

**ARBITRATORS AND MEDIATORS PROFESSIONAL LIABILITY INSURANCE**  
**effected with certain**  
**UNDERWRITERS AT LLOYD'S, LONDON, ENGLAND**  
**through**  
**COMPLETE EQUITY MARKETS, INC.**  
**For Specified Members of the**  
**ONTARIO ASSOCIATION FOR FAMILY MEDIATION**  
*(This is an application for a claims made Document of Insurance)*  
*(Office Document of Insurance)*

1. Full Name of Applicant \_\_\_\_\_  
 (see instructions)

2. If Applicant other than Individual, specify type: Corporation Partnership Other(explain)  
 \_\_\_\_\_

3. Address \_\_\_\_\_  
 \_\_\_\_\_

City	Province	Postal Code
Phone(_____) _____	Fax(_____) _____	Email _____

Mailing Address \_\_\_\_\_

4. List Branch offices, if any: \_\_\_\_\_

5. Describe the purpose, general activities, functions of your operation, and date established (use separate page if necessary)  
Not all activities listed are covered by this insurance. Please refer to policy wording  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Name of Executive Director or Chief Administrator, if any: \_\_\_\_\_

7. Names of individuals conducting arbitration proceedings or mediation, including all arbitrators/mediators employed by or working in conjunction with the Applicant (use a separate page if necessary):

<u>Name</u>	<u>Degree</u>	<u>Arbitrator or Mediator</u>	<u>Volunteer or Salaried?</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. State the average number of hours per week spent and average number of cases handled monthly by each individual listed in Question 7 during the past 12 months (use a separate page if necessary):

<u>Name</u>	<u>Avg. Hours/Week</u>	<u>Avg. Cases/Month</u>
_____	_____	_____
_____	_____	_____

9. State the total number of cases and/or files handled or processed annually (an estimate may be given if accurate count is not available):  
 \_\_\_\_\_

10. (a) Classify the subject matter of each case arbitrated/mediated by the Applicant during the past 12 months (i.e. community disputes; divorce). In the event the Applicant has operated for less than 12 months, state the estimated number of cases the Applicant will handle in each category during the first 12 months of operation (use a separate page if necessary):

<u>Category</u>	<u>Number of Cases</u>
_____	_____
_____	_____

10. (b) State whether the numbers specified in your answer to Question 10(a) are estimated figures: Yes No
11. Does the Applicant charge fees for services? Yes No

If "yes", please explain schedule of fees.

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12. Does the Applicant publish any publications for limited or general distribution: Yes No  
If "yes", please attach sample of each.

13. Has any professional liability claim or suit been made against the Applicant or any individual listed in Question 7 arising out of the conduct of arbitration proceedings or mediation services? Yes No

If "yes", give name of person involved, name of claimant, date and disposition of the case:

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14. Does the Applicant or any individual listed in Question 7 know of any circumstance, act, error, omission, or personal injury that could result in a claim or suit against him or the Applicant named in the application? Yes No

If "yes", give name of possible claimant, date of account and other details:

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15. Describe the management of the Applicant's operation (Sole Proprietor, Trustees, Board of Directors, Titles of Officers, etc.):

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16. How is management selected?

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17. State the name and address of each court, administrative agency, or other organization which refers cases to the Applicant for arbitration/mediation and the total number of cases from each in the last 12 months. In the event the Applicant has operated for less than 12 months, estimate the total number of cases each organization will refer during the first 12 months of operation (use a separate page if necessary):

<u>Organization</u>	<u>Address</u>	<u>Number of Cases</u>
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18. Is the Applicant responsible for enforcing or monitoring a party's compliance with any plan of restitution or settlement resulting from arbitration or mediation? Yes No

If "yes", describe the Applicant's role in enforcing or monitoring compliance with any such plan or settlement:

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19. Does Applicant work outside CANADA?  Yes  No  
 Does Applicant work for overseas clients?  Yes  No

If "yes", please submit full details of work with case load and fees to CEM.

20. Please multiply the number of arbitrators and mediators to be insured by the total amount of premium shown below. Secretaries, file clerks, etc., are covered at no additional charge.

NUMBER OF MEDIATORS/ARBITRATORS APPLYING FOR INSURANCE		NUMBER	LIMITS OF LIABILITY (Choose one) All Limits, Deductibles & Premiums are Canadian Dollars	ANNUAL PREMIUM
Arbitrator		_____	\$100,000 per claim/\$300,000 aggregate \$500 deductible per claim	\$115
Mediator (non-family mediation)		_____	\$250,000 per claim/\$500,000 aggregate \$500 deductible per claim	\$125
Mediator (incl. family mediation)		_____		
Combination Arbitrator/Mediator		_____	\$500,000 per claim/\$1,000,000 aggregate \$500 deductible per claim	\$175
<b>Total Number of Arbitrators/Mediators</b>		_____	\$1,000,000 per claim/\$1,000,000 aggregate \$500 deductible per claim	\$220

Insert premium for limits chosen from above \$ \_\_\_\_\_  
 Multiply premium by total number of Arbitrators/Mediators: \$ \_\_\_\_\_  
 Multiply total premium by 15% if you are in Newfoundland, 8% if you are in Ontario (Retail tax): \$ \_\_\_\_\_  
 Add total premium and taxes and insert here (Total to remit): \$ \_\_\_\_\_  
**(PREMIUM DUE IN CANADIAN DOLLARS)**

**ASSOCIATION MEMBERSHIP IS A REQUIREMENT TO PURCHASE THIS INSURANCE.**

I/We am a member of Ontario Association For Family Mediation:  Yes  No  
 I/We have recently applied for membership in OAFM on (Date) \_\_\_\_\_  Yes  No

It is understood that the insurance applied for will issue on the 1st day of the month following receipt of the premium and the acceptance of the application by the Insurer. I/We hereby declare, based upon my/our knowledge and upon reasonable investigation, the above statements are true and that I/We have not suppressed or misstated any material facts and this application shall be the basis of the Document of Insurance effected with certain Underwriters at Lloyd's, London, England.

**\*\*SIGNING THIS FORM AND TENDERING PREMIUM DOES NOT BIND APPLICANT OR UNDERWRITERS TO COMPLETE THE INSURANCE.\*\***

Date \_\_\_\_\_

\_\_\_\_\_  
 Name of person completing application (type or print)

Return completed application to:

**HOLMAN**  
 INSURANCE BROKERS LTD.



7050 Woodbine Avenue, Suite 400  
 Markham, Ontario, Canada L3R 4G8  
 Tel: (905) 886-5630 Fax: (905) 886-5622  
 www.holmanins.com service@holmanins.com

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title