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## EPL Immigration Practices Defense Coverage Questionnaire

[www.xn.com](http://www.xn.com)  
 Request for Quotation: [quote@xnrisk.com](mailto:quote@xnrisk.com)  
 Underwriting Questions: [uw@xnrisk.com](mailto:uw@xnrisk.com)

| <b>Applicant</b>   |     |    |
|--|-----|----|
| Full Name:   |     |    |
| Please confirm that all new Employees complete an I-9 Form on their first day of Employment?   | Yes | No |
| Please confirm that you complete Section Two of the I-9 form within three days of the commencement of employment?  | Yes | No |
| Please confirm that the employees' original eligibility documents are inspected and copies kept with the I-9 form?   | Yes | No |
| Confirm that the completed I-9 form is kept for 3 years from date of hire and 1 year after date employment ends, whichever is latest?  | Yes | No |
| Please give details of your procedure for handling a "no match" situation?   |     |    |
| Have any losses, lawsuits, administrative proceedings, governmental investigations, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violations of the Immigration Reform Control Act of 1986 or any other similar federal, state or local laws or regulations? | Yes | No |
| <b>THE APPLICANT WARRANTS AFTER FULL INVESTIGATION THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND THE APPLICANT BELIEVES IN GOOD FAITH THAT ALL EMPLOYEES ARE AUTHORISED TO WORK IN THE USA.</b>  |     |    |

\_\_\_\_\_  
Signature of Applicant's Authorized Principal or Officer

\_\_\_\_\_  
Date