

Ten Parkway North, Deerfield, IL 60015 (847) 572-6000 Fax (847) 572-6137 Underwriting Manager A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE AND SERVICE AND TECHNICAL PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis or Claims Made and Reported Basis)

If space is insufficient to answer any question fully, attach a separate sheet.

ī.	GENERAL INFORMATION				
1.	Full name of Applicant:				
2.	Principal business premise address:				
		(Street)			(County)
	(City)	(State)			(Zip)
3.	Address(es) of Branch Office(s):				
4.	Web Site Address(es):			5. Phone N	umber:
6.	Number of employees including principals: F	ull-time	Part-time	_ Seasonal	Total
7.	Business is a: [] corporation [] partnershi	ip [] indivi	dual [] other _		<u> </u>
8.	Date organized (MM/DD/YYYY):				
9.	Is the Applicant controlled by, owned by, or				
	If Yes, are any services provided to such orgal If Yes, to either of the above, provide details.				
10.	During the last year has the Applicant been in (a) Any merger, consolidation or acquisition of the provide a complete explanation detail	n?			Yes [] No []
	by any predecessor organization.(b) A change in the nature of business ope	erations?			5 .
	If Yes, provide details				
11.	During the last year has the name of the App If Yes, provide details.		•		
II.	ADDITIONAL INFORMATION				

1. If you are a new Applicant with this company, attach:

- (a) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of the Applicant(s) named in Part I Item 1. above.
- (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).

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- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

2. If you are applying for renewal with this company, attach:

- (a) A list of owners, partners and officers and percentage of ownership of each in the Applicant(s) named in Part I. Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Any changes in any items provided last year pursuant to Items (c), (d), (e), (f) or (g) above.

III.	PROFESSIONAL ACTIVITIES AND	SPECIALTY	1				
1.	Describe <u>all</u> professional services p each activity.	erformed for	others and ir	ndicate the perce	entage of gro	ess revenues derived for	om
	Professional Services				Pe	ercent of Gross Revenu	ıes
					<u> </u>		_%
							_%
							_%
2.	 (a) Estimated annual gross revenue (b) Percentage of annual gross revenue (i) Domestic:	enues for the	coming year: rs:				
3.	Describe Applicant's five largest jobs		-				
		ional Service				Gross Revenues	
4.	Is the Applicant engaged in any busi If Yes, explain.	ness or profe	ession other th		in Item 1 abo		[]
5.	Were more than 50% of the Applicar					Yes [] No	[]
			uration of con	au			_
6.	Does the Applicant utilize the service If Yes, indicate percentage of billings						

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7.	anything? Yes [] No []								
	(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes [] No []								
		If Yes, to either (a) or (b) describe.							
IV.	CLAIMS/HISTOF	CLAIMS/HISTORY							
1.	During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for this insurance?								
			ing description of allegation in the same type of claim in the		amounts demand	led or paid, date of			
2.	Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance?								
3.	Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five years?								
4.	. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings?								
5.	Previous Profess	ional Liability Insura	nce:						
	Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date			
6.	Does the Applica	nt carry General Lia surer:	bility Insurance?	Limits:		Yes [] No []			
NC			npleted Operations Hazal	105?		res[]NO[]			

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

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Shand Morahan & Company, Inc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Shand Morahan & Company, Inc. receives notice is on file with Shand Morahan & Company, Inc. and is considered physically attached to and part of the of the policy if issued. Shand Morahan & Company, Inc. and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Shand Morahan & Company, Inc., who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc. or the Company, Ten Parkway North, Deerfield, Illinois 60015.

Must be signed within 60 days of the proposed effective date.						
Name of Applicant	Title (Officer, partner, etc.)					
Signature of Applicant	Date					

SPECIALTY SUPPLEMENT REQUIRED

Building/Home Inspector
Collection Agency
Crane Inspector
Employee Placement
Escrow Only
Freight Forwarder / Customs Broker
Insurance Related Services
Media Related Service
Mortgage Broker
Premium Finance
Real Estate Agent, Appraiser, Property Manager
Testing Lab
Third Party Administrator
Title, Escrow & Closing
Travel Related Services

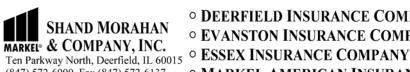
ALTERNATE APPLICATION REQUIRED

Association
Computer Related Other Than Consulting
Environmental
Franchisor
Trustees

Our Supplements and Applications are available at www.shand.com or by fax by calling (847) 572-6268.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

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DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE: Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

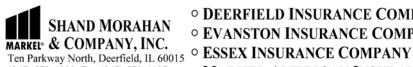
SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.					
	•	m Coverage required to be offered under the Act. lorsed to exclude the Terrorism Coverage required to be				
Name of App	blicant	Title (Officer, partner, etc.)				
Signature of Applicant		Date				

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.



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TESTING LABORATORIES SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet. 2. Application must be signed and dated by owner, partner or officer. 3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

	APP	LICANT SERVICES & RECEIPTS				
			Ye	<u>s</u>	<u>No</u>	<u>Percentage</u>
	a.	Soil & Geotechnical Engineering	[]	[]	%
	b.	Mechanical Testing	[]	[]	%
	C.	Construction Materials Testing			[]	%
	d.	Non-Destructive Testing	[]	[]	%
	e.	Forensic	[]	[]	%
	f.	Chemical Testing	[]	[]	%
	g.	Pesticides or Herbicides Testing	[]	[]	%
	h.	Explosive Testing	[]	[]	%
	l.	Biological Testing			[]	%
	j.	Diagnostic Medical Testing	[]	[]	%
	k.	Drug Testing	[]	[]	%
	l.	Product Testing/Evaluation/Research	[]	[]	%
	m.	Environmental/Pollution Testing	[]	[]	%
		(i) Asbestos Material Surveys	[]	[]	%
		(ii) Potable Water Analysis	[]	[]	%
		(iii) Ground Water Analysis	[]	[]	%
		(iv) Waste and Waste Water Analysis	[]	[]	%
		(v) Air Quality Analysis	[]	[]	%
		(vi) Hazardous Water Testing	[]	[]	%
		(vii) Environment Related Soil Analysis	[]	[]	%
		(viii)Hazardous Waste Site Testing or Assessment	[]	[]	%
		(ix) Underground Storage Tank Testing	[]	[]	%
	n.	Other (Specify)	[]	[]	%
2.	TES	TING OPERATIONS				
	a.	Do you perform tests for parent company(ies), affiliated subs	sidiaı	ry(ies)	or assoc	iated company(ies)[] Yes [] No
		If yes, please attach a complete description of these activitie	S.			
	b.	Do you perform the following tests:	Ye	<u>s</u>	<u>No</u>	<u>Percentage</u>
		(i) Product Development Research?	[]	[]	%
		(ii) Prototype Fabrication Research?			[]	%
		(iii) Final Production Research?	_	-	[]	%
		(iv) Product Sales Research?	-	-	[]	%
		(v) Quality Control Testing?	-	-	[]	%
		If Yes to any of the above, please attach a list of clients and pl	-	-		fic description of the research services

certification or approval of the product.

performed. Specifically indicate if your name appears on the client's labeling or in any promotional material as a

_		of Applicant his form does not hind the applicant or the Company or	Date
			Title (Officer, partner, etc.)
sam	e repre	resentation and conditions.	eneral Application for Specified Professions and is subject to the
	(ii)	Sample contract between you and client.	
	(i)	Sample Test report	
	Plea	ase attach:	
3.	ADD	DITIONAL INFORMATION	
		Please attach a table of contents elaborating on your	QA-QC program elements.
	f.	Do you have a formal quality control or quality assura	nce program in effect?[] Yes [] No
	e.	testing/monitoring or any other activities which involve	hazardous waste testing, waste disposal profiles, landfill site to the handling, disposal, containment or cleanup of hazardous of services were performed and a specific description of services
	d.		ng services on asbestos abatement projects, attach a specific nitoring, development of abatement specifications, etc.
		If Yes, please attach a description of the work.	
	C.	Do you ever interpret test results or make any recomm	mendations based on test results?[] Yes [] No

3.

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