

# EZ RENEWAL SUPPLEMENT FOR APPLICATION FOR ARBITRATORS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE

**This is a supplement to an application for a claims made and reported insurance policy.**

1. Previous Name: \_\_\_\_\_

Date of Name Change \_\_\_\_\_

Reason for Name Change \_\_\_\_\_

2. Please list all of the firm's arbitrators and mediators. Please list additional arbitrators/mediators on a separate sheet of paper.

Arbitrator/Mediator Name	Avg Number of cases handled annually	Average # of hours per week on behalf of Applicant				Number of Years			Prior acts date, if any	States Licensed to practice law, if any	Is coverage desired for Legal Services*	
		0	1-10	11-25	26 +	In arb/med practice	with this firm	continuous malpractice coverage			Y	N
1											<input type="checkbox"/>	<input type="checkbox"/>
2											<input type="checkbox"/>	<input type="checkbox"/>
3											<input type="checkbox"/>	<input type="checkbox"/>
4											<input type="checkbox"/>	<input type="checkbox"/>
5											<input type="checkbox"/>	<input type="checkbox"/>
6											<input type="checkbox"/>	<input type="checkbox"/>
7											<input type="checkbox"/>	<input type="checkbox"/>
8											<input type="checkbox"/>	<input type="checkbox"/>
9											<input type="checkbox"/>	<input type="checkbox"/>
10											<input type="checkbox"/>	<input type="checkbox"/>

**\*Please note that the policy does not provide coverage for Legal Services. Coverage for Legal Services is not available in all states and is subject to underwriting requirements. Please complete the Legal Services Supplement and return to Pinkham Agency, Inc., to determine eligibility for Legal Services coverage.**

3. a. Describe the changes in the purpose, general activities of your operation and date established. Please use a separate page if necessary.

**NOT ALL ACTIVITIES ARE COVERED UNDER THE POLICY. PLEASE REFER TO THE POLICY LANGUAGE**

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3 b. Describe the changes in classification of subject matter of each case arbitrate/mediated during the past twelve (12) months (i.e. community disputes, family matters, divorce, etc). In the event the applicant has operated less than twelve (12) months, please provide an estimate of the number and type of cases that will be handled. Please use a separate sheet, if necessary.

Category

Number of Cases

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4. Please describe the responsibilities assumes during the previous 12 months related to monitoring a party's compliance with any plan of restitution or settlement resulting from dispute resolution services.

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5. For dispute resolution services in an any case involving Entertainment, Athletic Contracts or Management; Class Action or Mass Tort; Disputes: Intellectual Property; Securities, please describe: the number of cases; a description of the dispute resolution services provided; the average value of any cases; the amount of gross billings these cases totaled (expressed as a percentage of the firm's total revenue).

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**Signature and Representation**

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to report to its current insurance company, during the current policy period, either any claim made against any insured, or any act or omission known to any insured that may reasonably be expected to be the basis of a claim against any insured may create a lack of coverage.
4. Any attorney currently or formerly affiliated with the firm or any predecessor firm, has disclosed in this Application any actual or alleged, act, omission, circumstance or breach of duty that a reasonable attorney would recognize might reasonably be expected to result in a claim being made against the firm, any predecessor firm, or any attorney currently or formerly affiliated with the firm or any predecessor firm, regardless of whether any such claim would be meritorious.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

**Applicant:**

By \_\_\_\_\_

SIGNATURE OF OWNER, OFFICER OR PARTNER                      PRINT NAME OF OWNER, OFFICER OR PARTNER                      DATE