ExecSuite[®]

Proposal Form for Employment Practices Liability

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

≻ Complete the sections of this Proposal Form for each Coverage Requested as indicated below.

⊳ Provide details to all "Yes" answers, when applicable, by attachment whether or not prior coverage was in place.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Proposal Form is to be completed with respect to the entire Insured Entity. Insured Entity as used herein is defined to include the Named Insured and any Subsidiaries.

Name of Named Insured				
Primary Location Street Address				Suite
City	County	State		Zip Code
Website Address (if applicable)		Federal Er	nployer Identification	Number (FEIN)
Name and title of the officer of the Named Insure	d designated to receive a	ny and all notices	from the Insurer .	
E-mail Address The contact information provided will be used for The mailing address is the same as the primar	internal purposes and will	-	Fax Numb third party.	er
Mailing Street Address			Suite	
City	State		Zip Code	
Co	verage and Limit	<u>Requested</u>		
Indicate Coverage and Limit Requested:				
Directors, Officers and Corporate Liabil	ity Insurance Coverage:	🗖 Yes 🗖 No	Limit Requested:	\$
Employment Practices Liabil	ity Insurance Coverage:	🗖 Yes 🗖 No	Limit Requested:	\$
Fiduciary Liabil	ity Insurance Coverage:	🛛 Yes 🖵 No	Limit Requested:	\$
Indicate the Type of Limit Requested: Shared Limit of Liability	for multiple Coverage Se	ctions:		
Separate Limit of Liab	ility for each Coverage S	ection:		
Combination of Shared and	Separate Limits (provide	details):		
	rrent Insurance Ir			
1. Provide the following information regarding	the Insured Entity's mos	t recent insurance	policies. If "None", se	o state.

Type of Coverage		Carrier	Expiration Date	Limit	Deductible	Premium
Directors and Officers Liability:	None			\$	\$	\$
Employment Practices Liability:	None			\$	\$	\$
Fiduciary Liability:	None			\$	\$	\$
Cyber Liability/Data Breach:	None			\$	\$	\$

Within the last 3 years, has any Claim been made or has notice been given under any of the above listed policies 2. or similar insurance?

Within the last 3 years, have any of the above listed policies or similar insurance for the Insured Entity been 3. (NOT APPLICABLE IN MISSOURI) cancelled or non-renewed?

Yes No

Yes No

Admiral Insurance Company

	General Information						
4.	(a) Form of organization:	Cooperative	🖵 Co	rporation	🔲 Jo	int Venture*	
		Limited Liability Corporation	on 🗖 No	nprofit	🖵 Pa	rtnership*	
		Sole Proprietorship / Indivi	idual 🛛 Oth	ner:			
	*If a Joint Venture or Partners	ship, provide participation or own	ership structure	details by attachm	ient.		
	(b) Type of organization:	Manufacturing / Production	n 🗖 Pul	blic Administratior	n 🗖 Re	tail Trade	
		Service Industry	🖵 We	eb Based	🗖 wi	nolesale Distributing	
5.	The Named Insured has been	en in continuous operation since:					
6.	(a) What is the Insured Ent	ity's primary Standard Industrial	Classification ("S	SIC") Code?			
	(b) Describe the Insured Er	ntity's nature of operations:		—			
		-					
7.		ny Subsidiary publicly held or	a public reportir	ng company unde	r the Securiti		
•	Exchange Act of 1934?					🛛 Yes 🖵 No	
8.	Provide the following financia	I information with respect to the I	insured Entity:				
	Assets (000): \$	Annual Revenues (000			Cash	: \$	
	Equity (000): \$	Net Income / Loss (000): \$	F	eriod Ending	: / /	
	IF "YES" TO AN	Y PART OF QUESTION 9. OF T	HIS SECTION, F	PROVIDE DETAIL	S BY ATTAC	HMENT.	
9.	Answer each of the following	Y PART OF QUESTION 9. OF T questions with respect to the Ins					
9.				cent 18-month his	story and expe	ectations for the	
9.	Answer each of the following next 12 months:			cent 18-month his	story and expe	ectations for the <u> Next 12 months</u>	
9.	Answer each of the following next 12 months: (a) filing a petition for protec (b) any change (resignations	questions with respect to the Ins tion under the bankruptcy code? , departures, retirements, etc.) in t	sured Entity's re	ecent 18-month his <u>I</u> e Chairman of	story and expe	ectations for the <u> Next 12 months</u>	
9.	 Answer each of the following next 12 months: (a) filing a petition for protec (b) any change (resignations the Board, President, Chi 	questions with respect to the Ins	sured Entity's re	ecent 18-month his <u>I</u> e Chairman of	atory and expe <u>ast 18 month</u> Yes IN	ectations for the <u>s Next 12 months</u> o DYes No	
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	Owned by Insured Entity	or Acquired	Foreign	
	%			🛛 Yes 🖵 No
	%			🛛 Yes 🖵 No
	%			🛛 Yes 🖵 No

*If **Subsidiary** is less than 100 percent owned, provide details of all other owners, by attachment.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

Loss History Information

11	11. During the last 5 years, has any Insured , including any Subsidiary , received any written demands for monetary or non-monetar relief, been involved in, or had any knowledge of any civil or criminal action, administrative proceeding or arbitration, regulator proceeding or investigation, including both domestic or foreign equivalents, involving:						
	(a)	any current or former employee or third party alleging discrimination, harassment, wrongful discharge and/or any wrongful employment act?	e Yes 🗖 No				
	(b)	the Equal Employment Opportunity Commission or any similar state or local agency?	🛛 Yes 🖵 No				
	(C)	the National Labor Relations Board?	🛛 Yes 🖵 No				
	(d)	actual or alleged violations of any wage and hour law, including but not limited to, the Fair Labor Standards Act?	S 🖸 Yes 🖬 No				
	(e)	the U.S. Immigration and Customs Enforcement Agency?	🛛 Yes 🖵 No				
	(f)	the Department of Justice, U.S. Department of Labor, Pension Benefit Guarantee Corporation, Securities and Exchange Commission, Internal Revenue Service or any similar state or local agency?	s 🔲 Yes 🖵 No				
	(g)	any intellectual property disputes, including Copyright, Patent, or Trademark Laws?	🛛 Yes 🖵 No				
	(h)	any security law or regulation, anti-trust or fair trade law, the Foreign Corrupt Practices Act or Office of Federal Contract Compliance Programs?	f 🔲 Yes 🖵 No				
12		ring the last 5 years has any Insured , including any Subsidiary , been involved in any lawsuit not disclosed ove?	d Yes 🖵 No				
EV INF (a)	IF "YES" TO ANY PART OF QUESTIONS 11. OR 12. OF THIS SECTION, PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT: (a) Date Allegation First Made (b) Claimant's Name (c) Allegation (d) Current Status (e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's Fees (h) Remedial Action Taken						
AN CO CIR	Y CLAI NSEQU	ERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CO M MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTI IENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN TANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONS OF THIS SECTION.	ING FROM OR IN DEMAND, FACT,				
		Employment Practices Liability Section					
≻	Com	plete the Employment Practices Liability section of the Proposal Form only if requesting this coverage.					
13	. Co	mplete the table: Current Year Pro	evious Year				
Γ	(.) -						

(a) I otal number of full-tim	e employees in the U.S.:	
(b) Total number of part-tir	ne employees in the U.S.:	
(c) Total number of indepe	ndent contractors in the U.S.:	
(d) Total number of leased	, seasonal, temporary, volunteers and interns in the U.S.:	
(e) Regarding the above to	tals, number of employees located in California:	
(f) Total number of employ	vees located outside the U.S.:	

14. What percentage of the Insured Entity's Employees currently earn more than \$100,000?

15.	Provide the followir	a information	on all plants.	facilities.	branches o	r offices.	If "None", so state.
10.		ig innonnation	on <u>an</u> plants,	lucintico,	branches e	n onnees.	11 None , 30 State.

% None

Location	Nature of Business	Number of Employees outside California	Number of Employees in California

What percentage of the Insured Entity's employees are "exempt" at each location? 16.

Does the Insured Entity consult with an attorney regarding how overtime is calculated and how they define 17. "exempt" employees for each location?

Does the Insured Entity currently employ a full-time Human Resources professional? 18.

Yes No Yes No

%

Admiral Insurance Company

19.	Ind	icate which formal written policies and procedures have been impleme	ented. If "None", so state.	None
		Employee Handbook / Manual	Social Media Policy	
		Adherence to Employment "at-will" relationship with all Employees	I-9 Verification	
		Anti-Discrimination Equal Employment Opportunity Policy	Employers with more than 50 Employe	es
		Anti-Harassment Policy, including Sexual Harassment	Family Medical Leave Act	
		Data Breach Notification/Data Security Policy	<u>California Employers Only</u>	
		Adherence to Genetic Information Nondiscrimination Act	California Family Rights Act	
20.	Doe	es the Insured Entity (details to "Yes" or "No" answers are not require	· ·	
	(a)	have outside employment counsel review each proposed Employed	e termination?	🛛 Yes 🖵 No
	(b)	periodically have its employment policies and procedures reviewed distributed to all Employees ?	l by outside employment counsel and	🗅 Yes 🖵 No
	(C)	have a written procedure for notification and handling of emple notifications, or claims?	oyment related grievances, disputes,	🛛 Yes 🖵 No
21.	in a	any Insured aware of any fact, circumstance or situation involving any a Claim as defined in the Employment Practices Liability Insurance Cc olving:		
	(a)	threats by any current or former employee or third party to take lega or a demand or request by any current or former employee for mone of any alleged discrimination, harassment, wrongful termination, cons Acts?	tary or non-monetary relief, arising out	🗅 Yes 🖵 No
	(b)	knowledge that any current or former employee is engaging in, or h harassment, or other Wrongful Acts ?	as engaged in, acts of discrimination,	🛛 Yes 🖵 No
	(c)	complaints or accusations by other employees or third parties that a c in, or has engaged in, acts of discrimination, harassment, or other ${\bf W}$		🛛 Yes 🖵 No
	(d)	warnings, reprimands, or other disciplinary measures taken against a of discrimination, harassment, or other Wrongful Acts ?	ny current or former employee for acts	🛛 Yes 🖵 No
SINC (a) D	E BE	TO ANY PART OF QUESTION 21. PROVIDE FULL DETAILS FOREEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THEAllegation First(b) Claimant's Name		ACHMENT:
	lade ema	nd Amount (f) Settlement (Indemnity) or Reserve Amount	(g) Attornev's Fees (h) Remedial	Action Taken
IT IS ANY CONS	JNDE CLAI SEQU	ERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO IM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, JENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMIN TANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET	MAKE ANY PAYMENT FOR LOSS IN CON DIRECTLY OR INDIRECTLY RESULTING ISTRATIVE PROCEEDING, WRITTEN D	NNECTION WITH G FROM OR IN EMAND, FACT,
		Dreducer Information		

Producer Information

Submitted by (Agency Name)

Agent's Name (Individual's Name)

Agent's License Number

Dated

Please Read Carefully

The undersigned, acting on behalf of all proposed **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 **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 information submitted herewith are their material representations 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 Insured Person shall be imputed to any other Insured Person. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the Insurer under this Policy, then this Policy shall not apply as to that person or persons. However, if the President, Chief Executive Officer, Chief Financial Officer or Managing Partner of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the Insurer Under this Policy or Managing Partner of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the Insurer under this Policy, then this Policy shall not apply as to that person or persons and the Insured Entity;
- the information contained in this Proposal Form shall not be used by the **Insureds** as notice as provided for in section VII. of the Common Policy Terms and Conditions Section of this **Policy**;
- 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.

Dated

Dated

President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Signature)

President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Print Name)

Title

Human Resources Manager, or equivalent position (Signature)

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, 233 S. Wacker Drive, Suite 3900 Chicago, IL 60606 <u>NOTICE TO COLORADO APPLICANTS:</u> 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.

<u>NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS:</u> 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.

<u>NOTICE TO APPLICANTS OF KENTUCKY:</u> 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.

<u>NOTICE TO APPLICANTS OF OKLAHOMA:</u> 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.

<u>NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:</u> 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.

<u>NOTICE TO OHIO APPLICANTS:</u> ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. <u>NOTICE TO APPLICANTS OF FLORIDA:</u> 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 OF THE THIRD DEGREE.

<u>NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND APPLICANTS:</u> 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.

<u>NOTICE TO NEW YORK APPLICANTS:</u> 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.

<u>NOTICE TO MARYLAND APPLICANTS:</u> ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

<u>NOTICE TO OREGON APPLICANTS</u>: 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 MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES.

<u>NOTICE TO NEW JERSEY APPLICANTS:</u> ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.