

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):

<u>Name</u>	<u>Degree</u>	<u>Arbitrator, Hearing Officer or Mediator</u>	<u>Volunteer or Salaried?</u>

8. State the average number of hours per week spent and average number of cases handled monthly by each individual listed in Question 7 during the past 12 months (use a separate page if necessary):

<u>Name</u>	<u>Avg. Hours/Week</u>	<u>Avg. Cases/Month</u>

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

\_\_\_\_\_

10. (a) 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. (b) State whether the numbers specified in your answer to Question 10(a) 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. How is management selected? \_\_\_\_\_
15. 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.
16. 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 \_\_\_\_\_  Yes  No

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.

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

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Name of person completing application (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title