

10. Please provide a detailed description of a common forensic case that you have worked on. (use a separate sheet if necessary).

11. Does the Applicant maintain any other type of professional liability insurance? [] Yes [] No
 If Yes, please furnish:
 Type of Coverage: _____
 Name of Carrier: _____
 Limits of Liability: _____
 Policy Period: _____
12. Has any similar insurance for the applicant ever been cancelled or declined? [] Yes [] No
 If yes, please furnish all pertinent details (use a separate sheet if necessary) _____

13. Have any claims or suits been made during the past five years against the Applicant either as an individual or as a Forensic Litigation Consultant or Partner of any other firm? [] Yes [] No
 If Yes, please give full particulars. _____

14. Is the Applicant aware of any circumstances which may result in any claim being made against the Applicant? [] Yes [] No
 If Yes, please give full details. _____

(Please attach Brochure or other similar material)

15. Limits of Liability Requested:
 \$100,000/100,000 \$250,000/250,000 \$500,000/500,000 \$1,000,000/1,000,000
- Deductible Requested:
 \$1,500 \$2,500 \$5,000 \$7,500 \$10,000 \$ _____

Please send a copy of resume(s).

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between me and the Underwriters and shall be deemed a part thereof.

Complete Equity Markets, Inc.
 1190 Flex Court
 Lake Zurich, Illinois 60047
 (800) 323-6234
 (847) 541-0900
 (847) 541-0444 fax

Name of Applicant _____
 Signature _____
 Date _____

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. A signed copy will be attached to and form part of the Policy or Certificate, if issued. **Completion of this Proposal Form does not bind or obligate the Applicant to complete this insurance.**