4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

**Proposal Form** 

## **Employment Practices Liability Insurance**

## **CLAIMS MADE WARNING FOR APPLICATION**

THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

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 <u>entire</u> **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

N	Name of <b>Named Insured</b>							
S	Street Address						Suite	
- 0	Dity		County		State		Zip C	ode
V	Website Address (if applicable)				Federal Em	ployer Identification	n Number	(FEIN)
	Officer designated as agent of esentatives concerning this insu		tity and of all Insure	eds to r	receive any and a	Il notices from the	e Insurer	or their authorized
	Contact Name					Title		
	E-mail Address oducer Information		Telephone Number	er		ax Number		
	Addor Information							
S	Submitted by (Agency Name)					Dated		
	Agent's Name (Individual's Nam					Agent's License N	umber	
Cur	rrent Insurance Inform							
1. Di	Provide the following informat <u>Type of Policy</u> irectors and Officers Liability: [	Insur		t recent piration I			ite. <u>uctible</u>	Premium \$
	nployment Practices Liability: 〔				<del></del> \$	\$		\$
	General Liability: [				\$	\$		\$
2.	Has the Extended Reporting F		ery Period) been exerc	ised for	the Insured Entit	y's most recent		· · · · · · · · · · · · · · · · · · ·
3.	Employment Practices Liability Within the last 3 years, has ar <b>Insured Entity</b> ever been carr	y Directors and C	Officers Liability, Emplo	oyment	Practices Liability,	or similar insurand	ce for the	Yes No NOT APPLICABLE IN MISSOURI Yes No
Ger	neral Information (Prov	ride details to a	all "Yes" answers l	by atta	chment)			
4.	The Named Insured has bee	n in continuous op	peration since:					
5.	(a) What is the <b>Insured Ent</b>	•		fication	("SIC") Code:			
	(b) Describe the <b>Insured En</b>	tity's nature of or	perations:					
6.	(a) Form of organization:		tive Liability Corporation prietorship		Corporation Nonprofit Other:		Venture nership	
	(b) Type of organization:		turing / Production	☐ F	Public Administration  Web Based		ail Trade olesale Dis	stributina
7.	Is the <b>Named Insured</b> or any Exchange Act of 1934?	Subsidiary publi	cly held or a public rep	oorting o	company under the	Securities		Yes No
8.	Provide the following financial Assets (000): \$ Equity (000): \$	A	respect to the <b>Insured</b> nnual Revenues (000 ng Income / Loss (000)	): \$		Period Endi	ng:	1 1

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9.	(a) Is the Insured Entity currently in bankruptcy?						☐ Yes ☐ No		
		code?					☐ Yes ☐ No		
10.		Within the last 12 months, has consolidations or layoffs?	s the <b>Insured Entity</b> h	, plant, facility, branch or	☐ Yes ☐ No				
	(b)	Within the next 24 months, do		anticipate any <b>Sub</b>	<b>sidiary</b> , plant, facility, b	ranch or office			
11.	closings, consolidations or layoffs?  If "Yes", provide the following details by attachment: Date of event; number of <b>Employees</b> affected; whether outside employment counsel was consulted; and, whether severance packages were offered to all <b>Employees</b> affected.  Within the last 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer or Chief Financial Officer?  Yes  No								
		es", provide the following detail				n for change.	<b>—</b> 100 <b>—</b> 110		
12.	Provi	rovide the following information on all Subsidiaries of the Insured Entity. If "None", so state.							
		Subsidiary Name	Nature of	<u>Business</u>	Percent Owned by the Insured Entity	Date Created or Acquired	Domestic / Foreign		
•			_						
IT 16	\	SERVICE AND AGE	TO THAT OOVED	A OF 10 NOT D			LIFOTION 40		
		DERSTOOD AND AGRE					UESTION 12.		
		THE INFORMATION RE		E 13 PROVIDEI	DETATIACHMEN	1.			
Cui	rent	Employee Information							
13.	(a)	Number of <b>Employees</b> :			dependent Contractors		Malijintaana		
		Current Year:	Full Time	Part Time	<u>Seasonal</u>	<u>Temporary</u>	<u>Volunteers</u>		
		Last Year:							
	(b)	How many Leased Employee	es does the Insured F	ntity employ annua	ıllv2	<u> </u>	1		
		How many Independent Cont							
		What is the Insured Entity's					%		
14.		t percentage of the Insured E		ork with the general	public, work at custome	er locations or	%		
15		rm a majority of their function t percentage of the Insured E		rrantly carna mara	than \$100,0002		%		
15. 16.						f "None" so state	□ None		
10.	1 1011	Provide the following information on <u>all</u> plants, facilities, branches or offices of the <b>Insured Entity</b> . If "None", so state.  Location  Nature of Business  Estimated Number of <b>Employees</b>				Domestic / Foreign			
	1.								
	2.		_				_		
	3.								
17.	. ,	loes the <b>Insured Entity</b> curre If "Yes", what is the name and Name:			essional?		☐ Yes ☐ No		
		If "No", what is the name and	title of the person who	•			<del>_</del>		
		Name:		Titl	e:				
	٠,	loes the <b>Insured Entity</b> curre If "Yes", what is the name of t			<b></b> .		☐ Yes ☐ No		
18.		s the <b>Insured Entity</b> (details to		Firr s are not required b			<del></del>		
10.		Utilize employment application		•	y attaorimonty.		☐ Yes ☐ No		
	٠,	Require the Human Resource			proposed <b>Employee</b> te	rmination?	☐ Yes ☐ No		
	. ,	Have outside employment cou	•	• • •			☐ Yes ☐ No		
	(d)	Maintain a written policy prohi	biting Sexual Harassn	nent and distribute t	hat policy to all <b>Employ</b>	ees?	☐ Yes ☐ No		
	(e)	Conduct mandatory periodic I	Employee education r	egarding prohibited	forms of harassment?		Yes		
	(f) Periodically have its employment policies and procedures reviewed by outside employment counsel?						☐ Yes ☐ No		
		Periodically have its employm					Yes No		
		Have a written procedure for localims?	notification and handlin	ng of employment re	elated grievances, dispu	tes, notifications, or	☐ Yes ☐ No		

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19.	Indi stat		n policies and	l proc	edures have been implemented a	and attac	ch a copy of each.	If "None", so	☐ None
		Employee Handbook / Anti-Discrimination Pol			Anti-Harassment Policy, includir Sexual Harassment	ng	Employers with mo		<u>oyees</u>
	_	Equal Employment Op		П	Adherence to Employment "at-		California Employe		
		(EEO) Policy	p		will" relationship with all <b>Employ</b>	yees	•	mily Rights Act	
Litiç	gatio	on and Claim Inf	ormation	(Pro	vide details to all "Yes" ans	wers b		, 0	
20.	grie follo		trative hearin	gs or	vn of, or been involved in any law proceedings before any of the fol preign equivalents?				☐ Yes ☐ No
	(b)	Equal Employment Op							Yes No
	(c)	Office of Federal Conti	•	nce Pr	rograms?				☐ Yes ☐ No
	(d)	U.S. Department of La			ah aa dha Lahaa Danadaaad aa fa	!			Yes No
	(e) (f)	U.S. District or state or	-	cy suc	ch as the Labor Department or fa	ir empio	yment agency?		☐ Yes ☐ No
21.	٠,			or forn	mer <b>Employee</b> or third party mad	e anv Cl	laim or otherwise a	allened	☐ Yes ☐ No
22.	discrimination, harassment, wrongful discharge and/or <b>Wrongful Acts</b> against any <b>Insured</b> ?  A <b>Claim</b> is not limited to the filing of a lawsuit or complaint with the Equal Employment Opportunity Commission or similar state or local agency. A <b>Claim</b> may also include a written demand by any current or former <b>Employee</b> seeking relief in connection with an employment-related dispute or grievance.								
	result in a Claim, including, but not limited to, situations involving:								
	(a) Threats by any current or former <b>Employee</b> or third party to take legal or other action against any <b>Insured</b> , or a								
	demand or request by any current or former <b>Employee</b> for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other <b>Wrongful Acts?</b> (b) Knowledge that any current or former <b>Employee</b> is engaging in, or has engaged in, acts of discrimination,				☐ Yes ☐ No				
	(b)	harassment, or other <b>V</b>			iployee is engaging in, or has en	yayeu ii	i, acts of discrimina	uon,	☐ Yes ☐ No
	(c)	Complaints or accusat has engaged in, acts of	ions by other f discriminati	<b>Empl</b> on, ha	loyees or third parties that a curre arassment, or other Wrongful Ac	ts?			☐ Yes ☐ No
	(d)	Warnings, reprimands, discrimination, harassr			ry measures taken against any cu	urrent or	former Employee	tor acts of	☐ Yes ☐ No
IF "	YES	B" TO ANY PART	OF QUES	TION	IS 20 21 OR 22 PRO\	/IDE F	ULL DETAILS	FOR EACH A	
IF "YES" TO ANY PART OF QUESTIONS 20., 21., OR 22., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED BY PROVIDING THE									
FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:									
			(b) Claima			(c) Al	llegation	(d) Current S	
					ndemnity) or Reserve Amount	NOT F	DE 114D1 E TO	(g) Attorney	

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 20., 21., OR 22.

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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 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.

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 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.

NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY: 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 APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: 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.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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.

### Please Read Carefully

The undersigned, acting on behalf of all **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 and every **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 material submitted herewith are their representations and that they are material 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 **Insureds** shall be imputed to any other **Insureds**. 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, then this **Policy** will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer 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, then this **Policy** will be void as to that person or persons and the **Insured Entity**;
- this Proposal Form has been completed as respects the entire Insured Entity;

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•		o i lubuoali ullii t	1003 HOLDING HID WIL	ici sidiled to buit	

Dated	President, Chief Executive Officer, or equivalent position (Signature)
Dateu	President, Offier Executive Officer, or equivalent position (Signature)
Title	President, Chief Executive Officer, or equivalent position (Print Name)
Dated	Human Resources Manager, or equivalent position (Signature)

This Carolina Casualty 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, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

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