

JEFFERSON PILOT FINANCIAL



Mid-Term Enrollment Form

Claims Made and Reported Errors and Omissions Coverage

Policy Period: April 1, 2005 to April 1, 2006

Instructions: Complete all sections of form. If you are paying by credit card, fax enrollment form to: (800) 607-6875. Enrollment forms with checks, please mail to: CalSure, P.O. Box 7048, Orange, CA 92863-7048.

Questions: Call CalSure at (800) 745-7189 or e-mail at EandO@calsurance.com.

1. Your Information - Please print clearly.

Name (first, middle initial and last):

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Business Address:

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City:

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State:

Zip:

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Daytime Phone:

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Fax:

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E-Mail:

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Social Security Number:

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Rep#:

Agent#:

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Do you have an active Securities Registration with:

☐ JPSC ☐ WSC ☐ Other

2. Selection of Options

Effective Date of Coverage:

Choose ONE BASIC Coverage Below	
Please see attached Rate Chart for Premiums	
<input type="checkbox"/> Agents & Reps (Life Only & Series 6/63)	
<input type="checkbox"/> Agents & Reps (Series 7/22/62 & Contracted with JPSC/WSC)	
<input type="checkbox"/> Inexperienced Career Agent (CBP-I) (Series 6/63)	
<input type="checkbox"/> Inexperienced Career Agent (CBP-I) (Series 7/22/62 & Contracted with JPSC/WSC)	
Optional Coverage for Additional Premium Below	
<input type="checkbox"/> JPSC/WSC Designated Independent RIA (mandatory)*	
<input type="checkbox"/> Excess Limit Option - See Description on back	
<input type="checkbox"/> Property/Casualty Extension - See Description on back	
Total Optional Coverages:	\$
Total Basic Coverages:	\$
Total Enclosed or Authorized:	\$

*You must select the RIA Coverage if you are affiliated with JPSC or WSC and you are an Independently Registered Investment Adviser. Do NOT elect the RIA coverage if you are an investment adviser representative of JPSC or WSC.

3. Required Information (IMPORTANT)

I understand that to be eligible for E&O coverage I must be an Agent of Jefferson Pilot Financial or a Registered Representative of either Jefferson Pilot Securities Corporation or Windward Securities Corporation. In addition, I understand that mid-term enrollment is permitted only for newly contracted agents or agents with other expiring coverage. 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 the denial of a claim. Further, I am aware that if I am not enrolling within 30 days of either my date of contract or upon expiration of my current E&O coverage and/or if I am not an Agent or a Registered Representative as described above, I will not be considered an insured under the policy and any claims reported will not be covered, and any premiums paid by me will be returned, as I was not an insured under this policy.

I understand 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. It is agreed and understood that 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 enrollment form applies. In addition, I understand that 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 the denial of a claim.

I understand that the premium is fully earned and there is NO return of premium, regardless of payment type, even if I decide to cancel for any reason. Further, I will be responsible for any outstanding balance of premium if termination occurs. Should my contract terminate, coverage will cease that same day regardless of the reason for appointment termination

Agent's Signature:

Today's Date:

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4. Payment

- ☐ **Payment in Full by check:** Check made payable to CalSure (a Brown & Brown of California, Inc. Company) for the full premium. **OR**
- ☐ **Payment in Full by Credit Card:** Please complete credit card information below. **OR**
- ☐ **Payment by Credit Card Installments:** I elected to pay my premium in four equal installments by credit card. I authorize CalSure (a Brown & Brown of California, Inc. Company) to process the installment charges on the date the enrollment form is received, 5/15/05, 6/15/05 and 7/15/05. I understand a \$7.50 processing fee will be added to each installment. You will be responsible for any outstanding balance of premium if termination occurs. **OR**
- ☐ **ACH Debit - Four (25%) Installments:** Attached is my completed Authorization Form and check for first installment. Future debits to be taken on 5/15/05, 6/15/05 and 7/15/05. I understand a \$7.50 processing fee will be added to each installment. You will be responsible for any outstanding balance of premium if termination occurs.

(Billing Through Brown & Brown of California, Inc.)

Credit Card Information

☐ MasterCard ☐ Visa

(Sorry, No Discover, American Express or Debit Cards Accepted)

Account #:

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Expiration Date of Credit Card:

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Cardholder's Name:

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Cardholder's Signature:

Today's Date

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JEFFERSON PILOT AGENTS' ERRORS & OMISSIONS PROGRAM

PLAN RATES

APRIL 1, 2005 TO APRIL 1, 2006

Contract/ Enrollment Month	Agents & Reps (Life Only & Series 6/63)	Agents & Reps (Series 7/22/62 & Contracted with JPSC)	Inexperienced Career Agents & Reps (CBP-I Series 6/63)	Inexperienced Career Agents & Reps (CBP-I Series 7/22/62 & Contracted with JPSC)	JPSC Designated Independent RIA Mandatory Additional Rate)	Excess Limit (Additional Rate)	Property/ Casualty Extension (Additional Rate)
April 2005	\$1,685	\$2,060	\$1,335	\$1,710	\$500	\$625	\$375
May 2005	\$1,622	\$1,983	\$1,285	\$1,646	\$481	\$602	\$361
June 2005	\$1,474	\$1,803	\$1,168	\$1,496	\$438	\$547	\$328
July 2005	\$1,327	\$1,622	\$1,051	\$1,347	\$394	\$492	\$295
August 2005	\$1,180	\$1,442	\$ 935	\$1,197	\$350	\$438	\$263
September 2005	\$1,032	\$1,262	\$ 818	\$1,047	\$306	\$383	\$230
October 2005	\$ 885	\$1,082	\$ 701	\$ 898	\$263	\$328	\$197
November 2005	\$ 737	\$ 901	\$ 584	\$ 748	\$219	\$273	\$164
December 2005	\$ 590	\$ 721	\$ 467	\$ 599	\$175	\$219	\$131
January 2006	\$ 442	\$ 541	\$ 350	\$ 449	\$131	\$164	\$ 98
February 2006	\$ 295	\$ 361	\$ 234	\$ 299	\$ 88	\$109	\$ 66
March 2006	\$ 147	\$ 180	\$ 117	\$ 150	\$ 44	\$ 55	\$ 33

*You must select the RIA Coverage if you are affiliated with JPSC or WSC and you are an Independently Registered Investment Adviser. Do NOT elect the RIA coverage if you are an investment adviser representative of JPSC or WSC.

Premiums are fully earned upon the inception date of coverage in the plan. If the coverage is terminated or cancelled for any reason, no refund of premium will be afforded.

JEFFERSON PILOT FINANCIAL

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EXCESS LIMIT OPTION:

Provides \$1,000,000 per claim in excess of underlying \$1,000,000 per claim limit.

The excess coverage is capped at \$1,000,000 of excess coverage per Agent / per policy period.

Total limits under the excess policy available to all agents is \$50,000,000

- The excess limit option is subject to the same terms, conditions and exclusions of the basic policy.

PROPERTY CASUALTY EXTENSION:

This is supplemental coverage. It is not available without the purchase of primary E&O coverage.

All claims would be subject to a sublimit of \$1,000,000 Limit of Liability per claim / annual aggregate.

\$5,000 per claim deductible (applicable to Indemnity and Defense Costs).