

**PARENT EDUCATORS PROFESSIONAL LIABILITY INSURANCE**  
**(This is an application for a claims-made policy.)**

1. Name of Applicant: \_\_\_\_\_
2. Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)  
Phone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_
3. Describe the purpose, general activities and functions of your operation and date established (use a separate page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
4. Names of individual(s) conducting Parent Educator Program, including all parent educators employed by or working in conjunction with the Applicant (use a separate page if necessary):
- | <u>Name</u> | <u>Degree</u> |
|-------------|---------------|
| _____       | _____         |
| _____       | _____         |
5. State the total number of parent educator courses handled or conducted annually \_\_\_\_\_  
(An estimate may be given if an accurate count is not available)
6. Does the Applicant charge fees for services?  Yes  No  
If Yes, please explain schedule of fees: \_\_\_\_\_  
\_\_\_\_\_
7. Does the Applicant publish any publications for limited or general distribution?  Yes  No  
If Yes, please attach a sample of each.
8. Has any professional liability claim or suit been made against the Applicant or any individual listed in Question 4 arising out of the conduct of Parent Education?  Yes  No  
If Yes, give name of the person involved, name of claimant, and all other pertinent details:  
\_\_\_\_\_  
\_\_\_\_\_
9. Does the Applicant or any individual listed in Question 4 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:  
\_\_\_\_\_  
\_\_\_\_\_

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.

Date: \_\_\_\_\_

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

Return completed application 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title