

FORENSIC LITIGATION CONSULTANTS PROFESSIONAL LIABILITY

Forensic Expert Witness Association

(This is an application for claims made coverage)

- A) Please type answers to all questions, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate attachment if space provided is insufficient.
- D) - PLEASE TYPE -

1. Name of Applicant (Mr. Ms. Dr.) _____

Applicant is: Partnership Individual Corporation Other (Please specify) _____

Physical Address _____

City _____ State _____ Zip Code _____

Area Code/Phone Number _____ Fax Number _____

Mailing Address _____

Email Address _____

2. List Branch Offices and Addresses, if any:

- 1. _____
- 2. _____

3. a) Is your forensic work done on a full or part-time basis? Full-time Part-time
If Part-time, do you work full-time? Yes No
What is your occupation? _____

Annual income from full-time occupation:

0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 Over \$60,000

Gross income from full-time occupation for past three (3) years:

0 - \$20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 Over \$60,000

3. b) State gross income derived from services as Forensic Litigation Consultant for past year: \$ _____

State gross income derived from services as Forensic Litigation Consultant for current year: \$ _____

State estimated gross income derived from services as Forensic Litigation Consultant for next year: \$ _____

4. Total number of consultations, cases and/or files handled annually for past three (3) years _____

Concerning the above, how many result in court appearances? _____

5. Please provide the following information:

List names of all Forensic Litigation Consultants providing professional services on behalf of the Applicant:
(If contractors, please state number of hours they performed these services for the Applicant in the past 12 months)

6. How many years has the Applicant been providing services as a Forensic Litigation Consultant? _____

7. What is the Applicant's area of expertise? _____

Please furnish background information on this area of expertise (use a separate attachment if necessary). _____

8. a) Please list membership in any professional association. _____

b) Qualifications (including licenses and professional designations) _____

c) Can you confirm you have all required licenses and qualifications to carry out the areas of your expertise? Yes No

d) I hereby affirm that all required licenses for the practice of my profession under this insurance will remain current (in force) during the currency of this policy for which I am applying. I further understand and agree that I shall have no coverage for any professional services rendered at any time that any required or applicable license is not valid or in good standing. Yes No

9. Please provide a detailed description of a common forensic case that you have worked on. (use a separate attachment if necessary).

10. Does the Applicant maintain any other type of professional liability insurance? Yes No
If Yes, please furnish for the past three (3) years:

20____
Type of Coverage: _____
Name of Carrier: _____
Limits of Liability: _____
Policy Period: _____

20____
Type of Coverage: _____
Name of Carrier: _____
Limits of Liability: _____
Policy Period: _____

20____
Type of Coverage: _____
Name of Carrier: _____
Limits of Liability: _____
Policy Period: _____

11. a) Have any claims or suits been made during the past ten years against the Applicant, or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as an expert witness or forensic consultant: Yes No

If yes, please provide full particulars (use a separate page if necessary):

11. b) Upon inquiry of all personnel, is the Applicant, or any employee, manager or owner of the Applicant, aware of any circumstance, incident or situation, which may result in a claim? Yes No

If yes, please provide full particulars (use a separate page if necessary):

11. c) Have all claims and circumstances requiring a response in questions 11a) and 11b) already been reported to and accepted by a current or past Insurer? Yes No

If no, please provide full particulars (use a separate page if necessary):

12. Has any similar insurance for the Applicant or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as an expert witness or forensic consultant ever been canceled or declined or refused renewal? Yes No

If yes, please provide full particulars (use a separate page if necessary):

13. Limits of Liability Requested:

\$100,000/100,000 \$250,000/250,000 \$500,000/500,000 \$1,000,000/1,000,000

Deductible Requested:

\$1,500 \$2,500 \$5,000 \$7,500 \$10,000 \$ _____

Please send a copy of resume(s).

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between me and the Underwriters and shall be deemed a part thereof.

Complete Equity Markets, Inc.
In California dba Complete Equity Markets
Insurance Agency, Inc. (CASL#0D44077)
1190 Flex Court
Lake Zurich, Illinois 60047
(800) 323-6234
(847) 541-0900
(847) 541-0444

Name of Applicant _____
Title _____
Signature _____
Date _____

This Proposal Form duly completed, together with any supplementary information, must be signed in ink by the Applicant. A signed copy will be attached to and form part of the Policy or Certificate, if issued. **Completion of this Proposal Form does not bind or obligate the Applicant or Underwriters to complete this insurance.**

© 1989 Complete Equity Markets, Inc. A86-6279