

BEDFORD UNDERWRITERS, LTD.

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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)

1. APPLICANT INFORMATION	
a. Full name of applicant:	
b. Principal office Business Address: (Please list any secondary locations on a separate sheet)	
c. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____	
d. Year Established: _____ Business Phone: () _____ <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other	
e. (i) Limits Requested: _____ (per claim) _____ (aggregate) (ii) Deductible: _____	
f. Effective Date Requested: ____/____/____	
2. APPLICANT OPERATIONS	
a. Please attach a list all past and present affiliations with other entities. Describe relationship in detail and indicate period of affiliation.	e. Please attach a list the kinds of publications and other printed/ recorded material including advertisements furnished to members and/or non members (attach a copy of printed materials).
b. Please state the number of: (i) Directors _____ (ii) Officers _____ (iii) Inactive Members _____ (iv) Active Members _____ (v) Clerical Staff _____ (vi) Other (describe) _____	f. Do you: Yes No (i) provide a referral service, legal aid service or computer service to your members or the public? [] [] (ii) promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? [] [] (iii) promote, sponsor or provide any form of insurance to your members or non-members? [] [] (iv) act as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? [] []
c. Please describe the minimum qualifications for membership and submit copy of application form.	
d. Please describe briefly the purpose of your association. (If other than bar or medical association, submit copies of articles of incorporation including by-laws and copies of contracts which the association has with others.)	

- f. (continued) Do you: Yes No
- v. develop standards used to evaluate the quality of goods, products manufactured or services rendered:
- i) by members? [] []
- ii) by non-members? [] []
- vi. engage in any form of research, development, experimentation, or testing? [] []
- vii. act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? [] []
- viii. take any disciplinary action or recommend disciplinary action as a result of peer review group activities? [] []
- ix. perform any other activities or services not specifically included in (i-viii)? [] []

- g. (i) Do your computer systems store a four-digit year? [] Yes [] No
- (ii) If NO, please attach a description of corrective measures taken to resolve the systems problem presented by the year 2000, including the date upon which you anticipate the problem will be solved.
- (iii) Are you, in the course of your operations, involved in working to solve the year 2000 problem as a consultant or advisor or as a part of your employment? [] Yes [] No
- (iv) If YES, what percentage of your work is involved?

PLEASE ATTACH DETAILS FOR ANY "YES" ANSWERS.

3. REVENUES

a. Sources and amounts of total revenue:

<u>Source</u>	<u>Amount Last Fiscal Year</u>	<u>Amount This Fiscal Year</u>
(i) Membership Dues	\$ _____	\$ _____
(ii) Government Funding	\$ _____	\$ _____
(iii) Sale of Publications	\$ _____	\$ _____
(iv) _____	\$ _____	\$ _____
(v) _____	\$ _____	\$ _____
TOTAL GROSS REVENUE	\$ _____	\$ _____

b. Total expenditures for: (i) Last Fiscal Year \$ _____

(ii) This Fiscal Year (estimate) \$ _____

4. APPLICANT HISTORY

- a. Have you or any of your past or present officers, directors or employee ever been convicted of a violation of any law or ordinance? [] 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

4. APPLICANT HISTORY (CONTD.)

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. Please list errors and omissions insurance carried for each of the past four years. IF NONE STATE NONE.

<u>Insurance Company</u>	<u>Policy Number</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Inception Mo./Day/Yr.</u>	<u>Expiration Mo./Day/Yr.</u>	<u>Was this a Claims Made Policy</u>	
							<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

* 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.

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 from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company/Underwriters.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

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.