

COMPLETE EQUITY MARKETS, INC.
1190 FLEX COURT
LAKE ZURICH, IL 60047

NOTICE OF EXCESS LINE PLACEMENT

Date: _____

Insured _____ Physical Address _____ City _____ State _____ Zip Code _____

Consistent with the requirements of New York Insurance Law and Regulation 41 _____ is hereby advised all or a portion of the required coverages have been placed by **COMPLETE EQUITY MARKETS, INC.** with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

- a) A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested, or
- b) NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by (1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fees charges.

RE: Policy No. _____ Insurer Lloyds Underwriters (attached list of eligible syndicates)

Policy Premium	\$ _____
<u>Insurer Imposed Charges:</u>	
Policy Fees(1)	\$ _____
Inspection Fees (1)	\$ _____
Total Taxable Charges	\$ _____
<u>Service Fee Charges:</u>	
Excess Line Tax (3.6%)	\$ _____
Stamping Fee	\$ _____
Broker Fee (1)	\$ _____
Inspection Fee (1)	\$ _____
Other Expenses (specify)(1) _____	\$ _____
Total Policy Cost	\$ _____

(Signature of Insured)

(1)=Fully earned
NYSID Form: NELP/2011

ARBITRATORS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE
issued to the
NATIONAL ASSOCIATION OF SALARIED PROFESSIONALS PURCHASING GROUP, INC.
and **SPECIFIED MEMBERS OF THE**
NEW YORK STATE COUNCIL ON DIVORCE MEDIATION, INC.

(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), including all arbitrators/mediators employed by or working in conjunction with the Assured (use a separate page if necessary):

<u>Name</u>	<u>Degree</u>	<u>Arbitrator 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.

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? Yes No
If Yes, give name of person involved, name of claimant, date and disposition of the case:

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: _____

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

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/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)? Yes No
If Yes, describe the Assured's role in enforcing or monitoring compliance with any such plan or settlement:

19. 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.

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/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)*

	ZONE 1 OTHER NUMBER STATES	ZONE 2 FL.PA.	ZONE 3 NY.	ZONE 4 NJ.	ZONE 5 CA.	PREMIUMS (NumberTimesRate)	
Per Arbitrator (full time)	_____	\$375.00	\$440.00	\$470.00	\$535.00	\$545.00	\$ _____
Per Arbitrator (20 hrs/wk or less)	_____	\$240.00	\$265.00	\$285.00	\$330.00	\$335.00	\$ _____
Per Mediator (non-family mediation)	_____	\$290.00	\$330.00	\$350.00	\$395.00	\$400.00	\$ _____
Per Mediator (non-family 20 hrs/wk or less)	_____	\$230.00	\$255.00	\$270.00	\$315.00	\$320.00	\$ _____
Per Mediator (incl. family mediation)	_____	\$340.00	\$395.00	\$420.00	\$480.00	\$490.00	\$ _____
Per Mediator (incl. family mediation 20 hrs/wk or less)	_____	\$270.00	\$305.00	\$325.00	\$380.00	\$385.00	\$ _____
Per combination Arbitrator/Mediator	_____	\$390.00	\$455.00	\$485.00	\$545.00	\$555.00	\$ _____
Per combination (20 hrs/wk or less)	_____	\$315.00	\$360.00	\$385.00	\$425.00	\$435.00	\$ _____

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) \$ _____

- A. INSERT PREMIUM FOR PROFESSIONAL LIABILITY COVERAGE: \$ _____
- B. Service fee \$ 25.00
- C. Multiply amount in A by 3.6% NY Excess Line Tax and insert here: \$ _____
- D. Multiply amount in A by 0.2% NY Stamping Fee and insert here: \$ _____
- E. Add A + B + C + D and insert total (This is the total to remit): \$ _____

ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.

I/We am currently a paid up member of NYSCDM. Yes No
 I/We have recently applied for membership in NYSCDM 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: **NYSCDM 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.

Date

Name of person completing application
(Print)

Signature