

MEDIATORS PROFESSIONAL LIABILITY INSURANCE
issued to the
VIRGINIA MEDIATION NETWORK
and
SPECIFIED MEMBERS
(This is an application for a claims-made policy.)

1. Full Name of Assured (Individual or Organization): _____
2. If Assured is not an individual, specify whether: corporation partnership other (explain)
If other, please explain: _____
3. Address: _____ (City) _____ (State) _____ (Zip) _____
Phone Number (_____) _____ Fax Number(_____) _____
E-mail 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 Administrative Officer, if any: _____
7. Names of individuals conducting family mediation, including all mediators employed by or working in conjunction with the Applicant (use a separate page if necessary):

<u>Name</u>	<u>Degree</u>
8. State the total number of cases and/or files handled or processed annually (an estimate may be given if an accurate count is not available): _____
9. Does the Applicant charge fees for services? Yes No
If "yes", please explain schedule of fees:

10. Does the Applicant publish any publications for limited or general distribution? Yes No
If "yes", please attach a sample of each.
11. Has any professional liability claim or suit been made against the Applicant or any individual listed in Question 7 arising out of the conduct of family mediation services? Yes No
If "yes", give name of the person involved, name of claimant, and all other pertinent details:

12. Does the Applicant 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 Applicant named in the application? Yes No
If "yes", give name of possible claimant, date of act and other pertinent details:

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

14. How is management selected?

15. 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

16. 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

17. Number of officers and/or directors _____ Salaried Non-Salaried
Number of mediators _____
Number of clerical employees _____

18. Please multiply the number of 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 premium.

PREMIUM COSTS FOR MEDIATION INSURANCE:

LIMITS OF LIABILITY: \$100,000 per claim/\$300,000 aggregate DEDUCTIBLES: \$500.00 per claim

	<u>NUMBER</u>	<u>RATE</u> <u>ZONE 1</u>	<u>PREMIUM</u> <u>(NumberTimesRate)</u>
Per Attorney Mediator	_____	\$315	\$ _____
Per Psychologist, Social Worker, & Other Mediator	_____	\$255	\$ _____

TOTAL PREMIUMS FROM ABOVE (a) \$ _____

OPTIONAL ENDORSEMENT TO ADD ALL TYPES OF MEDIATION:
Multiply total in (a) by 10%: insert in (b) (b) \$ _____

SubTotal (Add (a) + (b)) (c) \$ _____

If answer to Question 16 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 for option chosen rounded to nearest dollar here: \$ _____
- B. Multiply amount in line A by 2.25% VA Purchasing Group tax and enter here: \$ _____
- C. Add lines A and B and insert total here (total to remit): \$ _____

ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.

I am currently a paid-up member of VMN. Yes No
I have recently applied for membership in VMN on _____. 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 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:

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

Name of person completing application (print)

Signature

Title