

MUTUAL MARINE OFFICE, INC. 919 Third Ave 10 th floor New York, NY 10022	APPLICATION FOR EMPLOYERS' PROFESSIONAL LIABILITY INSURANCE (CLAIMS-MADE FORM)
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1. Name of Applicant: _____
If other than parent firm, supply full details of ownership entity

2. Mailing Address: _____

Phone Number: _____ Email address: _____
 Fax Number: _____ Website address: _____

Additional Number of Locations: _____

3. Does applicant seek coverage for the other locations or subsidiaries? Yes No n/a
If yes, please include combined information for all locations in answers to all questions in this application

4. How long has the company been in continuous operation? _____

5. Have there been any changes in majority ownership since the date organized? Yes No
 If yes, give details on a separate attachment.

6. Financial Information for the last three (3) years:

Gross Fees & Receipts estimated for the new fiscal year:

a. Actual Fees & Receipts for past three (3) years:

20 _____ \$ _____ 20 _____ \$ _____ 20 _____ \$ _____

b. Net operating profit (loss) for the past three (3) years:

20 _____ \$ _____ 20 _____ \$ _____ 20 _____ \$ _____

7. Describe in detail the operations of the firm: _____

8. What is the sum total number of employees for all locations? _____

a. Number of full-time employees: _____

b. Number of part-time* (less than 20 hrs/week) employees: _____

**Includes seasonal, independent contractors and leased employees*

9. Has the applicant done any of the following in the past 12 months: closed, downsized, laid off or reduced staff, was sold, merged or acquired by any company? Yes No
If yes, please explain in detail: _____

10. How many employees have been involuntarily terminated over the last three years? _____

11. What is the average percentage of overall employee turnover for the last three years?
 Less than 5% 5% to 10% 11% to 20% 21% to 30% 31% to 40% Over 40%

Human Resource Procedures:

12. Does the applicant prominently display all of the proper notification posters required by the EEOC? Yes No

13. If the applicant has over 25 employees, is there a full time human resource manager or department? Yes No n/a

14. If the applicant has over 25 employees, is there a written policy or handbook that is distributed to all employees? Yes No n/a

If yes, does the policy or handbook have:

- a. Instructions as to procedure in the case of an incident relating to employment practices? Yes No n/a
- b. A progressive disciplinary procedure? Yes No n/a
- c. A policy prohibiting discrimination? Yes No n/a
- d. A signed policy/statement prohibiting sexual harassment? Yes No n/a
- e. An Equal Employment Opportunity statement? Yes No n/a
- f. A termination policy? Yes No n/a
- g. An "employment at will" statement? Yes No n/a
- h. A policy for family/medical emergencies that abides by the Family & Medical Leave Act of 1993? Yes No n/a
- i. Do you require that all employment terminations be reviewed prior to discharge by the Human Resources Department, the Legal Department or outside counsel? Yes No n/a

15. Are all prospective employees required to complete an employment application prior to hire? Yes No

16. Give details of any new contemplated operations or material changes in business emphasis planned for the coming year.

Third Party:

17. Does the applicant require Third Party coverage? Yes No

18. Does the applicant have written procedures for handling complaints of discrimination and sexual harassment from a "person" other than an "employee"? Yes No

19. Has the applicant received any complaints alleging discrimination and/or sexual or non-sexual harassment from a "person" other than an "employee" in the past three (3) years? Yes No
If yes, please explain each in detail and provide claim dollar amounts below.

	Details	Amount Paid or Reserved
Complaint 1		
Complaint 2		
Complaint 3		

20. Are the applicant's facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA)? Yes No

If No, please provide an explanation: _____

21. Does the applicant provide a compulsory, formalized training course to their employees regarding discrimination and sexual or non-sexual harassment of a "person" other than an "employee"? Yes No

If No, please provide an explanation: _____

Claims:

Please answer the following:

22. Have there been any charges filed with the EEOC or state agency against any applicant at any location, whether filed by current employees, terminated employees or employees not hired? Yes No

If yes, please explain in detail: _____

23. Have there been any Employment Practices claims reported in the last three (3) years? Yes No
If yes, please explain each in detail and provide claim dollar amounts below.

	Defense Cost	Indemnity	Reserve	Total
Claim 1				
Claim 2				
Claim 3				
Claim 4				
Claim 5				
Claim 6				
			Total	

24. Are any persons or entities proposed for this insurance aware of any fact, circumstance or situation, which might afford grounds for any claim, such as, would fall under the proposed insurance? Yes No

If yes, please explain in detail: _____

25. Is there currently Employment Practices Liability coverage in place? Yes No

If yes:

a. Does it include Full Prior Acts? Yes No

i. If not, what is the Retroactive Date? _____

26. (OPTIONAL) Give Employers' Professional Liability coverage for the last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration Month/Day/Year

27. Limits of Liability requested: \$100,000 \$250,000 \$500,000 \$1,000,000

28. Deductible requested: \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000

29. Desired effective date of policy: _____

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The applicant understands that answers to these questions are material to the underwriting decision process. The completion of this application does not bind the Company to sell, or the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date _____ Signature of Applicant _____ Title _____

Producer: _____

Executive Perils

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