

**ARBITRATORS, HEARING OFFICERS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE**

issued to the

**ASSOCIATION OF FAMILY AND CONCILIATION COURTS  
and SPECIFIED MEMBERS**

**(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>
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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>
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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>
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10. (b) State whether the numbers specified in your answer to Question 10(a) are estimated figures:  Yes  No

11. Does the Assured charge fees for services?  Yes  No  
If Yes, please explain schedule of fees.

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12. Does the Assured publish any publications for limited or general distribution:  Yes  No  
If Yes, please attach sample of each.

13. 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:

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14. 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: \_\_\_\_\_

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15. Describe the management of the Assured's operation (Sole Proprietor, Trustees, Board of Directors, Titles of Officers, etc.):

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16. How is management selected? \_\_\_\_\_

17. State the name and address of each court, administrative agency, or other organization which refers cases to the Assured for arbitration/hearing officer/mediation and the total number of cases from each in the last 12 months. In the event the Assured has operated for less than 12 months, estimate the total number of cases each organization will refer during the first 12 months of operation (use a separate page if necessary):

<u>Organization</u>	<u>Address</u>	<u>Number of Cases</u>
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18. Is the Assured responsible for enforcing or monitoring a party's compliance with any plan of restitution or settlement resulting from arbitration or dispute resolution services (mediation) or hearing officer services?  Yes  No  
If Yes, describe the Assured's role in enforcing or monitoring compliance with any such plan or settlement:

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19. 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.

20. 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

21. Please multiply the number of arbitrators and mediators to be insured according to the classification and premium rates shown in the table below. Secretaries, file clerks, etc., are covered at no additional charge.

**PREMIUM COSTS FOR ARBITRATION/HEARING OFFICER/MEDIATION INSURANCE**

LIMITS: \$100,000 per claim/\$300,000 aggregate (STANDARD)  
 DEDUCTIBLES: \$500.00 per claim (ZONE 1) \$1,000.00 per claim (ZONES 2 through 5)\*\*

	NUMBER	ZONE 1 OTHER STATES	ZONE 2 FL.PA	ZONE 3 NY.	ZONE 4 NJ.	ZONE 5 CA.	PREMIUMS (Number Times Rate)
Per Arbitrator (full time)	_____	\$375.00	\$440.00	\$470.00	\$535.00	\$545.00	\$ _____
Per Arbitrator (part time*)	_____	\$240.00	\$265.00	\$285.00	\$330.00	\$335.00	\$ _____
Per Arbitrator and HO (full time)	_____	\$375.00	\$440.00	\$470.00	\$535.00	\$545.00	\$ _____
Per Arbitrator and HO (part time*)	_____	\$240.00	\$265.00	\$285.00	\$330.00	\$335.00	\$ _____
Per Mediator <b>and or</b> HO (non-family mediation)	_____	\$290.00	\$330.00	\$350.00	\$395.00	\$400.00	\$ _____
Per Mediator <b>and or</b> HO (non-family part time*)	_____	\$230.00	\$255.00	\$270.00	\$315.00	\$320.00	\$ _____
Per Mediator <b>and or</b> HO (incl. family med.)	_____	\$340.00	\$395.00	\$420.00	\$480.00	\$490.00	\$ _____
Per Mediator <b>and or</b> HO (incl. family med. part time*)	_____	\$270.00	\$305.00	\$325.00	\$380.00	\$385.00	\$ _____
Per combination Arbitrator/Mediator/HO (full time)	_____	\$390.00	\$455.00	\$485.00	\$545.00	\$555.00	\$ _____
Per combination (part time*)	_____	\$315.00	\$360.00	\$385.00	\$425.00	\$435.00	\$ _____

\*Part time means 20 hours or less per week

TOTAL PREMIUMS FROM ABOVE (a) \$ \_\_\_\_\_

\*OPTIONAL LOWER DEDUCTIBLE OF \$500.00 PER CLAIM AVAILABLE:  
 (In Zones 2 through 5, increase above rates by \$25.00 for each insured individual) \_\_\_\_\_ X \$25.00 (b) \$ \_\_\_\_\_

SubTotal (Add (a) + (b)) (c) \$ \_\_\_\_\_

If answer to Question 20 is YES, multiply amount in (c) by 1.20 and enter total on line (d) (d) \$ \_\_\_\_\_

Optional limits (Do all calculations in exact order as shown, check one):

[ ] 100,000/300,000 (Enter amount from Line (c) or (d) on line (e)) OR

[ ] 250,000/500,000 (Line (c) or (d) X 1.25, enter amount on line (e)) OR

[ ] 500,000/1,000,000 (Line (c) or (d) x 1.25 x 1.3, enter amount on line (e)) OR

[ ] 1,000,000/1,000,000 (Line (c) or (d) x 1.25 x 1.3 x 1.2, enter amount on line (e)) (e) \$ \_\_\_\_\_

Less Discount for Limited Caseload (If 10 or less cases annually, Line (e) x .25) (f) \$ \_\_\_\_\_

Total Premium Due (Line (e) minus Line (f), Round to nearest whole dollar): (g) \$ \_\_\_\_\_

Total Premium Due (2 year policy option Line (g) x 180%): (h) \$ \_\_\_\_\_

**TAX RATE CALCULATION SECTION – SEE ATTACHED RATING SHEET FOR INDIVIDUAL STATE RATES**

**Total premium including all taxes and fees to be remitted (applied from rate sheet):** \$ \_\_\_\_\_

**ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.**

I/We am currently a paid up member of AFCC.  Yes  No  
 I/We have recently applied for membership in AFCC on (Date)\_\_\_\_\_.  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 AND TENDERING PREMIUM DOES NOT BIND THE ASSURED OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.\*\***

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

Return completed application and check 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

**Make check payable to: AFCC INSURANCE SERVICES**

## SERVICE CHARGE ACCEPTANCE FORM

As insurance brokers, we must charge a \$25.00 service fee to compensate our office for insurance documents issuance and administration. Unlike other insurances whereby the insurer does all the typing and issuing of the insurance document, this entire service is provided by Complete Equity Markets, Inc. Please sign the memo below, and return it to us with your premium check. This service fee is included in the premium calculation on the quotation or application, you need pay it only once.

The undersigned agrees that a service fee of \$25.00 is made by Complete Equity Markets, Inc. for the broker services in connection with the above insurance. The undersigned further agrees that the signed Acceptance Form and service fee must be returned to Complete Equity Markets, Inc. to effect coverage.

This service fee will be fully earned once the policy is issued, and no part of the service fee will be refunded in the event that the policy is cancelled for any reason prior to expiration.

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Name of person completing application  
(Print)

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Signature

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Date

# INDIVIDUAL STATE TAX RATING SUPPLEMENT

State	Tax %	State	Tax %	State	Tax %	State	Tax %	State	Tax %
AL	**	HI	**	MI	2.50%	NC	5.00%	UT	4.40%
AK	**	ID	1.75%	MN	**	ND	1.75%	VA	2.25%
AZ	3.2%	IL	0%	MS	7.00%	OH	5.00%	VT	3.00%
AR	4.00%	IN	2.50%	MO	5.00%	OK	6.00%	WA	**
CA	**	IA	**	MT	**	OR	2.30%	WI	3.00%
CO	3.00%	KS	**	NE	3.00%	PA	**	WV	4.55%
CT	4.00%	KY	**	NV	**	RI	4.00%	WY	**
DE	2.00%	LA	5.00%	NH	**	SC	6.00%		
DC	2.00%	ME	3.00%	NJ	**	SD	2.80%		
FL	**	MD	**	NM	3.003%	TN	5.00%		
GA	4.00%	MA	2.28%	NY	**	TX	4.85%		

\*\*Please contact our office for a quote – **DO NOT** complete the tax section below.

**NOTE:** If you are in Canada, please contact our broker in Canada, Paul Holman at (905) 886-5630 or via email at paul.holman@holmanins.com

\* If you are in one of the states listed below please add a \$25.00 Service Fee. The accompanying Service Charge Acceptance Form must be signed and returned with your application. If your state is **NOT** listed below please **DISREGARD** the \$25.00 fee and Service Charge Acceptance Form.

**AL, AK, AZ, AR, CA, CO, CT, DE, FL, IL, KS, ME, MN, MO, NV, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WI**

- A. **Total premium for desired coverages (from application):** \$ \_\_\_\_\_
- B. **Service Charge if applicable in your state (see \* above):** \$ \_\_\_\_\_
- C. **Add lines A + B and insert here:** \$ \_\_\_\_\_
- D. **Tax calculations: For the states of AL, AK, AZ, AR, CO, FL, KS, ME, MN, MO, NC, NM, NV, OK, OR, SD, TN, TX, UT, WA and WI, multiply line C by the tax amount listed in the chart above and enter here:** \$ \_\_\_\_\_  
**All other states, multiply line A by the tax amount listed in the chart above and enter here:** \$ \_\_\_\_\_
- E. **Add lines C + D and insert here (Total to be remitted):** \$ \_\_\_\_\_

Please insert total from line E above into total line on third page of application and sign & date application. Please remit application along with check for total premium from line E and signed & dated Service Charge Acceptance Form (if applicable).

Disclaimer: While we make every effort to display current tax information, state taxing regulations often change. If this is the case, our office will contact you to adjust your remittance.