

Admiral Insurance Company

11. Within the last 12 months, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer? Yes No
 If "Yes", provide the following details by attachment: Name of individual and date of change.

12. Annual pay ranges:

	Number of Full Time Employees	Number of Part Time Employees
\$50,000 or less		
\$50,001 to \$100,000		
\$100,001 and over		

13. (a) Does the **Insured Entity** currently employ a full time Human Resources professional? Yes No
 If "Yes", what is the name and title of the senior Human Resources professional?
 Name: _____ Title: _____
 If "No", what is the name and title of the person who performs the Human Resource function?
 Name: _____ Title: _____

- (b) Does the **Insured Entity** currently utilize employment counsel? Yes No
 If "Yes", what is the name of the firm utilized? Firm: _____

14. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):
- (a) Utilize employment applications for all prospective **Employees**? Yes No
 - (b) Conduct reference checks on all prospective **Employees**? Yes No
 - (c) Use any tests, including drug or skill tests to screen applicants, or to promote or monitor **Employees**? Yes No
 - (d) Maintain a personnel file on each **Employee**? Yes No
 - (e) Maintain confidential and segregated **Employee** medical records? Yes No
 - (f) Have a document retention policy for all **Employee**/employment related documents? Yes No
 If "Yes", how long are they retained? _____
 - (g) Inform all **Employees** in writing that their employment relationship is "at-will"? Yes No
 - (h) Require the Human Resource Department to review and approve each proposed **Employee** termination? Yes No
 - (i) Have outside employment counsel review each proposed **Employee** termination? Yes No
 - (j) Document each **Employee's** personnel file with all reasons for termination? Yes No
 - (k) Require any **Employee(s)** to retire upon attaining a certain age? Yes No
 - (l) Have written employment agreements with any **Employees**? Yes No
 - (m) Have collective bargaining agreements with any group of **Employees**? Yes No
 - (n) Maintain a written arbitration policy/procedure for employment related disputes? Yes No
 - (o) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? Yes No
 - (p) Have a policy prohibiting the display or distribution of material, whether printed or electronic, which may be deemed offensive to others, and distribute that policy to all **Employees**? Yes No
 - (q) Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment? Yes No
 - (r) Periodically have its employment policies and procedures reviewed by outside employment counsel? Yes No
 - (s) Periodically have its employment policies and procedures distributed to all **Employees**? Yes No

15. Indicate which formal written policies and procedures have been implemented and attach a copy of each.
 If "None", so state. None
- | | | |
|---|---|---|
| <input type="checkbox"/> Employee Handbook / Manual | <input type="checkbox"/> Anti-Harassment Policy, including Sexual Harassment | <input type="checkbox"/> <u>Employers with more than 50 Employees</u> |
| <input type="checkbox"/> Anti-Discrimination Policy – Equal Employment Opportunity (EEO) Policy | <input type="checkbox"/> Adherence to Employment "at-will" relationship with all Employees | <input type="checkbox"/> Family Medical Leave Act
<u>California Employers Only</u> |
| | | <input type="checkbox"/> California Family Rights Act |

Litigation and Claim Information (Provide details to all "Yes" answers by attachment)

16. During the last 5 years, has the **Insured Entity** or any of its directors, officers or **Employees** known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?
- (a) National Labor Relations Board? Yes No
 - (b) Equal Employment Opportunity Commission? Yes No
 - (c) Office of Federal Contract Compliance Programs? Yes No
 - (d) U.S. Department of Labor? Yes No
 - (e) Any state or local government agency such as the Labor Department or fair employment agency? Yes No

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(f) U.S. District or state court? Yes No

17. During the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Acts** against the **Insured Entity** or its directors, officers or **Employees**? Yes No

A **Claim** is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance.

IF "YES" TO ANY PART OF QUESTIONS 16., OR 17., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY COMPLETING A CLAIM SUPPLEMENTAL FORM EPL 4610 OR, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

- (a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
 (e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees

Previous Insurance Information (Provide details to all "Yes" answers by attachment)

18. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state. None

	Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
Employment Practices Liability					
Directors' and Officers' Liability					
General Liability					

19. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Insured Entity's** most recent Employment Practices Liability Policy? Yes No

Documents Required

20. Provide details to all "Yes" answers, when applicable, by attachment.

21. Provide the following information on all **Subsidiaries** of the **Insured Entity**. If "None", so state. None

- (a) Name (b) Percent of ownership (c) Nature of business
 (d) Date of acquisition/creation (if less than 100 percent, (e) Domestic or foreign
 list minority owners)

22. Provide the following information on all plants, facilities, branches or offices of the **Insured Entity**. If "None", so state. None

- (a) Location (b) Domestic or foreign (c) Estimated number of **Employees**

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES IN QUESTION 21. UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED BY ATTACHMENT. ALSO, PROVIDE DETAILS TO QUESTION 22. BY ATTACHMENT, AS APPROPRIATE.

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Please Read Carefully

The undersigned, acting on behalf of all **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insureds**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Insureds** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- this Proposal Form has been completed as respects the **entire Insured Entity**;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

	Title:
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Chairman of the Board of Directors, President, or Chief Executive Officer

	Dated:
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Print Name

	Dated:
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Human Resources Manager (or equivalent position)

This Admiral Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:

Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Print Name)

AGENT'S LICENSE NUMBER

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, 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, AND 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.