

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	—	—	_____	_____
Directors and Officers	—	—	_____	_____
Fiduciary	—	—	_____	_____
Crime	—	—	_____	_____
Technology Media, & Professional Services	—	—	_____	_____
Miscellaneous Prof. Services	—	—	_____	_____

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 be the same force and effect as an original signature and that the original and any such copies shall be deemed on 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).
 How many part time: _____ How many full time: _____

_____ 1 to 5	_____ 81 to 90	_____ 301 to 325
_____ 6 to 10	_____ 91 to 100	_____ 326 to 350
_____ 11 to 15	_____ 101 to 125	_____ 351 to 375
_____ 16 to 20	_____ 126 to 150	_____ 376 to 400
_____ 21 to 30	_____ 151 to 175	_____ 401 to 425
_____ 31 to 40	_____ 176 to 200	_____ 426 to 450
_____ 41 to 50	_____ 201 to 225	_____ 451 to 475
_____ 51 to 60	_____ 226 to 250	_____ 476 to 500
_____ 61 to 70	_____ 251 to 275	_____ Over 500
_____ 71 to 80	_____ 276 to 300	_____ 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: _____



EMPLOYMENT PRACTICES RISK MANAGEMENT SERVICES

E-Risk Services, LLC is proud and excited to now offer a state-of-the-art **EPL Risk Management service** that provides Insureds the ability to ask specific human resource and employment law questions directly to employment **law attorneys**, access to an **Online Resource Portal** and more.

Below please find information on the ***E-Risk EPL HELPLINE*** or go to

www.eriskeplhelpline.com

Why the E-Risk EPL HELPLINE?

As employers, your organization faces changing employment laws and ongoing employee issues. You have questions about [Wage/Hour](#), [Workers' Compensation](#), [Discrimination](#), [Wrongful Termination](#), [Benefits](#), [ADA](#) and more.

E-Risk Services, LLC recognizes these challenges and provides the ***E-Risk EPL HELPLINE*** to deliver best practice advice and counsel on many of the human resource and employment law issues that our clients face. **Access** to employment law **attorneys** and a state-of-the-art Online Portal is available **as often as needed**.

The ***E-Risk EPL HELPLINE*** attorneys are from a **national law firm**. They are experts on both basic and complex human resource and employment law issues and will respond to users' inquiries no later than the end of the next business day. Their responses are documented and always kept strictly **confidential**.

What is the E-Risk EPL HELPLINE?

The ***E-Risk EPL HELPLINE*** is a value-add and loss reduction service package which is automatically included with all BAM® policies. The service includes the following features for each insured.

- **Employer HELPLINE**
 - Unlimited phone and email access to personalized advice & best practices counsel on over [50 different human resources and employment law issues](#) from a national law firm.
 - Real, documented, confidential answers to an insured's *specific* questions and detailed and confidential responses by the end of the next business day.
- **The E-Risk EPL HELPLINE Online Portal**
 - Daily updated Federal & State HR and employment law news and regulation changes, Regulation Comparison Charts, over 75 job descriptions, over 90 customizable model policies, forms and posters and much more...
- **Monthly HR Express Updates**
 - Users can stay current with information sent directly to an email inbox. Each HR *Express* Update includes a Question of the Month, Case Digest of the Month and periodic HR Alerts.

What Can Users Ask?

HELPLINE responds to over [50 different](#) human resource and employment law issues. Listed below are some examples of questions asked.

Note: These services are utilized by organizations of all sizes and in all states... small, large or anywhere in between, employers see the value of HELPLINE. All employers have questions and we provide the answers.

1. What are the major laws and restrictions that limit your right to fire?
2. Do I have to pay overtime?
3. Does my organization have to comply with the Family & Medical Leave Act (FMLA)?
4. How do you confront a troubled employee?
5. Do you have to pay an exempt employee for sick days?

50 Different HR Issues

Affirmative Action Plans	Payroll
Age Discrimination (ADEA)	Performance Management
Americans with Disabilities Act (ADA)	Personnel Files (Content & Handling)
Background and Employment Screening	Physical Appearance Issues
Benefit Continuation (COBRA)	Policies & Procedures
Compensation	Pregnancy
Disability Claims and Issues	Privacy (General and HIPAA Issues)
Discrimination	Progressive Discipline
Drug Testing	Racial Issues
Employee Benefits	Recognition Programs
Employee Handbooks	Regulatory Compliance (State & Federal)
Employee Turnover	Religious Issues
Exempt/Non-Exempt	Retaliation
Facility Closure	Safety Procedures & Practices
Family and Medical Leave Laws (FMLA)	Sexual Harassment
Fraud/Theft/Shrinkage	Sexual Preference & Orientation Issues
Gender Issues	Termination & Discharge
General Harassment	Training
Hiring Practices	Unemployment Compensation
Immigration Laws and Issues	Union Relations - General Inquiries
Interviewing	Wage/Hour (Federal)-Fair Labor Standards Act (FSLA)
Layoffs	Wage/Hour (State)
Management & Employee Development	Workers Compensation
Marital Status	Workplace Violence
Military Leave (USERRA)	
National Origin and Language Issues	

Who Uses the HELPLINE?

Insureds who use the HELPLINE range in size from small organizations with under 10 employees to medium-sized organizations with human resource departments all the way to large organizations with in-house legal resources and many employees. Access to the attorneys for initial guidance or second opinions is always unlimited and included in the ***E-Risk EPL HELPLINE***.

Primary employer questions are typically "crisis" situations requiring immediate attention. The HELPLINE attorneys will provide documented advice **no later than the end of the next business day** to support insureds in these situations. Beyond these types of issues, we encourage users to be proactive and ask questions before problems arise. By using the HELPLINE for advice and counsel, insureds can **save thousands of dollars** in legal fees!

Large, or small, or somewhere in between, insureds can use the ***E-Risk EPL HELPLINE*** as often as they have questions.

Why small organizations?

- Small employers typically don't have HR expertise on staff and need somewhere to turn for initial guidance

What about a mid-size organization?

- Busy HR professionals use HELPLINE to save time and get a legal (second) opinion

Large organizations, too?

- Yes! HELPLINE's attorneys are specialized in the field of Employment & Labor Law so even when an organization has HR expertise and their own General Counsel on staff the ***E-Risk EPL HELPLINE*** allows for time savings and gives second opinions in this specific area of law.

Find out more at www.eriskeplhelpline.com

Please make sure to include your contact information in the Employment Practices Coverage Section Information section of the BAM Application so our representatives can reach out to you and you can benefit from our state-of-the art EPL Risk Management Services.