



14. How is management selected? \_\_\_\_\_

	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

	<u>NUMBER</u>	<u>RATE</u> <u>ZONE 1</u>	<u>PREMIUM</u> (NumberTimesRate)
Per Non-Family Mediator	_____	\$290.00	\$ _____
Per Family Mediator	_____	\$315.00	\$ _____
Per Family & Non-Family Mediator	_____	\$340.00	\$ _____
Per Arbitrator/Mediator	_____	\$390.00	\$ _____

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 (a) (or b) X 1.25, enter amount on line (c) OR
- [ ] 500,000/1,000,000 (Line (a) (or b) x 1.25 x 1.3, enter amount on line (c) OR
- [ ] 1,000,000/1,000,000 (Line (a) (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) \$ \_\_\_\_\_

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

**B. Service Fee:** \$ \_\_\_\_\_ N/A

**C. Multiply amount in line A by 6% SC Purchasing Group tax and insert here:** \$ \_\_\_\_\_

**D. Add lines A, B and C and insert here (total to remit):** \$ \_\_\_\_\_

**ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.**

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

I have recently applied for membership in SCCCR 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:**

**SCCCR 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](http://www.cemins.com)

\_\_\_\_\_  
Name of person completing application (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title