



Essex Insurance Company
Evanston Insurance Company
 4600 Cox Road
 Glen Allen, VA 23060
 Phone: (800) 691-1515 Fax: (802) 864-9369
 Email: Cambridge@Markelcorp.com

NEW BUSINESS APPLICATION FOR DIVORCE FINANCIAL CONSULTANTS PROFESSIONAL LIABILITY INSURANCE

NOTICE: The policy for which application is made applies only to "Claims" first made against the insured during the "Policy Period" and reported to the company during the "Policy Period" or within sixty days after the expiration of the "Policy Period", unless the extended reporting period is exercised. The limits of liability shall be reduced by "Claims Expenses" and "Claims Expenses" are subject to the deductible.

Applicant: (full legal name of Applicant)	
Additional Business Names:	

Principal Business Address:					
City:		State:		ZIP:	
Telephone:		Email:			
Fax:		Web Site:			

If the Applicant wants prior acts coverage and has maintained continuous claims made coverage for divorce financial consulting, attach a Certificate of Insurance for current coverage and a coverage synopsis or a copy of the current declarations, policy and endorsements.

<input type="checkbox"/>	Completed, dated and signed application.
<input type="checkbox"/>	Attached - Sample client contract(s) for each professional service rendered.

ATTACH DETAILS ON A SEPARATE SHEET IF:

<input type="checkbox"/>	"Yes" answer on Question 9, 10, or 11. Claims, Complaints or Proceedings.
<input type="checkbox"/>	"Yes" answer on Question 12. Conflicts of Interest.
<input type="checkbox"/>	"Yes" answer on Question 20.

1. Has any insurer declined, cancelled or nonrenewed any professional liability or errors and omissions insurance or any similar insurance on behalf of the Applicant, its predecessors, subsidiaries, affiliates, and/or for any other person(s) or organization(s) proposed for this insurance? Yes No
 If Yes, provide details. _____

2. List all employed (W-2) divorce consultants. Independent Contractors (1099) are not covered under policy and require separate applications or, if requested, can be added as additional insureds.

Name of All Employed Divorce Financial Consultants	Professional Designations	Number of Years Experience	IDFA	ADFP	IACP	Other Associations

3. List the names of any independent contractors (non-employees) rendering professional services on behalf of the Applicant:

1. _____
2. _____
3. _____
4. _____

If none, check here

Does the Applicant want coverage for the listed independent contractors?..... Yes No

4. List all other professions that the Applicant and its principals are engaged in:

If none, check here

5. Applicant is a: corporation partnership sole proprietorship limited liability company (LLC)
 limited partnership other _____

6. Date established (MM/DD/YYYY): _____

7. Other insurance currently carried:

	Insurer:	Limits of Liability:	Deductible:	Policy Period:	Retroactive Date:
Investment Advisor E&O		\$ / \$	\$	to	
Broker/Dealer E&O		\$ / \$	\$	to	
Life Agents E&O		\$ / \$	\$	to	
Miscellaneous Professional E&O		\$ / \$	\$	to	
Mediator/Arbitrator E&O		\$ / \$	\$	to	
Tax/Accountants E&O		\$ / \$	\$	to	
P/C Insurance E&O		\$ / \$	\$	to	

8. REQUESTED LIMITS AND DEDUCTIBLES:

PER CLAIM / AGGREGATE LIMITS REQUESTED:				DEDUCTIBLE REQUESTED:			
<input type="checkbox"/>	\$100,000 / \$200,000	<input type="checkbox"/>	\$1,000,000 / \$1,000,000	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$15,000
<input type="checkbox"/>	\$250,000 / \$500,000	<input type="checkbox"/>	\$1,000,000 / \$2,000,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$20,000
<input type="checkbox"/>	\$500,000 / \$500,000	<input type="checkbox"/>	\$2,000,000 / \$2,000,000	<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$500,000 / \$1,000,000	<input type="checkbox"/>	Other: \$ / \$	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$50,000

WE DO NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES

9. Has any claim, complaint or proceeding arising out professional services been made against the Applicant or any of its principals, partners, officers, directors, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance?..... Yes No

If Yes, provide details on a separate sheet.

10. Is the Applicant or any of its principals, partners, officers, directors, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance aware of any fact, error, omission, circumstance or situation that might provide grounds for any claim under the proposed insurance?..... Yes No

If Yes, provide details on a separate sheet.

11. Has the Applicant or any of its principals, partners, officers, directors, managers, managing members, or employees, its predecessors, subsidiaries, affiliates or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceeding or governmental regulatory action or notice?..... Yes No

If Yes, provide details on a separate sheet.

12. CONFLICTS OF INTEREST

By attachment provide an explanation of any Yes response.

(a) Does the Applicant or any of its principals, partners, officers, directors, managers, managing members, employees or associated professionals:

(i) Render any professional services other than divorce financial consulting to a client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Draft Qualified Domestic Relations Orders or similar orders as the Applicant's own product for a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Act as a consultant to an individual who is a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Provide investment advisory services to either party after the completion of the divorce engagement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Act as an Investment Advisor Representative (IAR) for a Registered Investment Advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) Is the Applicant controlled, owned or affiliated with, or does it own, any other organization or business? Yes No

(c) Do any of the Applicant's principals, partners, officers, directors, managers, managing members, employees or associated professionals or their spouse have more than a 5% ownership or act as a director, officer, manager, managing member, or an employee or act in any position of control for any organization to which the Applicant provides services? Yes No

13. Provide gross annual revenues derived from divorce financial consulting including mediation and litigation support. Do not include revenues derived from any other profession.

Date Ending (MM/YYYY)	Gross Annual Revenues from Divorce Financial Consulting	% Revenues from Attorney Clients	% Revenues from Individual Clients	No. of Consultants
Last Year _____	\$ _____	% _____	% _____	
Present Year _____	\$ _____	% _____	% _____	
Projected for Upcoming Year _____	\$ _____	% _____	% _____	

14. What percentage of revenues is derived from:

- (a) Professional entertainers, celebrities, athletes and musicians? _____
- (b) High net worth clients? _____
- (c) Net worth of largest client? _____

15. Please provide the approximate net worth breakdown of your client base. If you are representing only one party in the engagement, please use the value of the entire marital estate to be divided.

Net Worth	Number of clients
Under \$250,000	
\$250,000 - \$500,000	
\$500,000 - \$1,000,000	
\$1,000,000 - \$5,000,000	
\$5,000,000 - \$10,000,000	
\$10,000,000 - \$20,000,000	
Over \$20,000,000	

16. Provide approximate percentage of professional services. Must equal 100%. Indicate all services provided by the Applicant regardless of whether the revenues are included in Question No. 12.

%	NATURE OF PRACTICE
	Preparation of Divorce Plans
	Assist Attorney To Draft Qualified Domestic Relations Order/Similar Order
	Mediation Services
	Expert Witness
	Divorce Seminars
	Forensic Accounting/Fraud Examination
	Business Valuations
	Income Tracings/Lifestyle Analysis
	Financial Neutral in Collaborative Proceedings
	Tangible Product Sales (Books, Software, etc.)

%	NATURE OF PRACTICE
	Accounting Services Other Than Tax Preparation
	Investment Advisory Services
	Tax Preparation
	Legal Services as Attorney
	Hourly Advice
	Financial Planning and Budget Analysis (pre- and post-divorce)
	Pension Valuations
	Pre- and Post-Nuptial Agreements
	Bill-paying
	Other: _____

17. Does the Applicant use a written contract with clients? Always Sometimes Never

18. Does the Applicant have administrative support staff? Yes No
If Yes, how many? _____

19. Does the Applicant sub-contract work to others? Yes No
If Yes, provide details. _____

20. Has the Applicant or any associated professional ever: Provide details to any question that is answered Yes.

(a) Had a professional license or registration denied, suspended, revoked, nonrenewed or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Been formally reprimanded by any court, administrative or regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Had a complaint filed with any consumer agency, broker/dealer, SEC, NASD, FINRA, IRS, state securities departments or other regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Been formally accused of violating any professional association's code of ethics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Been involved in or is aware of any fee disputes including suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. During the last three (3) years has the Applicant or any affiliate been involved in, or presently considering or contemplating any merger, acquisition, divestiture or significant change in principals? Yes No
If Yes, provide details. _____

22. (a) Number of clients that the Applicant terminated relationships with in the last twelve (12) months prior to completion of the engagement: _____

(i) Reason(s) for termination of accounts: _____

(b) Number of clients that terminated their relationship with the Applicant in the last twelve (12) months prior to completion of engagement: _____

(i) Reason(s) for termination of accounts: _____

23. Provide the following information for the Applicant's three (3) largest clients/engagements in the last three (3) years.

CLIENT NAME/TYPE	SERVICES PERFORMED	TOTAL FEES CHARGED
		\$
		\$
		\$

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 organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there is knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. Markel Cambridge Alliance 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 Cambridge Alliance receives notice is on file with Markel Cambridge Alliance and is considered physically attached to and part of the policy if issued. Markel Cambridge Alliance and the Company will have relied upon this application and all such attachments in issuing the policy.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Markel Cambridge Alliance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that:

- (i) the policy for which this application is made applies only to "Claims" first made during the "Policy Period" and reported to the Company during the "Policy Period" or within sixty days after the expiration date of the "Policy Period" unless the Extended Reporting Period is exercised. If the Extended Reporting Period is exercised, the policy shall also apply to "Claims" first made during the Extended Reporting Period and reported to the Company during the Extended Reporting Period or within sixty days after the expiration of the Extended Reporting Period;
- (ii) the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claims Expenses" and, in such event, the Company will not be liable for "Claims Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) "Claims Expenses" shall be applied against the "Deductible".

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 Cambridge Alliance or the Company, 30 Kimball Avenue, Suite 100, South Burlington, Vermont 05403.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

NOTICE TO APPLICANT: Any person who knowingly files an application for insurance or statement of claim containing any 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 also punishable by civil penalties in certain jurisdictions.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Signing this application does not bind the Company or the Applicant to complete the insurance.

