Access E&S Insurance Services, Inc.

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE WITH THIRD-PARTY DISCRIMINATION COVERAGE

THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY

INSTRUCTIONS:

- 1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2. Applications must be dated and have two signatures.
- 3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.
- 4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A.	Name and address of Applicant:
B.	Person to contact: (name, title, telephone)
C.	CorporationProfessional CorporationPartnershipOther (Please specify)
	N.A.I.C Code or SIC Code (If N.A.I.C Code is Unkown)
D.	Describe nature of the Applicant's business:
E.	Number of other locations (indicate states/countries):
F.	Does the Applicant seek coverage for Subsidiaries (50% or moreYesNo owned and wholly controlled by the entity identified in "A" above)? (If Yes, please identify Subsidiaries on a separate sheet and all Application information should include information for each Subsidiary)
G.	How long has the Applicant been in business? Years
H.	How long has the Applicant been under current management? Years

Page 1 of 9

- I. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? _____Yes ___No (If Yes, please complete the Reduction In Force supplement (1))
- J. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? ____Yes ___No (*If Yes, please complete the Reduction In Force supplement (J)*)
- K. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include inhouse counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure?

_Yes _ No

L.	Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is greater , increase over the current number of employees?YesYY						
M.	Has the proposed coverage ever been purchased before, whetherY specifically or as a part of or addition to another coverage?			_Yes	_No		
	<u>Year</u>	Type of Coverage	Carrier	<u>Limit</u>	<u>Deductible</u>	<u>Premiu</u>	<u>ım</u>
N.	predec	y insurer ever cancel essor for this type of , please provide detail	coverage?		ant or its	Yes	_No
Finan	cial Info	ormation					
A.		answer the following iaries, for the most re			ured Company, i	ncluding i	ts
	i)	What are the Applie	cant's total ass	ets?	\$		
	ii)	What are the Applie	cant's total gro	oss revenues?	\$		

II.

iii)	Does the Applicant currently have:	Net Income or Net Loss Amount \$
iv)	Does the Applicant currently have:	Positive Cashflow or Negative Cashflow Amount \$

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? ____Yes ___No (*If Yes, please provide details on a separate sheet*)

III. Loss History

A. Furnish details of all Wrongful Employment Practice Claims (as those terms are defined in the Policy) against the Applicant within the last 5 5 years.None___ See attached __(*Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment OpportunityCommission, or any other governmental agency with responsibility for employment practices.*)

Total number of Claims in the last 5 years

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

B. Does any director, officer, shareholder, principal, or employee __Yes __No with personnel responsibility have knowledge of any circumstances that could give rise to a Claim or in any other way suspect that a Claim may be brought?

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a current or former employee, including officers, or an applicant for employment, has expressed dissatisfaction with the employment relationship or the employment application process by:

- *i)* making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;
- *ii) otherwise complaining of discrimination, harassment, or unfair treatment;*
- *iii) threatening to hire an attorney; or*
- *iv)* asking for a severance package in excess of what was offered.

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section II will be excluded from coverage.

IV.	Employees	(including Sul	osidiary employee	e information on a se	eparate sheet)
-----	-----------	----------------	-------------------	-----------------------	----------------

А.	Number of employees:	Full Tir	ne:	Part Time	:	
В.	Salary ranges (including bonus dividends and commissions)	es,	Number of full time employees		Number of time empl	-
	\$ 50,000 or less	:				
	\$ 50,001 to \$100,000	:				
	\$100,001 and over	:				
C.	Does the Applicant use seasona	al or temp	oorary employees?		Yes	No
	If so, when and how many?					
	Are these employees included	in A and I	B above?		Yes	No
D.	Does the Applicant use leased If yes, how many have been ret 12 months?		the Applicant in the pa	ist	_Yes	No
	Are these employees included	in A and I	B above?		Yes	No
E.	Does the Applicant use indepen	ndent con	tractors?		Yes	No
	If Yes, how many work solely	for the A	oplicant?		_	
F.	How many employees are cove agreements?	ered by co	ollective bargaining or	other unio	n _	
G.	In the past 12 months, how man	ny <u>office</u>	<u>rs</u> have left your emplo	y?	_	
	Of the above, how many were	terminate	d?		_	
H.	In the past 12 months, how ma	ny <u>other e</u>	employees have left yo	ur employ?	? _	
	Of the above, how many were	terminate	d?		_	
Hum	an Resources					
A.	Does the Applicant have writte officers?	en employ	ment agreements with	all	Yes	No
B.	Have the Applicant's managers and education programs/semina of discrimination within the las	ars on sex	ual harassment and oth	•	_Yes	No
	If Yes, who has attended?					
	If Yes, who conducts the sessio					
C.	Does the Applicant have its em by labor or employment counse		t policies/procedures re	eviewed	_Yes	No
	If Yes, identify the firm and da	te of last	review:			

V.

	D.	D. Does the Applicant have a Human Resources or Personnel Department?Ye		
		If No, who handles this function		
	E.	Does the Applicant have an employee handbook?	_YesNo	
		If Yes, does the Applicant distribute it to all employees?	_Yes _No	
		If Yes, do all employees sign for its receipt?	_Yes _No	
		If Yes, does it expressly state that it is not a contract and that employment is "at will"?	_Yes _No	
	F.	Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment?	_Yes _No	
	G.	Does the Applicant require all terminations to be reviewed by: The person in charge of human resources? Outside counsel?	YesNo YesNo	
	H.	Does the Applicant maintain a personnel file for each employee?	_Yes _No	
VI.	Third	I-Party Information		
	A.	Estimated number of employees with customer/client contact:		
	B.	Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant? (<i>If Yes, please provide details on a separate sheet</i>)	_Yes _No	
	C.	Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior?	_Yes _No	
	D.	Are there procedures for reporting and dealing with complaints by customers/clients?	_Yes _No	
	E.	Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)?	□ Yes □ No	
VII.	Other	r Material Facts		
	A. attache	Please declare any other Material Facts on a separate sheet. None ed (If there are no other Material Facts, please check "None")	See	
	A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All the information requested in this proposal is			

be considered material, you should disclose it. All the information requested in this proposal is material.

Please also ensure that any additional information is attached where applicable.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Signature of Applicant's Authorized Principal or Officer

Title

Title

Date

Signature of Applicant's Authorized Human Resources Representative

(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)

Page 6 of 9

SUPPLEMENTAL CLAIM INFORMATION

Claimant(s):			
Position/Title(s):			
Position/Title(s):			
Claim status:	Incident	<u>Claim</u>	Suit
Venue: (Court or Agency)			
Date of act(s) caus	sing claim / incident:		
Date claim / incide applicant:	ent reported to the		
Nature of Claim ar	nd allegations:		
	-		
Name of defense a	attorney and law firm:		
Name of plaintiff a	ttorney and law firm:		
If Closed, total pai	d (defense and loss):		
If Open: 1. Claimant's dem	and:		
2. Insurer's defens	e and/or loss reserves:		
3. Defense costs i	ncurred to date:		
4. Applicant's settl	ement offer:		
5. Applicant's estir	nate of settlement:		
Remedial action ta	aken to prevent a similar cl	laim:	

<u>Reduction In Force Supplement (I)</u>

А.	How many employees were laid off?
B.	What date(s) did the lay-off's take place?

C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?

D.	Were severance packages offered to all laid-off employees?	\Box Yes	\Box No

E.	Were signed releases gained from all laid-off employees?	\Box Yes	\Box No
----	--	------------	-----------

- F. Were exit interviews completed with all laid-off employees? \Box Yes \Box No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim?
- H. Please provide available details on the above.

<u>Reduction In Force Supplement (J)</u>

A.	How many employees will be laid off?		
B.	What date(s) will the lay-off be effective?		
C.	Do you agree to consult with and follow the recommendations specializes in labor and employment law as respects the implem reduction, lay-off or closure?		
D.	Will severance packages be offered to all laid-off employees?	□ Yes	□ No
E.	Will signed releases be gained from all laid-off employees?	□ Yes	□ No
F.	Will exit interviews be completed with all laid-off employees?	□ Yes	□ No

G. Please provide available details on the above.