

- c. (i) Estimated gross revenues for new policy year: _____
(ii) Estimated revenues from Equipment & Hardware not manufactured by you (passthrough sales): _____
(iii) Estimate revenues less revenues from Equipment & Hardware not manufactured by you: _____
(iv) Actual revenues for each of the last three years (net):
- | Year | Revenues |
|-------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- d. Has the applicant established a quality control and/or continuing education program to limit its professional liability exposure?..... [] Yes [] No
Please explain. _____

- e. Does the applicant have a written loss control program? [] Yes [] No
If Yes, please attach copy.
- f. Does the applicant provide clients with written training manuals for their customers? [] Yes [] No

3. APPLICANT HISTORY

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future:

- b. List any known incidents which might give rise to a professional liability claim: _____

- c. Has any insurer canceled or refused to renew any similar insurance during the past five years?..... [] Yes [] No

- d. Do you carry Products/Completed Operations Coverage? [] Yes [] No

Carrier _____ Policy No. _____
Inception _____ Expiration _____

- e. Previous Coverage

Policy Period	Insurer	Indicate whether claims made or occurrence policy	Limits of Liability	Deductible	Premium

If expiring insurance is a claims made policy, what is the retroactive date? _____

- f. Proposed Effective Date of Insurance _____

NOTICE TO APPLICANT: Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED while the policy is in force.

REPRESENTATION: It is represented to Shand Morahan & Company, Inc., 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 Company evidence its acceptance of

this application by issuance of a policy. **I/We hereby authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*SIGNING this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.

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

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:
 Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act* ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

 Name of Applicant

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.