

Name of Insurance Company to which Application is made (herein called the "Insurer") _____

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY MAINFORM APPLICATION

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

Section A. GENERAL INFORMATION

1. Name of Applicant: _____
Address of Named Applicant: _____
2. State of Incorporation: _____
3. Years of Operation: _____
4. Type of Business Entity (please check applicable description):
 Corporation Limited Liability Company Sole Proprietorship
 Other (please specify: _____)
5. Nature of Business: _____ Primary SIC Code(s): _____
6. Number of Locations: Domestic (within the U.S., Canada and territories): _____
Foreign: _____
7. Name of Parent Corporation (if not Applicant): _____ If not applicable, please check here .
Address of Parent Corporation: _____

Section B. FINANCIAL INFORMATION

Please provide the following financial information for the Applicant and its Subsidiaries.

Information must be based on the most recent audited financials or interim financials, if audited financials are not available.

1. Please provide the following Financial Information for the Applicant and its Subsidiaries.

Based on Financial Statements Dated:	_____ (Year/Month)
Total Assets	\$ _____
Total Liabilities	\$ _____
Total Revenues/Contributions	\$ _____
<input type="checkbox"/> Net Income or <input type="checkbox"/> Net Loss	\$ _____
Cashflow from Operations	\$ _____

2. Has the Applicant or any of its Subsidiaries changed auditors in the past year? Yes No N/A
If yes, please provide details.

Section C. COMPANY INFORMATION

1. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here .

If not applicable, please check here .

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you requesting your coverage to be extended to all Subsidiaries? Yes No

2. Is the Applicant or any of its Subsidiaries involved in any joint ventures, general partnerships or limited partnerships? Yes No

3. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 24 months? Yes No

4. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 12 months? Yes No

If "Yes," have these plans been approved by any of the following? Please check all that apply.

Board of Directors Shareholders

Section D. EMPLOYMENT PRACTICES INFORMATION

Please provide the following information regarding Employees including Directors and Officers:

1. Enter the TOTAL number of employees (by type) in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)

Number Employees in ALL STATES/JURISDICTIONS:

	Domestic		Foreign
	Union	Non-Union	
Full Time	_____	_____	_____
Part Time	_____	_____	_____

Total Number of Independent Contractors _____

2. Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.

Note: Seasonal, Temporary and Leased Employees are to be included as Part-Time employees (Non-Union if Domestic)

Number of Employees located in CALIFORNIA ONLY:

	Domestic	
	Union	Non-Union
Full Time	_____	_____
Part Time	_____	_____

Total Number of Independent Contractors _____

Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):

	Domestic	
	Union	Non-Union
Full Time	_____	_____
Part Time	_____	_____

Total Number of Independent Contractors	_____
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Number of Employees RESIDING in NEW YORK ONLY:

3. For the past 3 years, what has been the annual percentage turnover rate of employees (all locations)?
- Domestic: Year _____, _____% Year _____, _____% Year _____, _____%
- Foreign: Year _____, _____% Year _____, _____% Year _____, _____%

Section E. HUMAN RESOURCES, LOSS PREVENTION AND INCIDENT MANAGEMENT

1. Does the Applicant and any of its Subsidiaries have a Human Resources or Personnel Department?

Yes No

If "No," does the Applicant and any of its Subsidiaries have other designated/qualified staff member(s) serving the equivalent function? Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

2. Does the Applicant or any of its Subsidiaries have a human resources manual or equivalent written management guidelines? Yes No

If "Yes", does it address the following issues?

- Legally prohibited Discrimination Yes No
- Sexual Harassment Yes No
- Compliance with the Americans with Disabilities Act Yes No
- Compliance with the 1991 Civil Rights Act Yes No
- Compliance with the Family Medical Leave Act Yes No
- Employee disciplinary actions Yes No
- Terminations, layoffs and early retirements Yes No
- Employee appraisals / reviews Yes No

For all "No" answers, how are these issues handled and by whom? Please attach full details.

3. Do employees certify that they have reviewed the HR material and will comply with its Terms and Conditions? Yes No
4. Do these staff member receive training in the proper implementation of your personnel policies and procedures? Yes No
5. Does the Applicant and any of its Subsidiaries have an Employee Handbook? Yes No
- If "Yes," is the Employment Handbook distributed to all employees or maintained on an Internet location informing employees of their employment rights? Yes No
6. Does the Applicant and any of its Subsidiaries conduct employee training with regards to discrimination and harassment? Yes No

7. Has the Applicant and any of its Subsidiaries implemented and adopted anti-discrimination/harassment policies?
 Yes No
8. Is there a formalized process in place for reporting complaints/ harassment? Yes No
 If "Yes," do employees know this action will not result in a retaliatory action? Yes No
9. Has Legal Counsel reviewed the HR Guidelines in the last 2 years? Yes No

Section F. WORK FORCE MANAGEMENT

1. Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, Outside Counsel and/or the Legal Department?
 Yes No
 If "Yes," please provide details.
 If "No," please provide details on how these issues are handled.
2. Is the Applicant or any of its Subsidiaries currently undergoing or does the Applicant or any of its Subsidiaries contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)? Yes No
 If "Yes", please attach full details.
- a. Have there been any structured layoffs in the past 24 months? Yes No
 If "Yes," what percentage of employees? 1-10% 11-25% Over 25%
- b. Did the Applicant or any of its Subsidiaries use Outside Counsel during the lay off procedure? Yes No
- c. Were severance packages offered in exchange for releases not to sue and will they be offered for future layoffs? Yes No
- d. Please provide the number of layoffs that have occurred or are about to occur. _____
- e. Does the Applicant or any of its Subsidiaries have procedures in place to assist terminated or laid off employees find work? Yes No

Section G. CLAIM REPORTING PROCEDURES

1. Within the Applicant and its Subsidiaries, where and to whom are lawsuits, administrative charges and demand letters reported?
 General Counsel: _____ Human Resources: _____ Risk Management: _____ Other: _____
2. Does the Applicant have a mechanism in place for its operating companies to immediately report lawsuits, administrative charges and demand letter to a corporate office of General Counsel, Human Resources or Risk Management? Yes No
3. Name of Risk Manager or General Counsel (or equivalent position) and number of years in current position:
 Name: _____ Title: _____ Years in Current Position: _____
 E-mail Address: _____ Phone Number: _____

Section H. CLAIMS HISTORY INFORMATION

1. Please provide on a separate attachment full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here .)

2. Please provide on a separate attachment full details on all customer/client lawsuits previously filed during the last three years. (If none, check here)
3. Has there been, or is there now pending, any claim(s), suit(s), investigations or action(s) against the Applicant, its Subsidiaries, or any individual or other entity proposed for insurance arising out of an Employment Practices Violation (as defined within the proposed policy)? Yes No (If "Yes," attach complete details.)
4. Does the Applicant, its Subsidiaries, or any director, officer or employee of the Applicant know of any act, error or omission which might give rise to a claim(s) under the proposed policy? Yes No (If "Yes," attach complete details.)
5. Has the Applicant, any of its Subsidiaries or any director and/or officer been charged in any federal or state proceeding citing a violation of anti-harassment or anti-discrimination law? Yes No (If "Yes," attach complete details.)

It is agreed that with respect to Questions 3 through 5 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, any claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage

Section I. CURRENT COVERAGE

1. Current insurance (if none, most recent). If included as an attachment herein check here (Attached).

	D&O Insurance	EPL Insurance
(a) Name of insurance company	_____	_____
(b) Limit of Liability	_____	_____
(c) Self-insured retention	_____	_____
(d) Policy expiration date	_____	_____
(e) Premium (indicate one year or more)	_____	_____
(f) Continuity Date	_____	_____

2. Has any insurance carrier refused, canceled or non-renewed any Directors, Officer or Employment Practices insurance coverage*? Yes No ***MISSOURI APPLICANTS NEED NOT REPLY**
If "Yes," attach full details including when and reason(s).
3. Attach copies of the following for the Applicant and, to the extent available, each of its Subsidiaries:
 - a. Latest annual report or audited Financial Statement.
 - b. Latest CPA management letter along with the Applicant's responses to any recommendations made therein.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT

IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

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 LOUISIANA 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 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 A 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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 (365:15-1-10, 36 §3613.1).

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 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed _____
(Applicant)

Attest _____

Date _____

Broker _____

Title _____

License # _____

(Must be signed by President, Chairman,
Chief Executive Officer or Chief Financial Officer)

Address _____

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:
Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____
(Applicant)

Date _____

Title _____

(Must be signed by President, Chairman,
Chief Executive Officer or Chief Financial Officer)