

Employment Practices Liability Insurance Questionnaire

Original Date:

Company Name:

Physical Address:

Suite #:

City:

State:

Zip Code:

Mailing Address (If Different):

Phone:

Cell:

Fax:

Email:

Contact Person:

Years in Business:

Nature of Operations:

Website:

General Information

- | | | |
|--|-------------------------------------|------------------------------------|
| 1. Have you been in business for longer than three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is the business publicly held or a public reporting company under the Securities Exchange Act of 1934, as amended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been involved with, negotiated, attempted, or transacted any merger, acquisition, asset sale, or divestment in the past eighteen (18) months where such merger, acquisition, asset sale, or divestment involved more than twenty five percent (25%) of total assets or securities of the business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "yes", please provide details:

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| 4. Do you contemplate transacting any merger, acquisition, asset sale, or divestment in the next twelve (12) months where such merger, acquisition, asset sale, or divestment would involve more than fifty percent (50%) of the total assets or securities of the business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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If "yes", please provide details:

Financial Information

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

- **Total Assets: \$**
- **Net income/Net loss: \$**
- **Gross Revenues: \$**
- **Cash flow from operating activities: \$**

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| 2. Do the current liabilities exceed current assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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If "yes" please provide details:



3. Do long-term liabilities exceed seventy five percent (75%) of total assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

4. Will more than fifty percent (50%) of the total long-term liabilities mature within the next eighteen (18) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

5. Are you currently in default or anticipate in the next twelve (12) months to be in default of any debt covenants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

6. Do you anticipate in the next twelve (12) months or have you transacted in the last twenty four (24) months any restructuring or legal or financial reorganization or filing for corporate bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

7. Does any person or entity who owns or controls fifty percent (50%) or more of the outstanding securities of the business anticipate in the next twelve (12) months filing for or has any such person or entity within in the last twenty four (24) months filed for personal or corporate bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

8. Do you have any actual or potential earn-out or other contingent payment obligation in the next twenty four (24) months to any person or entity where such payment obligation exceeds \$500,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

Prior Insurance Information

1. Has any insurer made any payment, taken notice of claim or potential claim or non-renewed any management liability or similar at any time in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" please provide details:

Prior Activities Information

1. Within the last three (3) years, have you or any person proposed for this insurance in his or her capacity as an employee, officer, or director of the business or another entity been the subject of or involved in any:

A. Litigation, civil, arbitration, administrative or criminal proceeding, civil or criminal charge or hearing, or a written demand seeking monetary or non-monetary damages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Formal or informal investigation, proceeding or inquiry by any federal, state or local governmental agency or regulatory body, including without limitation, the U.S. Department of Justice, the U.S. Department of Labor, or any federal or state office of the Attorney General?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Notice of charges or other proceeding from the Equal Employment Opportunity Commission or any similar state or local agency or regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "yes" please provide details:

2. Within the last three (3) years, has the business had any commercial crime losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "yes" please provide details:

Employment Practices Coverage Section Information

1. Employee and employment compensation information: Please fill in the below with number of employees in each area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Full Time: • Part Time: • Seasonal: • Contracted (leased, independent, or otherwise): 		

Estimated annual remuneration of all employees, including officers, owners, or partners:

- Number of employees with estimated annual remuneration exceeding \$100,000:

A. *Note: Remuneration above includes salary, commissions, bonuses and other incentives and does not include any dividends or security based distributions.	\$
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B. Have more than twenty five percent (25%) of the officers or management voluntarily left the employ of the business or had employment with the business terminated within the last eighteen (18) months?	
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If "yes" please provide details:

2. Do you anticipate in the next twelve (12) months, or have you transacted in the last twelve (12) months, any plant, facility, branch or office closing, consolidations or layoffs affecting twenty percent (20%) or more of the employees of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If "yes" please provide detail:

3. Describe the internal controls the business maintains for Employment Practices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have all management staff and officers attended training and education programs on sexual harassment within the last eighteen (18) months?

4. Does labor relations counsel review the employment policies/procedures at least annually?	
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A. Is there a separate Human Resources Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Does the Applicant publish and distribute an employee handbook to every employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are there written procedures for handling employee complaints of discrimination or sexual harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are there written procedures for handling employee grievances or complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Does the Applicant compensate all interns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Has the Applicant had in place for the past three years or since formation, whichever is the shorter time-period, written procedures and guidelines to classify the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938, as amended?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This information is accurate and complete to the best of my knowledge and represents the operations and exposures of the above noted applicant.

Applicant's Signature

Date

Agent's Signature

Date

Agency and Code Number