

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

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

- 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)

		·
l.	GENERAL INFORMATION	
1.	Full name of Applicant:	
2.	Principal business premise address:(Stree	(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 [] ind	vidual [] other
8.	Date organized (MM/DD/YYYY):	
9.		y owned, affiliated or associated with any other organization?
		Yes [] No [] s)?Yes [] No []
10.	If Yes, provide a complete explanation detailing liabilit	ies assumed and any professional liability coverage purchased
11.	During the last year has the name of the Applicant bee	n changedYes [] No []

ADDITIONAL INFORMATION

II.

- 1. If you are a new Applicant with this company, attach:
 - A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I (a) Item 1. above.
 - Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross (b) revenues are \$500,000 or less.)
 - Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of (c) 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 performed for others and indicate the percentage of gross revenues derived from each activity.						
	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: 's: \$				
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?								
		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?								
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	ince:						
	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	us?		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

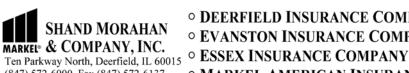
ALTERNATE APPLICATION REQUIRED

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.

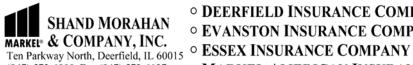
SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

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 Adunderstand that my policy premium will include a 3% surcharge for this coverage.			
· ·		Coverage required to be offered under the Act. I rsed to exclude the Terrorism Coverage required to be		
Name of Ap	pplicant	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 REAL ESTATE SERVICES

All questions MUST be completed in full.

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

D	pes the Applicant provide the following services? If Yes, provi	de the percentage	of total ser	vices provided.
				Percentage
(a (b (c (d (e (f) (g (h (i) (j) (k	Commercial/Industrial Real Estate Agent or Broker Residential Property Management Commercial/Industrial Property Management Real Estate Leasing Agent Real Estate Appraisal * Construction Consultant Construction/Project Manager Real Estate Development Asset Management	[]Yes [[]Yes [[]Yes [[]Yes []Yes []Yes [[]Yes [[]Yes [] No] No] No] No] No] No] No] No	% % % % % %
•	OTAL			100%
of properties appraised, the number of appraisals and type of clients. Does the Applicant provide real estate services on any property in which the Applicant or any other person proposed for this insurance or their spouses or family members, or any parent company or any subsidiary or affiliated or associated business enterprise of the Applicant has or have an ownership interest?				
	Yes, what percentage of units sold include such programs? _			[1\/ [1\]
H fe If	Does the Applicant use an in-house office policy/procedures manual?			
pa	Does the Applicant form, manage or organize group investments/syndications (i.e., limited partnerships, general partnerships, corporations, REITs, etc.) for the purpose of investing in real property?			
	the Applicant engaged in, owned by or controlled by any othe Yes, provide details.	er business?		[]Yes []N

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9.	Does the Applicant own, control or engage in any other business?				
10.	Does any client represent more than 25% of the Applicants annual receipts?				
Ū	ing this Supplement does not bind the Company to provide or understand that information submitted herein becomes a part				
decl	arations, representations and conditions.				
Mus	t be signed by director, executive officer, partner or equivalent	t (within 60 days of the proposed effective date).			
Nam	ne of Applicant	Title			
Sign	ature of Applicant	Date			

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