

ARBITRATORS, HEARING OFFICERS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE

(This is an application for a claims-made policy.)

1. Full Name of Assured: _____

2. Address (**MUST** be a Physical Address): _____

(City) (State) (Zip)

Phone Number: (____) _____ Fax Number: (____) _____ Email Address: _____

Mailing Address: _____

3. If Assured is not an individual, specify whether: corporation partnership other (explain)

4. List branch offices, if any: _____

5. Describe the purpose, general activities, and functions of your operation and date established (use a separate page if necessary):

Not all activities listed are covered by this insurance. Please refer to policy wording

6. Name of Executive Director or Chief Administrator, if any: _____

7. Names of individuals conducting arbitration proceedings or dispute resolution services (mediation) or hearing officer services, including all arbitrators/hearing officers/mediators employed by or working in conjunction with the Assured (use a separate page if necessary):

Name Arbitrator, Hearing Officer or Mediator PT or FT (PT is 20 hrs. a week or less) 10 Cases or Less Annually (Y/N)

8. State the total number of cases and/or files handled or processed annually (an estimate may be given if accurate count is not available):

9. Classify the subject matter of each case arbitrated/mediated by the Assured during the past 12 months (i.e. community disputes; divorce). In the event the Assured has operated for less than 12 months, state the estimated number of cases the Assured will handle in each category during the first 12 months of operation (use a separate page if necessary):

| <u>Category</u> | <u>Number of Cases</u> |
|-----------------|------------------------|
| _____ | _____ |
| _____ | _____ |

10. State whether the numbers specified in your answer to Questions 8 & 9 are estimated figures: Yes No

11. Has any professional liability claim or suit been made against the Assured or any individual listed in Question 7 arising out of the conduct of arbitration proceedings or dispute resolution services or hearing officers services? Yes No
If Yes, give name of person involved, name of claimant, date and disposition of the case:

12. Does the Assured or any individual listed in Question 7 know of any circumstance, act, error, omission, or personal injury that could result in a claim or suit against him/her or the Assured named in the application? Yes No
If Yes, give name of possible claimant, date of account and other details: _____

13. Describe the management of the Assured's operation (Sole Proprietor, Trustees, Board of Directors, Titles of Officers, etc.):

14. Does the Applicant or Applicant Firm conduct Arbitration Proceedings or Dispute Resolution Service or Hearing Officer Services in countries other than the US, its Territories or possessions, or Canada? Yes No
If Yes, please list the countries.

15. Does the Applicant or Applicant Firm require coverage to extend to acts committed overseas subject to the suit or the threat of a suit being filed being brought within the US, its territories or possessions, or Canada? Yes No

I/We am currently a paid up member of association _____.

(Association Membership is not required in order to obtain coverage)

It is understood that the insurance applied for will issue on the 1st day of the month following receipt of the premium and the acceptance of the application by the Underwriters. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/we have not suppressed or misstated any material facts and this application shall be the basis of the contract with Underwriters at Lloyd's, London.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Name of person completing application (print/type)

Signature

Title

Date

****SIGNING THIS FORM DOES NOT BIND THE ASSURED OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.****

Return completed application to:

Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, IL 60047
(800) 323-6234 Toll-free in US & Canada (847) 541-0900 in Illinois FAX (847) 541-0444
www.cemins.com