

4. Has the Company been in business longer than three (3) years? Yes No
5. Is the Company public-held or a public reporting company under the Securities Exchange Act of 1934? Yes No
6. Does the Parent Company own more than three (3) subsidiaries? If yes, please provide details on a separate page. Yes No
7. Has the Company in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestment? If yes, please provide details on a separate page. Yes No
8. Does the Company contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Company? If yes, please provide details on a separate page. Yes No

II. Financial Information

1. Describe the following financial information of the Company for the most recent fiscal year-end.

a) Total Assets

- \$0 to 5,000,000
 \$5,000,001 to 25,000,000
 \$25,000,001 to 100,000,000
 \$100,000,001 to 250,000,000
 over \$250,000,000

b) Gross Revenues

- \$0 to 5,000,000
 \$5,000,001 to 25,000,000
 \$25,000,001 to 100,000,000
 \$100,000,001 to 250,000,000
 over \$250,000,000

c) Net income or net loss and applicable amount:

- \$0 to 500,000
 \$500,001 to 1,000,000
 \$1,000,001 to 3,000,000
 \$3,000,001 to 5,000,000
 over \$5,000,000

d) Cashflow from operating activities positive or negative and applicable amount:

- \$0 to 500,000
 \$500,001 to 1,000,000
 \$1,000,001 to 3,000,000
 \$3,000,001 to 5,000,000
 over \$5,000,000

2. Do the current liabilities exceed current assets? If yes, please provide details on a separate page. Yes No
3. Do long-term liabilities exceed 75% of total assets? If yes, please provide details on a separate page. Yes No
4. Will more than 50% of the total long-term liabilities mature within the next 18 months? If yes, please provide details on a separate page. Yes No
5. Does the Company anticipate in the next 12 months or has the Company transacted in the last 24 months any restructuring or legal or financial reorganization or filing for bankruptcy? If yes, please provide details on a separate page. Yes No

III. Prior Insurance Information

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fiduciary	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Crime	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Technology Media, & Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Miscellaneous Prof. Services	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Privacy Plus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Has any insurer made any payments, taken notice of claim or potential claim or non renewed any management liability or similar insurance any time in the last 24 months? If yes, please provide details on a separate page. Yes No

IV. Prior Activities Information

1. Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission. If yes, please provide details on a separate page. Yes No
2. Within the last three years, has any person or entity proposed for this insurance had any crime losses. If yes, please provide details on a separate page. Yes No

V. False Information

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent Claim for payment for 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, and 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 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 Insurer files a statement of Claim or an application 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 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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or 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 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 commercial insurance or a statement of Claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated Claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the 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 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 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 WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VI. Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: _____ Date: _____
(must be signed by an Executive Officer of the Company)

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Please fully complete and attach the Information for the Coverage Section(s) being sought or bound.

Employment Practices Coverage Section Information

Is the Parent Company seeking Employment Practices coverage?

Yes No

If yes, please answer the following questions.

1. Total number of employees (full-time, part-time and independent contractors).

<input type="checkbox"/>	1 to 5	<input type="checkbox"/>	81 to 90	<input type="checkbox"/>	301 to 325
<input type="checkbox"/>	6 to 10	<input type="checkbox"/>	91 to 100	<input type="checkbox"/>	326 to 350
<input type="checkbox"/>	11 to 15	<input type="checkbox"/>	101 to 125	<input type="checkbox"/>	351 to 375
<input type="checkbox"/>	16 to 20	<input type="checkbox"/>	126 to 150	<input type="checkbox"/>	376 to 400
<input type="checkbox"/>	21 to 30	<input type="checkbox"/>	151 to 175	<input type="checkbox"/>	401 to 425
<input type="checkbox"/>	31 to 40	<input type="checkbox"/>	176 to 200	<input type="checkbox"/>	426 to 450
<input type="checkbox"/>	41 to 50	<input type="checkbox"/>	201 to 225	<input type="checkbox"/>	451 to 475
<input type="checkbox"/>	51 to 60	<input type="checkbox"/>	226 to 250	<input type="checkbox"/>	476 to 500
<input type="checkbox"/>	61 to 70	<input type="checkbox"/>	251 to 275	<input type="checkbox"/>	Over 500
<input type="checkbox"/>	71 to 80	<input type="checkbox"/>	276 to 300	<input type="checkbox"/>	Exact number, if over 500

Note: When answering the above range of employees, multiply the number of part-time employee by a factor of .5 and add to number of full-time employees and independent contractors.

2. Do more than 25% of all employees currently earn more than \$50,000? Yes No
3. Have more than 25% of the officers or management voluntarily left the employ of the Company or had employment with the Company terminated within the last 18 months? If yes, please provide details on a separate page. Yes No
4. Does the Company anticipate in the next 12 months, or has the Company transacted in the last 12 months, any plant, facility, branch or office closing, consolidations or layoffs affecting 20% or more of the employees of the Company? If yes, please provide details on a separate page. Yes No
5. Describe the internal controls the Company maintains for Employment Practices.
- a) Have all management staff and officers attended training and education programs on sexual harassment within the last 18 months? Yes No
- b) Does labor relations counsel review the employment policies/procedures at least annually? Yes No
- c) Is there a separate Human Resources Department? Yes No
- d) Does the Company publish and distribute an employee handbook to every employee? Yes No
- e) Are there written procedures for handling employee complaints of discrimination or sexual harassment? Yes No
- f) Are there written procedures for handling employee grievances or complaints? Yes No

Contact information for EPL risk management services

Name: _____ Email: _____ Phone: _____ Fax: _____