



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")**

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION OF THIS POLICY PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS COVERAGE SECTION DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, the term "**Applicant**" shall mean the Parent Organization and all organizations applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name and Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
5. Please list any changes to your five (5) largest locations / subsidiaries, or any new locations / subsidiaries added since the last renewal or inception of this coverage.

Locations / Subsidiaries	State / Country	Employees	New Y/N



II. SPECIFIC INFORMATION:

1. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Updated or revised sections of Employee Handbook;
 - Current procedure for handling complaints of sexual harassment or discrimination;
 - Most recent EEO-1 reports;
 - Latest Annual Report (if none, most recent audited financials).

2. Are the coverage limits and retention requested the same as expiring? Yes No
 If "No," please provide the coverage limits and retention requested on renewal below.

Limits of Liability: \$_____ Retention: \$_____ Coinsurance %_____

III. EMPLOYEES – ALL COVERED LOCATIONS & SUBSIDIARIES:

1. Current number of:

	Total U.S. (California)	Foreign
Full-time employees:	_____ (____)	_____
Part-time employees (including seasonal and temporary):	_____ (____)	_____
Independent contractors:	_____ (____)	_____
Leased employees:	_____ (____)	_____
Volunteers:	_____ (____)	_____

2. What was the annual employee turnover rate for the last year? _____%
3. How many involuntary terminations have occurred in the last year? _____
4. Percentage (%) of employees with salaries (including bonuses):

Less than \$50,000:	_____%
\$50,000 - \$100,000:	_____%
\$100,000 - \$250,000:	_____%
Greater than \$250,000:	_____%

IV. CLAIMS HISTORY:

Since the submission date of the last application submitted to the Underwriter, has there been any change in the status of any employment practices claim, suit, circumstance, allegation, or contention previously reported under an employment practices liability insurance application made to the Underwriter or any other employment practices liability insurance carrier? Yes No
 If "Yes," please provide full particulars in a separate addendum.

V. HUMAN RESOURCES:

1. Have there been any changes to the **Applicant's** human resources department? Yes No
 If "Yes," please provide details on a separate addendum.

2. Have there been any changes to the **Applicant's** diversity monitoring programs or diversity initiatives? Yes No
 If "Yes," please provide details on a separate addendum.



3. Have there been any changes or revisions to the **Applicant's** written policies or procedures with regard to the following:
- a. Discipline Yes No
 - b. Termination Yes No
 - c. Harassment or discrimination Yes No
 - d. Tests used to screen applicants for hire or promotion Yes No
 - e. Employee handbook Yes No

If the **Applicant** answers "Yes" to any of the above questions, please provide details of the change or revision on a separate addendum as well as a copy of the revised document.

4. Has the **Applicant** adopted any new employment-related policies or procedures (including but not limited to mandatory arbitration or alternative dispute resolution provisions)? Yes No
 If "Yes," please provide details on a separate addendum.

5. Loss prevention:

- a. What new employment-related loss prevention measures have been put in place since the last renewal? (training, diversity analysis, education, best-practices audits, toll-free hotlines, etc.)

- b. Have you taken advantage of any of Chubb's EPL Loss Prevention services? Yes No
 If "yes", which? _____

VI. CORPORATE HISTORY:

If the **Applicant** answers "Yes" to any of the following questions, please provide further details on a separate addendum.

1. During the last policy period, has the **Applicant** acquired any companies or partnerships in the last year? Yes No
 If "Yes", did the acquisition include the assumption of liabilities? Yes No
2. With respect to any acquisitions, were any employees, partners, or officers terminated, or does the **Applicant** plan in the next eighteen (18) months to terminate any employees, partners or officers? Yes No
 If "Yes," please explain on a separate addendum.
3. Has the **Applicant** sold any companies in the last year? Yes No
 If "Yes", did that sale include liabilities? Yes No
4. Has the **Applicant** conducted any reductions in workforce, layoffs, or plant closings in the last policy period? Yes No
 If "Yes", please provide details on how they were conducted and how many employees were affected on a separate sheet.
5. Does the **Applicant** expect any reductions in workforce, layoffs, or plant closings in the next 12 Months? Yes No
 If "Yes", please provide details on how they will be conducted and how many employees will be affected on a separate sheet.



VII. NOTICES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Minnesota and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

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 of District of Columbia, Maine, 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Florida Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of 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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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 Maryland Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 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 Oklahoma Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false incomplete or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.



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.

VIII. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IX. DECLARATION AND SIGNATURE:

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the chief executive officer, president, director of human resources or in house general counsel of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Table with 3 columns: Date, Signature, Title. Includes lines for CEO / President and Director of Human Resources / General Counsel.

Produced By:

Agent: Agency:

Agency Taxpayer ID or SS No.: Agent License No.:

Address (Street, City, State, Zip):

Submitted By:

Agency:

Taxpayer ID or SS No.: Agent License No.:

Address (Street, City, State, Zip):