

ARBITRATORS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE
issued to the
NATIONAL ASSOCIATION OF SALARIED PROFESSIONALS PURCHASING GROUP, INC.
and
SPECIFIED MEMBERS of the
SOUTHERN CALIFORNIA MEDIATION ASSOCIATION
(This is an application for a claims-made policy.)

1. Full Name of the Assured: _____
2. If Assured is not an individual, specify whether: corporation partnership other
 If other, please explain: _____
3. Address: _____

(City)
(State)
(Zip)

 Phone Number (_____) _____ Fax Number (_____) _____
 Email Address _____
 Mailing Address _____
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>
_____	_____	_____	_____
_____	_____	_____	_____
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>
_____	_____	_____
_____	_____	_____
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>
_____	_____
_____	_____
_____	_____

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 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)
 DEDUCTIBLE: \$1,000 per claim*

	<u>NUMBER</u>	<u>RATE</u> ZONE 5	<u>PREMIUMS</u> (NumberTimesRate)
Per Arbitrator (full time)	_____	\$545.00	\$ _____
Per Arbitrator (less than 20 hrs/wk)	_____	\$335.00	\$ _____
Per Mediator (non-family mediation)	_____	\$400.00	\$ _____
Per Mediator (non-family less than 20 hrs/wk)	_____	\$320.00	\$ _____
Per Mediator (incl. family mediation)	_____	\$490.00	\$ _____
Per Mediator (incl. family mediation less than 20 hrs/wk)	_____	\$385.00	\$ _____
Per combination Arbitrator/Mediator	_____	\$555.00	\$ _____
Per combination (less than 20 hrs/wk)	_____	\$435.00	\$ _____
TOTAL PREMIUMS FROM ABOVE			(a) \$ _____

*OPTIONAL LOWER DEDUCTIBLE OF \$500.00 PER CLAIM AVAILABLE:

(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. Enter total premium, rounded to nearest dollar, here: \$ _____
- B. Multiply amount in line A by 3% CA Purchasing Group tax and enter here: \$ _____
- C. Add lines A and B and insert here (total to remit): \$ _____

ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.

I am currently a paid up member/associate member of SCMA. Yes No

I have recently applied for membership in SCMA on _____ Yes No

(Date)

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:

Name of person completing application (print)

SCMA INSURANCE SERVICES
c/o Complete Equity Markets, Inc.
dba Complete Equity Markets Insurance Agency, Inc.
 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

Signature

Title

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF**

APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR “SURPLUS LINE” BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.

8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Insured: _____