

ARBITRATORS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE
issued to the
SPECIFIED MEMBERS of the
ASSOCIATION OF FAMILY AND CONCILIATION COURTS
(This is an application for a claims-made policy.)
(Office policy)

1. Full Name of Assured: _____
(see instructions)

2. Address: _____
City State Zip

Phone Number (_____) _____ Fax Number (_____) _____

Email Address: _____

Mailing Address _____

3. If Assured is not an individual, specify type: corporation partnership other (explain)
explain other: _____

4. List branch offices, if any: _____

5. Describe the purpose, general activities, 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. Total number of cases and/or files handled or processed annually. (An estimate may be used if an accurate count is not available) _____

7. Name of Executive Director (if any): _____

8. Names of persons mediating (include all mediators employed by or working in conjunction with the Assured):

<u>Name</u>	<u>Degree</u>	<u>Job Title</u>	<u>Full(F) or Part-time(P)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Alternate address and phone where individuals listed in Question #8 as Part-time can be reached:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Explain or attach schedule of fees for services _____

11. Does the Assured publish any publications for limited or general distribution? Yes No
(If "yes", please attach sample of each.)

12. Has any professional liability claim or suit ever been made against the Assured or any person listed in Question #8? Yes No

If "yes", give the name of the person involved, name of claimant, date and disposition of the case. _____

13. Does the Assured or any person listed in Question #8 know of any circumstance, act, error, omission, or personal injury that could result in a professional liability claim against him or the Assured named in the application? Yes No

If "yes", give name of possible claimant, date of act and other details: _____

14. What constitutes the management of the Assured's operation? (Sole Proprietor, Trustees, Directors' Committee, Titles of Officers, etc.):

15. How is management selected? _____
- | | Salaried | Non-Salaried | Full (F) or Part-time(P) |
|---|----------|--------------|--------------------------|
| 16. Number of officers and/or directors | _____ | _____ | _____ |
| Number of mediators | _____ | _____ | _____ |
| Number of clerical employees | _____ | _____ | _____ |
| (Executive) Director | _____ | _____ | _____ |
17. Does the Applicant or Applicant Firm conduct Arbitration Proceedings or Dispute Resolution Service in countries other than the US, its territories or possessions, or Canada? Yes No
If Yes, please list the countries: _____
18. 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

PREMIUM COSTS FOR MEDIATION INSURANCE

LIMITS:	\$100,000 per claim/\$300,000 aggregate		
DEDUCTIBLES:	\$500.00 per claim		
	All other states*		CA, FL, NJ, NY, PA
	P/T	F/T	P/T F/T
Arbitration	\$300.00	\$375.00	\$525.00 \$655.00
Arbitration/Mediation	\$310.00	\$390.00	\$545.00 \$680.00
Per Attorney	\$290.00	\$340.00	\$455.00 \$595.00
Per Social Worker, Psychologist, & Other Mediators	\$230.00	\$295.00	\$405.00 \$520.00
(Secretaries, file clerks, etc. are covered at no additional charge.)	(P/T=part-time; less than 20 hrs/week)		(F/T=full-time; over 20 hrs/week)

TOTAL PREMIUMS FROM ABOVE (a) \$ _____

OPTIONAL ENDORSEMENT TO ADD ALL TYPES OF MEDIATION:

Multiply total in (a) by 10%: insert in (b) (b) \$ _____

Subtotal (Add (a) + (b)) (c) \$ _____

If answer to Question 18 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) \$ _____

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 am a paid member/associate member of AFCC. Applied 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 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:

AFCC INSURANCE SERVICES
c/o Complete Equity Markets, Inc.
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 (type or print)

Signature

Title

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.

Date

Name of person completing application
(Print)

Signature

INDIVIDUAL STATE TAX RATING SUPPLEMENT

State	Tax %	State	Tax %	State	Tax %	State	Tax %	State	Tax %
AL	**	HI	**	MI	2.50%	NC	5.00%	UT	4.50%
AK	**	ID	1.75%	MN	3.00%	ND	1.75%	VA	2.25%
AZ	3.2%	IL	0%	MS	4.00%	OH	5.00%	VT	3.00%
AR	4.00%	IN	2.50%	MO	5.00%	OK	6.00%	WA	**
CA	**	IA	1.00%	MT	3.75%	OR	2.00%	WI	3.00%
CO	3.00%	KS	6.00%	NE	3.00%	PA	**	WV	4.55%
CT	4.00%	KY	**	NV	**	RI	3.00%	WY	**
DE	2.00%	LA	5.00%	NH	2.00%	SC	6.00%		
DC	2.00%	ME	3.00%	NJ	**	SD	2.50%		
FL	**	MD	**	NM	3.003%	TN	2.50%		
GA	4.00%	MA	2.28%	NY	**	TX	4.85%		

**Please contact our office for a quote.

* 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, 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, 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.