

- DEERFIELD INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR ERRORS & OMISSIONS LIABILITY INSURANCE FOR ASSOCIATIONS

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

- 1. Answer all questions. If the answer requires detail, please attach a separate sheet.
 - 2. Application must be signed and dated by owner, partner or officer.
- 3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION. (PLEASE TYPE OR PRINT IN INK)

١.	APP	PLICANT INFORMATION		
	a.	Full name of applicant:		
	b.	Principal business premise addr	ess:	
			(Street)	(County)
		(City)	(State)	(Zip)
	C.	Year Established:	,	(C)P)
	d.			[] Not for Profit [] Other
	<u> </u>	[] marriada [] r aranoromp	[] corporation [] ren rem	[] Het let I letter [] Guiet
2.	APP	PLICANT OPERATIONS		
	a.	Please attach a list all past and period of affiliation.	d present affiliations with other ent	ities. Describe relationship in detail and indicate
	b.	Please state the number of:		
		(i) Directors	(iv) Active Members	
		(ii) Officers	(v) Clerical Staff	
		(iii) Inactive Members	(vi) Other (describe)	
	C.	Please describe the minimum qu	ualifications for membership and su	ubmit copy of application form.
	d.	Please describe briefly the purp contracts which the association		than bar or medical association, submit copies of
				_
	e.		publications and other printed/ recrs (attach a copy of printed materia	orded material including advertisements furnished ls).
	f.	Do you:		
			legal aid service or computer servi	ce to your members or the[] Yes [] No
			pe of group travel, conventions, paconnection therewith?	arades or other similar events,[] Yes [] No
		(iii) promote, sponsor or provi	de any form of insurance to your m	embers or non-members?[] Yes [] No
			nistrator under the Employee Retire	ement Income Security
		(v) develop standards used to services rendered:	o evaluate the quality of goods, pro	ducts manufactured or
		i) by mambara?		1 1 Voc 1 1 No

SM 432-04 1/02 Page 1 of 3

		ii) by non-membe	rs?					[] Yes [[] No
	(vi)	engage in any form	of research	n, development	, experimenta	tion, or testing?.		[] Yes [[] No
	(vii)	act as or participate and performance of distributed by other	f others or th	ne quality of pro	oducts manuf	actured, sold, ha	ndled or	[]Yes	[] No
	(viii)	take any disciplinar group activities?						[]Yes	「 1No
	(ix)	perform any other a							
	(x)	have any secondar		-	_				
	` '	ASE ATTACH DETA	-					[] . 66 [[]
DE									
a.	Sources and amounts of total revenue:								
u.	oou.	Source		o. Amount Last Fi	scal Year	Amount This	Fiscal Year		
	(i)	Membership Dues	_	\$		·			
	(ii)	Government Fundir		\$					
	(iii)	Sale of Publications	•	\$					
	(iv)			\$		\$			
	(v)			\$					
	TOT	AL GROSS REVEN		\$					
b.	Tota	expenditures for:	(i) Last Fis	scal Year		\$	· · · · · · · · · · · · · · · · · · ·		
			(ii) This Fis	scal Year (estin	nate)	\$			
AP	PLICAN	NT HISTORY							
a.		e you or any of your p tion of any law or ord						[] Yes	[] No
b.	Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted only on special terms your errors and omissions insurance?						[] Yes	[] No	
C.	Has any claim or suit ever been brought against you or any of your past or present officers, directors or employees?						[] Yes	[] No	
d.	Are you or any of your officers, directors or employees, aware of any circumstances that may result in an errors and omissions claim or suit being made or brought against you?						[] Yes	[] No	
e.	List prior professional liability insurance carried for each of the past four years. IF NONE, STATE N							NONE.	
Ins	urance (Policy Company Number	Limits of Liability	Deductible	Premium	Inception Mo./Day/Yr.	Expiration Mo./Day/Yr.	Was this Claims Ma Policy Forr Yes No	nde <u>m?</u> 0
								[][]]
								[][]]
								[] []]

SM 432-04 1/02 Page 2 of 3

^{*} NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

from any prior insurer to the underwriting manager, Company and/or affiliates thereof.						
Name of Applicant	Title (Officer, partner, etc.)					
Signature of Applicant	Date					
CICNING this application does not hind the	Applicant or the Increase or the Underwriting Manager to complete the increase by					

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

Page 3 of 3