

FORENSIC LITIGATION CONSULTANTS PROFESSIONAL LIABILITY

(This is an application for claims made coverage)

- A) Please type answers to all questions, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate sheet of paper if space provided is insufficient.
- D) - PLEASE TYPE -

1. Name of Applicant _____

Applicant is: Partnership Individual Corporation Other (Please specify) _____

Address _____

City _____ State _____ Zip Code _____

Area Code/Phone Number _____ Fax Number _____

Mailing Address _____

Email Address _____

2. Is your forensic work done on a full or part-time basis? Full-time Part-time

If Part-time, do you work full-time? Yes No

What is your occupation? _____

Annual income from full-time occupation:

0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 Over \$60,000

3. List Branch Offices and Addresses, if any:

1. _____

2. _____

4. Total number of consultants, cases and/or files handled annually. _____

(An estimate may be used if accurate count is not available.)

Concerning the above, how many result in court appearances? _____

5. State gross income derived from services as Forensic Litigation Consultant for the past 12 months. \$ _____

6. Please provide the following information:

List names of all Forensic Litigation Consultants providing professional services on behalf of the Applicant:

(If contractors, please state number of hours they performed these services for the Applicant in the past 12 months)

7. What is the Applicant's area of expertise? _____

Please furnish background information on this area of expertise (use a separate sheet if necessary). _____

8. How many years has the Applicant been providing services as a Forensic Litigation Consultant? _____

9. Please list membership in any professional association. _____

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.**