please check that box.

1. Lincoln Financial Advisors 2. Jefferson Pilot Securities Corporation 3. ABGA/DAN

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 American Express

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

Cardholder's Signature: _____

3. Payment by Pre-Authorized Checking (PAC) account deductions – To implement the PAC payment mode, please attach the down payment check as indicated on the attached rate page. Return it along with your completed PAC authorization form (enclosed). Your checking account will be debited the three remaining installments on the first business day of the month in May, June and July. The amount of each installment is listed on the attached rate page. Please Note: The PAC Option is only available in the following months: April, May & June.

PREMIUM* (Please fill in the amount from the attached Rate Page):

Effective Month _____
Limit of Liability _____
Premium \$ _____

Insured's Full Name: _____ (First, Middle Initial, Last)

Address: _____

City, State, Zip: _____

SS#: _____

Email Address: _____

Phone #: _____

Fax #: _____

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 enrollment.

Signature: _____ Date: ____/____/____

Affinity Insurance Services, Inc.

159 East County Line Road • Hatboro, Pennsylvania 19040-1218 • toll-free: (888) 273-46981 • fax: (877) 443-9183

RATE PAGE
LINCOLN NATIONAL CORPORATION SPONSORED ERRORS & OMISSIONS INSURANCE PROGRAM
2008-2009

PLEASE INDICATE YOUR DESIRED LIMIT OF LIABILITY, COMPLETE THE PREMIUM SECTION ON THE ENROLLMENT PAGE & RETURN.

		<u>Annual Premium</u>	<u>PAC Down payment and monthly draft*</u>	<u>Annual Premium</u>	<u>PAC Down payment and monthly draft*</u>	<u>Annual Premium</u>	<u>PAC Down payment and monthly draft*</u>
	<u>Effective Month</u>	<u>Limit of Liability \$2M</u>	<u>Limit of Liability \$2M</u>	<u>Limit of Liability \$3M</u>	<u>Limit of Liability \$3M</u>	<u>Limit of Liability \$6M</u>	<u>Limit of Liability \$6M</u>
_____	April 2008	\$1,683	\$420.75	\$2,027	\$506.75	\$2,577	\$644.75
_____	May 2008	\$1,553	\$517.67	\$1,868	\$622.67	\$2,372	\$790.67
_____	June 2008	\$1,423	\$711.50	\$1,709	\$854.50	\$2,168	\$1,084.00
_____	July 2008	\$1,292	n/a	\$1,550	n/a	\$1,963	n/a
_____	August 2008	\$1,162	n/a	\$1,391	n/a	\$1,758	n/a
_____	September 2008	\$1,032	n/a	\$1,232	n/a	\$1,553	n/a
_____	October 2008	\$902	n/a	\$1,074	n/a	\$1,349	n/a
_____	November 2008	\$771	n/a	\$915	n/a	\$1,144	n/a
_____	December 2008	\$641	n/a	\$756	n/a	\$939	n/a
_____	January 2009	\$511	n/a	\$597	n/a	\$734	n/a
_____	February 2009	\$381	n/a	\$438	n/a	\$530	n/a
_____	March 2009	\$250	n/a	\$279	n/a	\$325	n/a

*** All drafts will be completed by July 2, 2008.**

April effective dates will be drafted on May 1, June 2 and July 2, 2008.

May effective dates will be drafted on June 2 and July 2, 2008.

June effective dates will be drafted on July 2, 2008

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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 Depository.

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 Depository 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 of the month.

2.
Insured's Full Name: _____ (First, Middle Initial, Last)

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.

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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 describe 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.

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