



MARKEL A Markel Company
 Ten Parkway North, Deerfield, IL 60015
 (847) 572-6000 Fax (847) 572-6137
 Underwriting Manager

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

**APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE AND
 SERVICE AND TECHNICAL PROFESSIONAL LIABILITY INSURANCE
 (Claims Made and Reported Basis)**

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

1. Full name of Applicant: _____
2. Principal business premise address: _____
 (Street) (County)

 (City) (State) (Zip)
3. Number of employees including principals: Full-time _____ Part-time _____ Seasonal _____ Total _____
4. Date organized (MM/DD/YYYY): _____
5. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
 - (a) Any merger, consolidation or acquisition? Yes [] No []
 If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. _____
 - (b) A change in the nature of business operations? Yes [] No []
 If Yes, provide details. _____

II. PROFESSIONAL ACTIVITIES AND SPECIALTY

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %
2. (a) Estimated annual gross revenues for the coming year: \$ _____
 (b) Annual gross revenues for the last three years:
 - (i) last twelve months: Year: _____ \$ _____
 - (ii) 1st prior year: Year: _____ \$ _____
 - (iii) 2nd prior year: Year: _____ \$ _____
3. Does the Applicant have any of the following on staff?

___ Lawyer / Attorney	___ CPA / Accountant	___ Insurance Agent / Broker
___ Architect or Engineer	___ Healthcare Provider	___ Physician / Surgeon / Dentist
4. Does the Applicant provide any of the following services?

___ Asset Management	___ Financial Planning	___ Investment Advice
___ Financial Consulting or Cost Estimating	___ Emergency Response	___ Safety or Security
___ Employee leasing / PEO services	___ Environmental Consulting	___ Payroll Services

___ Services for financial systems, aviation, satellite or flight control including related technology

___ Sales or marketing of insurance products, financial products or investment services

If yes, describe: _____

5. Is the Applicant engaged in any business or profession other than as described in Item 1 above? Yes [] No []

If Yes, explain. _____

III. CLAIMS/HISTORY

1. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance?

..... Yes [] No []

If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.

2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? [] Yes [] No

If Yes, provide details. _____

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? Yes [] No []

If Yes, attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? Yes [] No []

If Yes, provide details on a separate sheet.

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, 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. The policy has specific provisions detailing claim reporting requirements.

Markel Shand, Inc. or the Company is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which Markel Shand, Inc. receives notice is on file with Markel Shand, Inc. and is considered physically attached to and part of the of the policy if issued. Markel Shand, Inc. and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Markel Shand, Inc., who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to the Company, that I/We 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 and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Markel Shand, Inc. or the Company, Ten Parkway North, Deerfield, Illinois 60015.

Must be signed within 60 days of the proposed effective date.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.