

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

I. GENERAL INFORMATION

- Named Insured: _____
Please attach a list of subsidiaries. Please note: all subsidiaries must be listed to be covered under this Policy.
 Physical Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____ County: _____
 City: _____ State: _____ Zip: _____
 Person to contact: _____ Telephone: (____) _____
- Business is: Corporation Individual Proprietor Partnership LLC Other (Specify) _____
- (a) Nature of business: _____ (b) Number of years under current management: _____
- Number of Locations: _____
- Do you currently have EPLI coverage? Yes No **If "Yes", please provide a copy of declaration page.**

II. EMPLOYEES

	Regular Employees	Leased Employees	Volunteer/ Interns	Independent Contractors
Full-Time				
Part-Time				
Temporary/ Seasonal				

- Total number of employees including directors, officers and owners (all locations): _____
- Have you had any EEOC or NLRB charges, state and local judgments, lawsuits, mediations, arbitrations, negotiated settlements, or demand letters from current or former employees or their attorneys received by the applicant in the past five years?..... Yes No
If "Yes", please provide details on a separate sheet. Include for each the applicable dates, damages incurred, legal expenses, current status, and a brief description of circumstances. Also indicate the valuation date and source of this data.
- Are you aware of any circumstances which might give rise to a claim under this Policy?..... Yes No
If "Yes", please provide details on a separate sheet.
It is agreed that any claim(s) arising from any facts, circumstances or situations mentioned in Questions 4 or 5 above are excluded from coverage.
- What percentage of employees belong to a Union _____ %
- Annual employee turnover rate (Full-Time Only) _____ %
 Involuntary Terminations _____ %

III. HUMAN RESOURCES

- Do you:
 - Have a full-time human resource coordinator? Yes No
 - Have a written harassment policy? Yes No
 - Have written annual evaluation for employees? Yes No
 - Have a written grievance procedure in place? ... Yes No
 - Have a written policy for Family Medical Leave? Yes No
 - Have a written progressive discipline for employees? Yes No
 - Use outside council for employment advice? Yes No
 - Post, in a conspicuous place, all required notices pertaining to equal employment opportunity laws? Yes No
 - Have an alternative dispute resolution system? Yes No
- Do all employees receive training in the proper implementation of your human resources policies and procedures? ... Yes No
(If "Yes", please attach a separate sheet providing a description and number of hours each employee is required to take.)

IV. BUSINESS PRACTICES

- Have you had any of the following within the past 24 months, or do you expect any of the following within the next 12 months:
 - Any facility or branch office closings, reorganization, downsizing, or layoffs? Yes No
 - Any mergers, acquisitions, or consolidations with another entity? Yes No
 - Any reorganization or arrangement with creditors under federal or state law? Yes No