



EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS SUBMITTED IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS THEREIN. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED AND MAY BE TOTALLY EXHAUSTED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ THE POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this Application are defined in the Policy and have the same meaning in this Application as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This Application, including all materials submitted herewith, shall be held in confidence.

1. GENERAL INFORMATION

- (a) Applicant Name: _____
(Whenever used in this Application, the term "Applicant" shall mean the **Parent Company**, unless otherwise indicated)
- (b) Address: _____

- (c) State of Incorporation: _____ (d) Date Established: _____
- (e) Nature of Business: _____
- (f) Form of business organization: Corporation; Partnership; Other (specify) _____
- (g) SIC Code: _____ (h) Stock Symbol and Exchange (if applicable) _____
- (i) Applicant's website address (if applicable): _____
- (j) Name of Applicant's designated representative to receive all notices from the Insurer on behalf of all person(s) and entity(ies) proposed for this insurance: _____
- (k) Please attach a list of **Subsidiaries** proposed for coverage, including their nature of business, date acquired or created and percentage of ownership by **Parent Company**.
- (l) Does the Applicant have any foreign operations? Yes No If yes, please complete Appendix I: Foreign Operations Questionnaire.

2. COVERAGE REQUESTED

Limit Requested \$ _____

Retention Requested \$ _____

3. **POLICY PERIOD REQUESTED**

From _____ to _____ both days at 12:01 a.m. at the principal address of the Applicant.

4. **OUTSIDE POSITIONS**

Is the Applicant requesting **Outside Position** coverage? Yes No If yes, please attach a list of all proposed **Insured Individuals** by name, title, and affiliation with other organizations.

5. **PUNITIVE DAMAGES**

Is the Applicant requesting **Punitive Damages** coverage? Yes No

6. **THIRD PARTY CLAIM**

Is the Applicant requesting **Third Party Claim** coverage? Yes No If yes, please complete Appendix II: **Third Party Claim** Questionnaire.

7. **EMPLOYEE INFORMATION**

a) Total number of **Employees** in **Parent Company** and all **Subsidiaries**:

Number that are full-time

Number that are part-time

Number located in United States

Number located outside United States

Number that are unionized workers

b) Total number of the following:

Number of temporary workers

Number of independent contractors

Number of leased workers

Number of volunteers

c) Does the Applicant have a tracking system that monitors the overtime, vacation and sick pay hours of non-exempt **Employees**? Yes No

d) Please provide a breakdown of the total number of **Employees** or **Insured Individuals** in the following jurisdictions:

California Florida Massachusetts Michigan

New Jersey New York Washington, D.C. Texas

e) Percentage of **Employees** with salaries:

Less than \$50,000 % \$100,001 - \$150,000 %

\$50,001 - \$100,000 % Greater than \$150,001 %

f) **Employee** turnover percentage for the most recent three years:

Year _____ % Year _____ % Year _____ %

8. CORPORATE HISTORY

Has the Applicant in the past 36 months completed or agreed to, or does it contemplate within the next 18 months, any of the following, whether or not such transactions were or will be completed?

- (a) Merger, acquisition or consolidation with another entity? Yes No If yes, please provide details.

- (b) Sale, distribution or divestiture of any assets resulting in a reduction of the total number of **Employees** of the Applicant? Yes No
- (c) Anticipate any plant, facility, branch or office closings, consolidations or layoffs? Yes No
If yes to questions 8(b) or (c) above, please complete Appendix III: Reduction in Workforce Questionnaire.
- (d) Has the Applicant converted or does the Applicant plan to convert their traditional pension plan to a cash balance plan? Yes No If yes, please provide details.

9. EMPLOYMENT POLICIES AND PROCEDURES

- (a) Does the Applicant have a Human Resource Department? Yes No
If the answer to (a) above is no, who handles this function? _____
How many **Employees** are in the Human Resource Department?
- (b) Does the Applicant require employment terminations to be reviewed by (check all that apply):
Human Resources Yes No
Law Department Yes No
Outside Legal Counsel Yes No
- (c) What outside employment legal counsel does the Applicant use for employment and/or labor advice and/or defense? _____
- (d) Does the Applicant conduct testing for any of the following:
Drug/alcohol screening Yes No
Physical examinations Yes No
Psychological examinations Yes No
Skills testing Yes No
Polygraph testing Yes No

If yes to any of the above, please attach a copy of any written policies and procedures.
Who conducts the testing? _____
Are the above tests and examinations done pre-employment or post-offer of employment? _____
Are all **Employees** subject to these tests and examinations? Yes No If no, which **Employees** are not subject to these tests and examinations and why? _____

- (e) Does the Applicant use an employment application for all applicants? Yes No
If no, which applicants are not required to complete an application and then how is the hiring process conducted? _____
Does the Applicant utilize standard employment offer letters for all applicants? Yes No
If not, which applicants are not provided with employment offer letters and why? _____

- (f) Does the Applicant have a formal orientation program for all new **Employees**? Yes No
- (g) Does the Applicant provide annual written performance evaluations for all **Employees**? Yes No
If yes, does it include standard rating categories? Yes No

- (h) Does the Applicant conduct training on sexual harassment, harassment and discrimination prevention?
 Yes No
 Who is required to attend? _____ How often is it held? _____
 Who conducts the training? _____ Is training documented? Yes No
- (i) Does the Applicant have a formal employment contract with any **Employee**? Yes No
 If yes, are employment contract(s) created and reviewed by outside counsel? Yes No
 Total number of **Employees** with a formal employment contract. _____
 Total value of all contracts. \$ _____ Total value of the largest contract. \$ _____
 Please provide a specimen copy of the employment contract(s).
- (j) Does the Applicant have an **Employee Handbook**? Yes No
 If yes, is it distributed to all **Employees**? Yes No
 Do all **Employees** provide a written acknowledgment that they have received the handbook?
 Yes No
 Is the **Employee Handbook** uniform for all locations and subsidiaries? Yes No
 Has an employment attorney reviewed the **Employee Handbook**? Yes No
 When was the **Employee Handbook** last reviewed by an employment attorney? _____
- (k) Are uniform exit interviews conducted when an **Employee** resigns or is terminated (voluntary and involuntary)? Yes No
 Are exit interviews documented? Yes No
- (l) Is the Applicant required to file an affirmative action plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes No. If yes, please provide a copy of the plan.

 If yes, has the Applicant ever been the subject of an OFCCP investigation, which resulted in a finding of a violation? Yes No. If yes, please attach a copy of the audit or investigation report and indicate what actions Applicant has taken to remedy the violation.
- (m) Does the Applicant utilize arbitration for employment-related claims?
 Yes No. Is it mandatory? Yes No
 If yes, please provide a copy of the arbitration policy.
- (n) Are all the Applicant's locations compliant with the Americans with Disability Act (ADA)?
 Yes No If no, please provide details.

10. PAST ACTIVITIES

Has any **Insured** been involved in any of the following?

- (a) Civil or criminal action or administrative proceeding charging violation of a federal, state or foreign employment law or regulation? Yes No
- (b) Any other criminal actions? Yes No
- (c) Representative actions, class actions or derivative suits in connection with employment issues?
 Yes No
- (d) Investigation by the Equal Employment Opportunity Commission (EEOC), or similar state or foreign agency? Yes No
- (e) Is any **Insured** presently subject to any judicial or administrative order, decree, judgment or conciliation agreement that is employment-related? Yes No.

If yes to any of the questions in 10 (a), (b), (c), (d) or (e) above, attach details.

11. LOSS HISTORY

Please attach a list of all employment-related charges, investigations, litigation and administrative proceedings (including Equal Employment Opportunity Commission (EEOC), or other federal, state and local agency proceedings, including proceedings involving the National Labor Relations Board, U.S. Department of Labor, US Department of Justice, or the Office of Federal Contract Compliance Programs (OFCCP)) commenced against any **Insured** during the past three (3) years. The list should include for each complaint, litigation or proceeding: (a) the type of allegation(s), (b) the court or agency involved, (c) description of any decision, determination or judgment rendered, (d) total **Defense Costs** incurred to date in the litigation or proceeding, (e) any judgment or settlement amount, (f) whether the litigation or proceeding remains pending or is closed and (g) what corrective actions have been taken to mitigate or prevent such losses from occurring.

12. PRIOR INSURANCE

(a) Does the **Policyholder** currently have employment practices liability insurance?
Yes No. If yes, please provide the following:

<u>Insurer</u>	<u>Limits</u>	<u>Retention/Deductible</u>	<u>Policy Period</u>	<u>Premium</u>
_____	\$ _____	\$ _____	_____	\$ _____

Have any of the **Policyholder's** current employment practices liability insurers indicated an intent not to offer renewal terms? Yes No. If yes, attach details.

(b) Has any **Insured** given written notice under the provisions of any prior or current employment practices liability policy of specific facts or circumstances that might give rise to a **Claim** being made against any **Insured**? Yes No. If yes, attach details.

(c) Have any **Loss** payments been made on behalf of any proposed **Insured** under any employment practices liability policy or similar insurance? Yes No. If yes, attach details.

It is agreed that with respect to questions 10, 11, 12(b), and 12(c), if such facts or circumstances exist, any **Claims** arising therefrom is excluded from the proposed insurance for all **Insureds**.

13. PRIOR EXPERIENCE

(a) No **Claims** have been made against any entity or person(s) proposed for this insurance in a capacity that would be insured under this Policy (including **Loss** payment and **Defense Costs**). If there are any exceptions, please attach complete details. If none, check here.

(b) No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance or situation that he/she has reason to suppose might afford grounds for any **Claim**. If there are any exceptions, please attach complete details. If none, check here.

It is agreed that with respect to questions 13(a) and 13(b) above, if such knowledge exists by any person signing this application, then any **Claim** arising therefrom is excluded from the proposed insurance for all **Insureds**.

14. **ADDITIONAL UNDERWRITING INFORMATION**

As part of this Application, submit the following documents with respect to the Policyholder:

- *Latest Annual Report*
- *Latest Employee Handbook and copies of any written employment at will, open door, discrimination, harassment/sexual harassment, Reasonable Accommodation/ADA, FMLA, severance, progressive discipline, grievance policies and procedures including termination procedures and/or exit interview forms*
- *Copies of all employment application forms currently in use, as well as offer letter forms*

- *Copies of performance appraisal forms*
- *Details on any performance appraisal or interview training*
- *Consolidated EEO-1 reports for the past three (3) years*
- *Organization chart which depicts where the Human Resource function exists*
- *Resume /Biography of the Director of Human Resources*

In addition, any and all information filed with the Securities and Exchange Commission may be generated by the Insurer via the Internet and will be utilized in the underwriting process and form a part of the Application. Additional information may be required as part of the Application process.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, he/she shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing of this Application does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

The undersigned authorized officer of the Applicant hereby acknowledges that:

1. this Policy applies to **Claims** first made or deemed made, during the **Policy Period** or Extended Reporting Period, if purchased, and
2. the Limit of Liability available to pay damages or settlements will be reduced, and may be completely exhausted, by the payment of **Defense Costs**, and in such event, the Insurer shall not be responsible for the continued **Defense Costs** or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit of Liability.

NOTICE TO ARKANSAS 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 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 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 IN THE THIRD DEGREE."

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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

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 LOUISIANA AND 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 INSURANCE OR STATEMENT OF CLAIMS 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 OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIMS CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR 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 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."

_____ By Applicant
_____ Title (President or CEO)
_____ Date

APPENDIX I: FOREIGN OPERATIONS QUESTIONNAIRE

1. FOREIGN EXPOSURE (attach a separate form if necessary)

Country	Nature of Operations	Relationship to Parent Company (*see chart below)	Total Number of Employees	Total Number of Full-Time Employees	Total Number of Part-Time Employees

* Relationship to Parent Company

- A = Subsidiary
- B = Affiliate
- C = Joint Venture
- D = Other - Please Describe

2. LOSS HISTORY

- (a) Please provide complete employment-related **Claim** and circumstance information for all foreign operations for the past five (5) years. The list should include for each complaint, litigation or proceeding: (i) the type of allegation(s), (ii) the country, court and agency involved, (iii) description of any decision, determination or judgement rendered, (iv) total Defense Costs incurred to date in the litigation or proceeding, (v) any judgement or settlement amount and (vi) whether the litigation or proceeding remains pending or is closed.
- (b) Describe how a non-US employment **Claim** will be investigated and managed. (If necessary, attach a separate form.) _____
- (c) Who is responsible for handling of non-US **Claims**? Include name, title and location.

3. EMPLOYMENT PRACTICES

- (a) Do the foreign operations utilize the same Employment Policies and Procedures as the U.S. operations?
 Yes No If no, describe and attach any policies or procedures that are unique to the foreign operations. _____
- (b) Is there a worldwide human resources manager? Yes No. If no, how does the Applicant insure that all employment policies and procedures are enforced? _____
- (a) Please provide an organizational chart which depicts where the non-US Human Resource function exists.
- (d) Have all the non-US operation's handbooks, employment contracts, employment applications, employment and labor policies and procedures been reviewed with outside counsel familiar with local and/or foreign law, rules, regulations? Yes No.
 If yes, when were they last reviewed and updated? _____
- (e) What outside employment legal counsel does the Applicant use for employment and/or labor and/or defense? _____

APPENDIX II: THIRD PARTY CLAIM QUESTIONNAIRE

(Complete if requesting for **THIRD PARTY CLAIM** coverage)

1. Does the Applicant have a written policy prohibiting all forms of harassment, discrimination, and civil rights violations committed against customers, clients, vendors and/or other third parties? Yes No
If yes, please attach a copy of this policy.
2. Does the Applicant have established written procedures for handling third party complaints of harassment, discrimination, and civil rights violations? Yes No. If yes, attach a copy of these written procedures.
3. (a) Does the Applicant conduct training on third party discrimination, harassment (including sexual) and civil rights violation prevention? Yes No
(b) Who is required to attend this training? _____
(c) Who conducts the training? _____
(d) How often is training conducted? _____
If necessary, please attach a separate sheet.
4. (a) During the past five years has the Applicant ever had a claim, circumstance or incident brought against them by a customer, client, vendor and/or other third party? Yes No (b) If yes, please attach a list of all such matters. Include a description or the allegations, name of the plaintiff(s), name of defendant(s), the defense counsel, court involved, current status, defense costs, indemnity costs and reserves. (c) If yes to question 4 (a) of this Questionnaire, what steps has the Applicant taken to eliminate or mitigate the chances of a similar problem in the future?

5. Approximately what percentage of the Applicant's **Employees** are in contact with customers, clients, vendors and/or other third parties? _____%
6. Do any of the Applicant's **Employees** work at customer, client, vendor or other third party locations?
Yes No
7. Do **Employees** of any third party (i.e. security guards, etc.) perform services at your facilities?
Yes No
If yes, are they provided with a copy of the Applicant's written policies and procedures as outlined in questions 1. and 2. above? Yes No
8. (a) Does the Applicant have contractual agreements with third parties that perform services at their facilities?
Yes No
(a) Are the agreements in writing? Yes No
(b) Does it include a written agreement to hold the Applicant harmless and/or indemnify the Applicant for wrongful actions by such third parties? Yes No
(c) If yes, please attach a specimen agreement.
9. (a) Does the Applicant extend credit to any customer, client or other third party? Yes No
(b) If yes, is it done internally or is it outsourced? _____
(c) If it is outsourced, does the Applicant require the vendor to follow the written policies and procedures as outlined in questions 1. and 2. above? Yes No
10. Does the Applicant have any franchise operations, leased workers or independent contractors?
Yes No. If yes, does the Applicant require them to follow the policies and procedures as outlined in questions 1. and 2. above? Yes No
11. Are any of the Applicant's **Employees** compensated by commission? Yes No If yes, please include job descriptions and the percentage of staff who work on commission. _____

APPENDIX III: REDUCTION IN WORKFORCE QUESTIONNAIRE

(Complete this section if the **Policyholder** in the past 36 months completed or agreed to, or contemplates within the next 18 months any plant, facility, branch or office closing, consolidation or layoff.)

1. Please provide the following workforce reduction details:

Date of the Reduction in Workforce	Reason for the Reduction in Workforce	Number of Employees Effected by the Reduction

2. Did or will the reduction in workforce comply with the Worker Adjustment and Retraining Notification Act (WARN)? Yes No

3. Who will make or who made the decision to reduce the workforce? _____

4. Does the Policyholder have a reduction in workforce committee? Yes No
If yes, please provide details. _____

5. Were/are impact studies conducted? Yes No If so, what were the findings? _____

6. Breakdown of the number of **Employees** to be effected by the reduction.

Category	Total Number of Employees	Category	Total Number of Employees
Male		Female	
Male White		Female White	
Male Minorities		Female Minorities	
Male Officials & Managers		Female Officials & Managers	
Male Minorities – Officials & Managers		Female Minorities – Officials & Managers	
Male 40 & Older		Female 40 & Older	
Male Minorities 40 & Older		Female Minorities 40 & Older	

7. What are the criteria to determine the workforce reduction? (i.e. departmental, seniority, performance, arbitrary)? Please provide details. _____

8. (a) Was/is severance available to all **Employees**? Yes No If no, please provide details.

(b) Is the severance package uniform? Yes No

(c) Please attach severance package details.

9. (a) Were/are the **Employees** required to sign a release for the severance package? Yes No

(b) If so, does it comply with the Age Discrimination in Employment Act (ADEA) and Older Worker Benefit Protection Act ("OWBPA") Yes No

- (c) Please provide a copy of any waiver(s) and/or release(s).
- (d) Did any **Employee** refuse to sign the release? Yes No
10. (a) Are outplacement services provided? Yes No
- (b) Are they provided to all **Employees**? Yes No
11. (a) Are exit interviews conducted? Yes No
- (b) Are they standardized? Yes No
- (c) Are they documented in writing? Yes No
- (d) Do they require the **Employee's** signature? Yes No
12. (a) Were any **Claims** filed, or are any expected to be filed, as a result of this reduction in workforce?
 Yes No
- (b) Have any of the **Employees** effected by the reduction in workforce previously filed complaints or **Claims** of discrimination, harassment, disability or workers compensation? Yes No If yes, please provide details on a separate sheet.
13. Did the Applicant consult with outside counsel familiar with employment and labor law regarding the reduction in workforce process? Yes No