#### **ALLEGIANCE UNDERWRITING GROUP**

## RENEWAL APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

#### **INSTRUCTIONS:**

- 1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2. Application must be signed and dated.
- 3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.

I.	Gen	eral Information
	A.	Name of Applicant:
	B.	Address (if different from last year):
	C.	Any change in the nature or locations of business operations over the
		last year? (If Yes, please explain) $\Box$ Yes $\Box$ No
	D.	Any change in management during the last year?  (If Yes, please explain) □ Yes □ No
	E.	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 <b>greater</b> , through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? $\Box$ Yes $\Box$ No (If Yes, please complete the Reduction In Force supplement (E))
	F.	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 <b>greater</b> , through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? $\Box$ Yes $\Box$ No (If Yes, please complete the Reduction In Force supplement (F))
	G.	If, during the next 12 months, circumstances of which you are currently unaware, make it necessary for you to implement a Reduction in Force, that affects ten percent (10%) of your workforce or five (5) Employees, whichever is greater. Do you agree that you will consult with, and adopt the advice of the HR Experts at EPLI PRO (TEL: 800-387-4468 or EMAIL: <a href="https://hreadingle.com">https://hreadingle.com</a> . This is part of the free loss control services included with the purchase of this insurance policy. You may also utilize in-house counsel for this Reduction in Force procedure, but only if that counsel is qualified and experienced in the practice of labor and employment.
	Н.	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 <b>greater</b> , increase over the current number of employees? $\Box$ Yes $\Box$ No (If Yes, please provide full details on a separate sheet)

### II. Financial Information

A.		answer the following nine (9) questions liaries, for the most recent fiscal year end		y, including its		
	i)	What are the Applicant's total assets?	\$			
	ii)	What are the Applicant's current asset	\$			
	iii)	What are the Applicant's total liabiliti	\$			
	iv)	What are the Applicant's current liabi	\$			
	v)	What are the Applicant's total gross re	\$			
	vi)	Does the Applicant currently have: Any credit facility/long term financing If yes, what amount is exercised/borro If yes, what amount is repayable over If yes, on what date does the credit fac renew/expire?	☐ Yes ☐ No \$ \$/overdraft			
	vii)	Within the last three years has the Applicant ever been in breach of any debt covenants or loan agreements?   Yes  No  If yes, please provide details				
	viii)	Does the Applicant currently have:	Net Income Net Loss Amount	□ or □ \$		
	ix)	Does the Applicant currently have:	Positive Cashflow Negative Cashflow Amount	□ or □ \$		
B.	opinio	n auditor in the previous two (2) fiscal you of the financial information for the Apart, please provide details on a separate sh	oplicant?	ing concern"  ☐ Yes ☐ No		

### III. Employees

A.	Number of employees:	Full Tir	ne: Part '	Time:	
B.	Salary ranges (including bonus dividends and commissions)	res,	Number of full time employees	Number time emp	
	Less than \$25,000				
	\$ 25,001 to \$75,000	:			
	\$ 75,001 to \$150,000	:			
	\$150,001 and over	:			
C.	Does the Applicant use seasons	al or temp	orary employees?	□ Yes	□No
	If so, when and how many?				
	Are these employees included	in A and	3 above?	□ Yes	□No
D.	Does the Applicant use leased If yes, how many have been result 12 months?		the Applicant in the past	□Yes	□No
	Are these employees included	in A and	3 above?	□ Yes	□No
E.	Does the Applicant use independent of Yes, how many?	ndent con	tractors?	□ Yes	□No
	Do you want coverage for thes	e Indepen	dent Contractors?	□ Yes	□No
F.	In the past 12 months, how many <u>officers</u> have left your employ?				
	Of the above, how many were	terminate	d?	-	
G.	In the past 12 months, how ma	ny <u>other e</u>	mployees have left your em	ploy?	
	Of the above, how many were	terminate	d?	-	

IV.	Loss History			
	A. Has the applicant reported all <b>claims</b> to underwriters or underwriters' representatives?			
	(If not, Please complete the attached supplement).			
Plea	ase also ensure that any additional information is attached where applicable.			
	he Applicant warrants after full investigation and inquiry that the statements set forth erein are true and include all material information.			
su aı Si to	he Applicant on behalf of all proposed Insureds further warrants that if the information applied on this renewal application changes between the date of this renewal application and the inception date of the Policy, it will immediately notify Underwriters of such change. In againing of this renewal application does not bind Underwriters to offer, nor the Applicant of accept, insurance, but it is agreed that this renewal application shall be the basis of the assurance and will be attached and made a part of the Policy should a policy be issued.			

# (PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)

Signature of Applicant's Authorized Principal or Officer

Signature of Applicant's Authorized Human Resources Representative

Date

Date

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Title

Title

### SUPPLEMENTAL CLAIM INFORMATION

Claimant(s):				
Position/Title(s):				
Defendant(s):				
Position/Title(s):				
Claim status:	<u>Incident</u>	<u>Claim</u>	<u>Suit</u>	
Venue: (Court or Agency)				
Date of act(s) caus	sing claim / incident:			
Date claim / incidapplicant:	ent reported to the			
Nature of Claim a	nd allegations:			
rature of Claim a	na anegations.			
Name of defense attorney and law firm:				
Name of plaintiff attorney and law firm:				
If Closed, total pa	id (defense and loss):			
If Open: 1. Claimant's dem	and:			
2. Insurer's defens	e and/or loss reserves:			
3. Defense costs in	ncurred to date:			
4. Applicant's sett	lement offer:			
5. Applicant's estimate of settlement:				
Remedial action taken to prevent a similar claim:				

### **Reduction In Force Supplement (E)**

A.	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 law labor and employment law as respects the implementation of su closure?	•	
D.	Were severance packages offered to all laid-off employees?	□ Yes	□ No
E.	Were signed releases gained from all laid-off employees?	□ Yes	□ No
F.	Were exit interviews completed with all laid-off employees?	□ Yes	□ No
G.	Did any of the laid off employees express that they were considered complaint or claim?	lering bringi □ Yes	ng any sort of
Н.	Please provide available details on the above.		

### **Reduction In Force Supplement (F)**

A.	How many employees will be laid off?		
В.	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 implemendation, 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	$\square$ No
G.	Please provide available details on the above.		