MEDIATORS PROFESSIONAL LIABILITY INSURANCE
Available through
The Mediation Association of Colorado
exclusively for its Members

Professional Liability coverage for negligent acts, errors or omissions in the conduct of
Arbitration Proceedings and/or Dispute Resolution Services.

LIMITS OF LIABILITY
- $100,000 per claim/$300,000 aggregate
- $250,000 per claim/$500,000 aggregate
- $500,000 per claim/$1,000,000 aggregate
- $1,000,000 per claim/$1,000,000 aggregate

STANDARD COVERAGE FEATURES:
- Prior acts coverage for claims arising from acts, errors or omissions committed or
  alleged to have been committed prior to the inception date of the policy.
- Staff covered at no additional cost (includes secretaries, file clerks, etc.)
- Cost of defense is provided the Assured even for alleged dishonest, fraudulent,
  criminal or intentionally wrongful acts or omissions.
- Damages resulting from negligent acts, errors or omissions committed in the
  conduct of professional services in mediating Domestic Relations Disputes.
- Lower rates for part-time arbitrators/mediators

OPTIONAL COVERAGE FEATURES:
- Counselors Professional Liability Insurance
- Training and supervision of mediators in training
- Volunteers can be included for coverage
- Extended Claims Reporting Period
- Unauthorized Practice of Law (Portion)

(This flyer briefly describes coverage. Full details are contained in the attached policy wording.)
1) Membership in the The Mediation Association of Colorado is necessary in order to be eligible for this insurance coverage. All insureds under this policy must be members or associates in good standing (dues paid up) of the MAC. For further information regarding membership, please contact:

The Mediation Association of Colorado
Regus DTC Crescent VI
8400 East Crescent Parkway Suite 600
Greenwood Village CO 80111

(303) 322-9275

2) It is necessary that the applicant for insurance plus all arbitrators or mediators working in conjunction with the applicant be listed on the application under item #7. Be sure to specify which arbitrators or mediators are to be insured under the applicant’s policy.

3) Please be sure to answer all questions. Include samples of brochures or publications where requested. Please make sure the application is signed and dated.

4) Premium payment must be submitted with the application unless the applicant is a large group applying for a “group-rate” quotation. Checks should be made payable to the MAC INSURANCE SERVICES and mailed to:

COMPLETE EQUITY MARKETS, INC.
Administrator For the MAC Professional Liability Insurance
1190 Flex Court
Lake Zurich, IL 60047
(800) 323-6234 in U.S.
(847) 541-0900 in Illinois

Ms. Kaitlyn Hassall, Account Representative

5) Unless otherwise noted, the insurance will become effective on the 1st day of the month following receipt of the premium and acceptance of the application by Underwriters.

COMPLETE EQUITY MARKETS, INC.
MEDIATORS PROFESSIONAL LIABILITY INSURANCE
issued to
NATIONAL ASSOCIATION OF SALARIED PROFESSIONALS PURCHASING GROUP, INC.
and
SPECIFIED MEMBERS of the
THE MEDIATION ASSOCIATION OF COLORADO
(This is an application for a claims-made policy.)

1. Full Name of the Assured Member: ____________________________________________

2. If Assured Member is not an individual, specify whether: ☐ corporation ☐ partnership ☐ other
   If other, please explain: _______________________________________________________

3. Address: _________________________________________________________________
   (City) (State) (Zip) Phone Number (_______) Fax Number (_______)
   Email 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 mediation, including all mediators employed by or working in conjunction with the Assured Member (use a separate page if necessary):
   Name __________________________ Degree __________________________

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 Assured Member charge fees for services? ☐ Yes ☐ No
   If "yes", please explain schedule of fees: _______________________________________

10. Does the Assured Member 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 Assured Member or any individual listed in Question 7 arising out of the conduct of mediation services? ☐ Yes ☐ No
    If "yes", give name of the person involved, name of claimant, and all other pertinent details:

12. Does the Assured Member 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 Assured Member 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 Assured Member's operation (Sole Proprietor, Trustees, Board of Directors, Titles of Officers, etc.):

14. How is management selected? _______________________________________________
15. Number of officers and/or directors
   Number of mediators
   Number of clerical employees

   Salaried                                  Non-Salaried

16. 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

17. 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

18. Please indicate the number of mediators to be insured according to the classification below. Secretaries, file clerks, etc., are covered at no additional charge.

PREMIUM COSTS FOR MEDIATION INSURANCE
LIMITS: $100,000 per claim/$300,000 aggregate (STANDARD)
DEDUCTIBLES: $500.00 per claim

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>RATE</th>
<th>PREMIUM</th>
</tr>
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<tbody>
<tr>
<td>ZONE 1</td>
<td></td>
<td></td>
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Per Mediator (full time) _________________________ $340.00 ________
Per Mediator (part time, less than 20 hrs/wk) _________________________ $270.00 ________

TOTAL PREMIUMS FROM ABOVE: (a) $__________
If answer to Question 17 is YES, multiply amount in (a) by 1.20 and enter total on line (b) (b) $__________

Optional limits (Do all calculations in exact order as shown, check one):

[ ] 100,000/300,000 (Enter amount from line (a) or (b) on line (c) OR
[ ] 250,000/500,000 (Line (c) or (b) X 1.25, enter amount on line (c)) OR
[ ] 500,000/1,000,000 (Line (c) or (b) X 1.25 x 1.3, enter amount on line (c) OR
[ ] 1,000,000/1,000,000 (Line (c) or (b) x 1.25 x 1.3 x 1.3, enter amount on line (c))

(c) $__________
Less Discount for Limited Caseload (If 10 or less cases annually, Line (e) x .25)
(d) $__________
Total Premium Due (Line (e) minus Line (d), Round to nearest whole dollar):
(e) $__________
Total Premium Due (2 year policy option Line (e) x 180%):
(f) $__________

A. Enter total premium rounded to nearest dollar here: $__________
B. Service Fee: $ 25.00
C. Add A + B and insert here: $__________
D. Multiply amount in line C by 3% CO Purchasing Group tax and insert here: $__________
E. Add lines C and D and insert here (total to remit): $__________

ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.
I am currently a paid-up member of theMAC. □ Yes □ No
I have recently applied for membership in theMAC on (Date) _____________. □ Yes □ No

It is understood that the insurance applied for will issue on the 1st day of the month following receipt of the premium. 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 APPLICANT OR UNDERWRITERS TO COMPLETE THE INSURANCE.**

Return completed application and check to:

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

Name of person completing application (print)

Signature

Title
SERVICE CHARGE ACCEPTANCE FORM

As insurance brokers, we must charge a $25.00 service fee to compensate our office for insurance documents issuance and administration. Unlike other insurances whereby the insurer does all the typing and issuing of the insurance document, this entire service is provided by Complete Equity Markets, Inc. Please sign the memo below, and return it to us with your premium check. This service fee is included in the premium calculation on the quotation or application, you need pay it only once.

The undersigned agrees that a service fee of $25.00 is made by Complete Equity Markets, Inc. for the broker services in connection with the above insurance. The undersigned further agrees that the signed Acceptance Form and service fee must be returned to Complete Equity Markets, Inc. to effect coverage.

This service fee will be fully earned once the policy is issued, and no part of the service fee will be refunded in the event that the policy is cancelled for any reason prior to expiration.

____________________________
Name of person completing application
(Print)

____________________________
Signature

____________________________
Date