

For-Profit Directors, Officers and Organization Employment Practices Liability Application

1. Name of Organization: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Web Site Address: _____

4. When organized? _____

5. Organization's Primary Standardized Industrial Classification: _____

6. Type of Organization: Corporation LLC Partnership Other _____

7. Stock Ownership:

a. Number of common shares outstanding: _____

b. Number of common stock shareholders: _____

c. Number of common shares owned (directly and beneficially) by directors: _____

d. Does any shareholder own directly or beneficially 10% or more of the common shares? Yes No

If "Yes", please provide a schedule of all such shareholders.

8. Organization Structure:

a. Is the Applicant owned by a parent company? Yes No

b. If "Yes", is the parent company domestic or foreign? Domestic Foreign

c. If "Yes", please provide the name of the parent company: _____

d. Subsidiaries: Please provide a listing of all subsidiaries to be insured:

Name of Subsidiary	Type of Operation	% Ownership	Date Acquired/Created

9. Has the Company under consideration at the present time or does it contemplate any mergers, acquisitions or consolidations? Yes No

10. Has the Company filed or contemplated filing any registration statement with the Securities and Exchange Commission within the past 18 months or within the next twelve months for a public offering or securities? Yes No

11. Has the Corporation, its Directors and/or Officers been involved in any of the following: Yes No

a. Any anti-trust, copyright or patent litigation? Yes No

b. Any criminal or civil action or administrative proceeding charging a violation of any federal or state security law or regulation? Yes No

c. Any representative actions, class actions or derivative suits? Yes No

d. Any criminal or civil action or administrative proceeding charging a violation of any federal or state anti-trust or Fair Trade Law? Yes No

12. Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? **Provide details of each claim on a separate page.** Yes No

EMPLOYMENT PRACTICES LIABILITY SECTION

13.	Employee Type	Count	Employee Type	Count
	Full Time		Seasonal, Temporary, Leased	
	Part Time		Volunteer	
			Independent Contractors	

14. Does the Applicant have a Human Resources or Personnel Department? Yes No

- 15. Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
- 16. Do more than 25% of employees currently earn more than \$50,000? Yes No
- 17. Does the Organization anticipate in the next 12 months, or transacted in the past 12 months, any plant, facilities, branch or office closing, consolidation or layoffs affecting more than 10% of the employees? *If "Yes", please provide written details.* Yes No
- 18. Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No
- 19. Does the Applicant have a procedure in place to report harassment, complaints, and grievances? Yes No
- 20. Does the Applicant have formal written procedures for hiring and firing employees? Yes No
- 21. Does the Applicant have policies/procedures outlining employee conduct with third parties? Yes No
- 22. Does the Applicant publish and distribute a uniform employee handbook? Yes No
- 23. Please indicate the policies adopted and published in the employee handbook:
 - EEO Statement At-will Statement Sexual Harassment Progressive Discipline
 - FMLA Policy Reasonable Accommodation E-Mail Use Retention of Computer Data/E-Mails

CLAIMS SECTION

- 24. a. Within the last five (5) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No
Provide details of each claim on a separate page.
- b. Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No
- 25. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: Yes No

26. Current Insurance Company: _____
 Policy Period: From: _____ To: _____
 Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

27. Limits of Insurance requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____
 (Must be signed by Officer of the Applicant)

Title: _____ Date: _____