

Application for
LAWYER REFERRAL SERVICE ERRORS AND OMISSIONS INSURANCE
This is an application for Claims Made Insurance.

1. Name of Organization _____

Address _____ City _____ State _____ Zip Code _____

Mailing Address _____

2. Date Organization Established _____ Phone (_____) _____ Fax (_____) _____

Email Address _____

3. Name of Head Organization _____

4. Geographical Area of Service _____

5. Number of Attorneys on the Referral List _____ Number of Referrals Last Year _____

Estimated Number of Referrals This Year _____

6. List Branch Office and Addresses, if any

A. _____

B. _____

C. _____

7. How is Your Referral System Financed? _____

8. Explain Procedure for Renewal of the Attorneys on Your Referral List.

A. Do you check at least annually with the Lawyer Disciplinary Authority in your state for complaints against attorneys on referral list? Yes No

B. Does your plan contain unique features such as low fee panels, in court referral service, other special community programs? Yes No
If yes, please describe:

9. Does the organization receive a charge or fee for cases referred? Yes No
 If yes, state the amount of charge and to whom said amount is charged _____

10. Does the organization perform any legal services for clients other than the referral of cases to lawyers? (Note: This insurance covers only errors and omissions while acting as a lawyer referral service as defined in the insurance). Yes No

11. Has any errors or omissions claim ever been made against your organization? Yes No
 If yes, please explain _____

12. Are you aware of any allegations or contentions of any circumstance, act, error, omission or personal inquiry that could result in a claim against your organization or of any against an attorney relative to a case your organization has referred? Yes No
 If yes, please explain _____

13. Limits applied for: \$250,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
 Deductible: \$0 \$500 \$1,000 \$2500
14. Quotation on cost of coverage will be provided based upon each individual application submitted. Two to three weeks processing time is required.
15. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and this Proposal Form shall be the basis of the contract with the Underwriters at Lloyd's, London.

Date _____ Signature _____ Title _____

Send to:

Complete Equity Markets, Inc.
(In California dba Complete Equity Markets
Insurance Agency, Inc.)
1190 Flex Court
Lake Zurich, Illinois 60047
(847) 541-0900 FAX: (847) 541-0444
Toll Free in US and Canada (800) 323-6234