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|---|----------|--------------|
| | Salaried | Non-Salaried |
| 15. Number of officers and/or directors | _____ | _____ |
| Number of mediators | _____ | _____ |
| Number of clerical employees | _____ | _____ |
16. 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? If Yes, please list the countries. Yes No
17. 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
18. Please indicate the number of mediators to be insured according to the classification below. Secretaries, file clerks, etc., are covered at no additional charge.

PREMIUM COSTS FOR MEDIATION INSURANCE

LIMITS: \$100,000 per claim/\$300,000 aggregate (STANDARD)
 DEDUCTIBLES: \$500.00 per claim

	NUMBER	RATE ZONE 1	PREMIUM (NumberTimesRate)
Per Mediator (full time)	_____	\$340.00	\$ _____
Per Mediator (part time, less than 20 hrs/wk)	_____	\$270.00	\$ _____

TOTAL PREMIUMS FROM ABOVE (a) \$ _____

If answer to Question 17 is YES, multiply amount in (a) by 1.20 and enter total on line (b) (b) \$ _____

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

- 100,000/300,000 (Enter amount from Line (a) or (b) on line (c) OR
- 250,000/500,000 (Line (c) or (b) X 1.25, enter amount on line (c) OR
- 500,000/1,000,000 (Line (c) or (b) x 1.25 x 1.3, enter amount on line (c) OR
- 1,000,000/1,000,000 (Line (c) or (b) x 1.25 x 1.3 x 1.2, enter amount on line (c)) (c) \$ _____

Less Discount for Limited Caseload (If 10 or less cases annually, Line (c) x .25) (d) \$ _____

Total Premium Due (Line (c) minus Line (d), Round to nearest whole dollar): (e) \$ _____

Total Premium Due (2 year policy option Line (e) x 180%): (f) \$ _____

A. Enter total premium rounded to nearest dollar here: \$ _____

B. Service Fee: \$ **25.00**

C. Add A + B and insert here: \$ _____

D. Multiply amount in line C by 3% CO Purchasing Group tax and insert here: \$ _____

E. Add lines C and D and insert here (total to remit): \$ _____

ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.

I am currently a paid-up member of theMAC. Yes No

I have recently applied for membership in theMAC 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. 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 APPLICANT OR UNDERWRITERS TO COMPLETE THE INSURANCE.

Date: _____

Return completed application and check to:

theMAC Insurance Services
c/o Complete Equity Markets, Inc.
 1190 Flex Court
 Lake Zurich, IL 60047
 Toll Free In US & Canada (800) 323-6234
 In Illinois (847) 541-0900 FAX (847) 541-0444
www.cemins.com

 Name of person completing application (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.

Name of person completing application
(Print)

Signature

Date