

- (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).
- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

2. **If you are applying for renewal with this company, attach:**

- (a) A list of owners, partners and officers and percentage of ownership of each in the Applicant(s) named in Part I. Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Any changes in any items provided last year pursuant to Items (c), (d), (e), (f) or (g) above.

III. PROFESSIONAL ACTIVITIES AND SPECIALTY

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

- 2. (a) Estimated annual gross revenues for the coming year: \$ _____
- (b) Percentage of annual gross revenues for the coming year:
 - (i) Domestic: _____ %
 - (ii) Foreign: _____ %
- (c) Annual gross revenues for the last three years:
 - (i) last twelve months: Year: _____ \$ _____
 - (ii) 1st prior year: Year: _____ \$ _____
 - (iii) 2nd prior year: Year: _____ \$ _____

3. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1 above? Yes [] No []
 If Yes, explain. _____

5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? Yes [] No []
 If Yes, specify client, professional services and duration of contract. _____

6. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes [] No []
 If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each. _____

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything?..... Yes [] No []
- (b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes [] No []
- If Yes, to either (a) or (b) describe. _____
-
8. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes [] No []
- If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. _____

IV. CLAIMS/HISTORY

1. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? Yes [] No []
- If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future. _____
2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance, situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? Yes [] No []
- If Yes, provide details. _____
-
3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years? Yes [] No []
- If Yes, attach a copy of such insurer's notice. **MISSOURI APPLICANTS – DO NOT ANSWER**
4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices? Yes [] No []
- If Yes, provide details on a separate sheet.

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

6. Does the Applicant carry General Liability Insurance?..... Yes [] No []
- If Yes, provide: Insurer: _____ Limits: _____
- Does coverage include Products/Completed Operations Hazards? Yes [] No []

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

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, 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. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Company and/or affiliates thereof are 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 the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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 the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SPECIALTY SUPPLEMENT REQUIRED

- Appraiser – Business or Property Building/Home Inspector
- Collection Agency
- Crane Inspector
- Employment Related Services
- Escrow Only
- Executive Recruiting Consultants
- Freight Forwarder/Customs Broker
- Insurance Related Services
- Media Related Service
- Mortgage Broker
- Premium Finance
- Real Estate Agent/Property Manager
- Testing Lab
- Third Party Administrator
- Title, Escrow & Closing
- Travel Related Services

ALTERNATE APPLICATION REQUIRED

- Association
- Computer Related Other Than Consulting
- Environmental
- Franchisor
- Trustees

Our Supplements and Applications are available at www.markelcorp.com.

Notice to Arkansas and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: 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 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.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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 subjects such person to criminal and civil penalties.

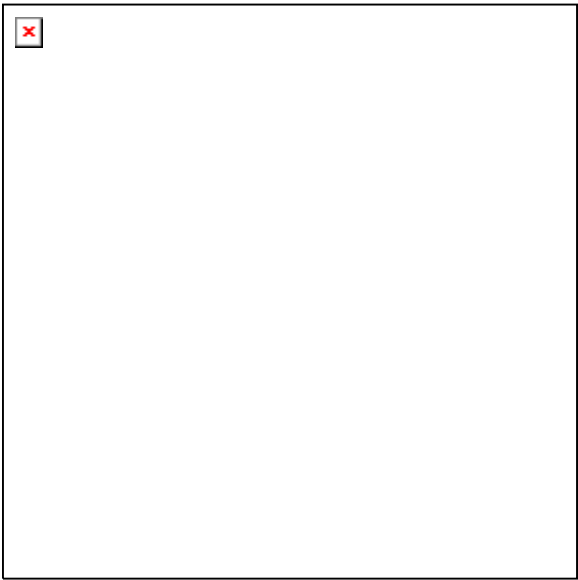
Notice to Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 subjects the person to criminal and civil penalties.



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company



SUPPLEMENTAL FOR BUSINESS APPRAISERS

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Is the applicant an IBA member in good standing for the past 12 months or more?..... Yes [] No []
3. Does the Applicant use a written contract describing the services that will be provided?..... Yes [] No []
If Yes, what percentage of:
 - (a) Time are these contracts used? _____% Attach a copy of the standard contract used.
 - (b) These contracts contain a mandatory non-binding arbitration clause? _____%
 - (d) These contracts require full payment of fees to the applicant as a condition precedent to suit by the client?
_____%
4. Based on valuation appraisals rendered in the past 12 months, what types of businesses and sizes of businesses were appraised by the applicant?

Size Based on Appraised Valuation

Types of Businesses	Under \$1million	\$1-5million	\$5-25million	\$25-50million	Over \$50million	TOTAL
Computer	_____%	_____%	_____%	_____%	_____%	_____%
Construction	_____%	_____%	_____%	_____%	_____%	_____%
Distribution	_____%	_____%	_____%	_____%	_____%	_____%
Healthcare Practice	_____%	_____%	_____%	_____%	_____%	_____%
Industrial	_____%	_____%	_____%	_____%	_____%	_____%
Manufacturing	_____%	_____%	_____%	_____%	_____%	_____%
Other Professional Practice	_____%	_____%	_____%	_____%	_____%	_____%
Restaurant	_____%	_____%	_____%	_____%	_____%	_____%
Retail	_____%	_____%	_____%	_____%	_____%	_____%
Other (specify)_____	_____%	_____%	_____%	_____%	_____%	_____%
_____	_____%	_____%	_____%	_____%	_____%	_____%
Other (specify)_____	_____%	_____%	_____%	_____%	_____%	_____%
_____	_____%	_____%	_____%	_____%	_____%	_____%
TOTAL						100%

5. Based on valuation appraisals rendered in the past 12 months, what percentage of each form of businesses did the applicant evaluate?

<u>Form of Business</u>	<u>Percentage of Revenues</u>
Closely Held Corporation	_____ %
Family Limited Partnership	_____ %
Limited Partnership	_____ %
Limited Liability Company	_____ %
Partnership	_____ %
Publicly Held Corporation	_____ %
Trust	_____ %
Other (specify) _____	_____ %
Other (specify) _____	_____ %
TOTAL	100%

6. Based on valuation appraisals rendered in the past 12 months, provide a breakdown of the purpose of the business appraisals.

<u>PURPOSE</u>	<u>Percentage of Revenues</u>
Sale of entire business	_____ %
Purchase of entire business	_____ %
Partial owner desiring to be bought out	_____ %
Gifting of a partial owner's interest	_____ %
Death of owner of a business	_____ %
Establishment of ESOP	_____ %
Sale of partial ownership to new investor	_____ %
Divorce of owner(s) of business appraised	_____ %
Other (specify) _____	_____ %
Other (specify) _____	_____ %
TOTAL	100%

7. Does the Applicant ever perform appraisal for any business or entity:

- (a) In which the Applicant has a direct or indirect financial interest in the business or entity being appraised? Yes [] No []
- (b) In which the Applicant is a director, owner, partner, officer, trustee, managing member, manager, employee or over which the applicant exercises any management control? Yes [] No []
- (c) In which the Applicant is a debtor or creditor of the business or entity being appraised?..... Yes [] No []
- (d) For which the Applicant performs any other service(s)? Yes [] No []
- (e) With respect to which there is a conflict of interest?..... Yes [] No []

8. Is any partner, owner, officer, director or employee of the Applicant an accountant, certified public accountant, insurance agent, insurance broker, investment adviser, financial planner, attorney, lawyer, registered representative, broker/dealer of securities or commodities, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services?..... Yes [] No []
 If Yes, attach a certificate of insurance confirming professional liability insurance is in effect to cover the Applicant for claims arising from such services. NOTE: The coverage applied for does not respond to claims arising from the performance of such services.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date