SHAND MORAHAN & COMPANY, INC.
MARKEL®
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.

I. 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 Number:_____

6. Number of employees including principals: Full-time Part-time ____ Seasonal _____ Total _____

7. Business is a: [ ] corporation [ ] partnership [ ] individual [ ] other _____

8. Date organized (MM/DD/YYYY): _____

9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization? ..... Yes [ ] No [ ]
If Yes, are any services provided to such organization(s)?..... Yes [ ] No [ ]
If Yes, to either of the above, provide details.

10. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
(a) Any merger, consolidation or acquisition?..... Yes [ ] No [ ]
If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization._____
(b) A change in the nature of business operations? ..... Yes [ ] No [ ]
If Yes, provide details._____

11. During the last year has the name of the Applicant been changed ..... Yes [ ] No [ ]
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).

(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. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____%
_____	_____%
_____	_____%

2. (a) Estimated annual gross revenues for the coming year: $_____
   (b) Percentage of annual gross revenues for the coming year:
      (i) Domestic: _____%
      (ii) Foreign: _____%
   (c) Annual gross revenues for the last three years:
      (i) last twelve months: Year:_____ $_____
      (ii) 1st prior year: Year:_____ $_____
      (iii) 2nd prior year: Year:_____ $_____

3. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1 above? ..... Yes [ ] No [ ]
   If Yes, explain. _____

5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? ..... Yes [ ] No [ ]
   If Yes, specify client, professional services and duration of contract. _____

6. Does the Applicant utilize the services of independent contractors or sub-consultants? ..... Yes [ ] No [ ]
   If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate 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/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? ..... Yes [ ] No [ ]

   If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

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? ..... [ ] Yes [ ] No
   If Yes, provide details._____

   _____

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?..... Yes [ ] No [ ]
   If Yes, attach a copy of such insurer's notice.

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?..... Yes [ ] No [ ]
   If Yes, attach a copy of the outcome of such proceedings.

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

6. Does the Applicant carry General Liability Insurance?..... Yes [ ] No [ ]
   If yes, provide: Insurer: _____ Limits: _____
   Does coverage include Products/Completed Operations Hazards?..... Yes [ ] No [ ]

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

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.

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.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant _____ 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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SUPPLEMENT FOR COLLECTION AGENCIES

All questions MUST be completed in full.

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

1. Full name of Applicant: _____

2. Does the Applicant collect funds for others for a fee? .....[ ] Yes [ ] No
   If Yes, provide the type of debt and the average size of debt collected. _____
   _____

3. Does the Applicant's state require that collection agencies be licensed or certified?..... [ ] Yes [ ] No
   If Yes, provide the Applicant's license or certificate number or a copy of the Applicant's license or certificate if not numbered.

4. Provide the percentage of the procedures used to collect funds:
   (i) Letters _____%
   (ii) Telephone calls _____%
   (iii) Personal contact _____%
   (iv) Institution of legal proceedings _____%
   (v) Other (please describe below) _____%
   _____

5. Is the Applicant agency bonded?.....[ ] Yes [ ] No
   If Yes, provide the following.
   Fidelity Bond: Carrier _____ Expiration Date _____ Amount _____
   Surety Bond: Carrier _____ Expiration date _____ Amount _____

6. Does the Applicant have any attorneys on staff? .....[ ] Yes [ ] No
   If yes, how many? _____

7. As part of this Supplement attach copies of the Applicant's collection letters, demand forms and collection telephone scripts.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understand that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

_____ _____
Name of Applicant Title

_____ _____
Signature of Applicant Date