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 In IL: (630) 582-2800 Toll Free: (800) 800-1704 Fax: (708) 452-1777
 www.IzzoInsurance.com

Employment Practices Liability Plus+® Policy

APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

The term "Applicant" means all corporations, organizations or entities proposed for this insurance including subsidiaries.

AGENCY/ BROKER	CODE 0415	NAME and LICENSE NUMBER Izzo Insurance Services Inc.	POLICY NUMBER
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GENERAL

1. Name and Address of Applicant: _____
 (to be shown on the Declarations)

2. The policy for which application is made includes Risk Management Plus+ OnlineSM, an employment practices loss control program. Please provide the name and contact information for the individual responsible for training supervisors, updating policies and implementing employment related controls.

Contact Name _____ Contact Email _____
 Contact Address _____ Contact Phone _____
 _____ Contact Fax _____

3. Description of Applicant's Business: _____

EIN#: _____ SIC Code: _____

Choose all that apply:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Subsidiary of Foreign Parent | If so, please indicate Parent _____ |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> For Profit Entity | <input type="checkbox"/> Publicly Traded Entity |
| <input type="checkbox"/> Proprietor | <input type="checkbox"/> Not For Profit Entity | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Contractor or service provider to any Federal or State Governmental body | |

4. Years in Business: _____ 5. Annual Sales/Revenues: \$ _____

INSURANCE INFORMATION

1. Expiring Employment Practices Liability Insurance: Limit: _____ Eff./Exp. Date: _____
 (or provide copy of Premium: _____ Retention: _____ Co-Insurance %: _____
 declarations page) Insurance Company: _____
 Special Coverages: _____

2. Requested Employment Practices Liability Insurance: Limit: _____ Eff./Exp. Date: _____
 Retention: _____ Co-Insurance %: _____

(Skip Question 3 for Missouri applicants)

3. Has Applicant ever been denied Employment Practices Liability Insurance or has such insurance been canceled or non-renewed? Yes No
 If yes, please provide details. _____

4. Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Effective Date	Premium
Directors & Officers	_____	_____	_____	_____	_____
Fiduciary Liability	_____	_____	_____	_____	_____
Errors & Omissions	_____	_____	_____	_____	_____
Crime	_____	_____	_____	_____	_____

LOSS INFORMATION

1. Have any employment-related claims, administrative proceedings, charges, hearings, demands or lawsuits been made against the Applicant or any entity or person proposed for this insurance during the past three years, whether or not insured, including claims involving employees, temporary, leased employees or independent contractors? Yes No
 If yes, please attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

2. Choose one of the following:

[] New policy with no prior similar coverage
 a. Are there any facts or circumstances which may result in a claim under this policy? Yes No
 If yes, please provide details on a separate attachment.

[] New policy with prior similar coverage
 a. Prior similar coverage has been continuously in effect since _____
 At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in claim being made against any insured? Yes No
 b. Are there any pending lawsuits or claims? Yes No
 c. During the past three years have any employment-related claims or lawsuits been brought against any entity or person which might involve the requested policy for which the prior carrier was not notified? Yes No
 d. Is Applicant seeking a higher limit of liability than its prior policy? Yes No
 If yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No

To the extent that any lawsuit or claim required to be disclosed in response to questions b, c, or d above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

If yes to any question above, please attach details, including the type of complaint, how resolved, and any corrective procedures implemented.

EMPLOYEE AND LOCATION INFORMATION

1. Total number of employees and turnover for last three years:

	Current Year	Year _____	Year _____		Current Year	Year _____	Year _____
Full Time	_____	_____	_____	Terminated	_____	_____	_____
Part Time	_____	_____	_____	Resigned	_____	_____	_____
Total	_____	_____	_____	Layoffs	_____	_____	_____

2. Maximum number of employees in the following classifications for the previous 12 months (regardless of whether they are full or part time):

Temporary	Leased	Seasonal	Labor Unions	Independent Contractors
_____	_____	_____	_____	_____

3. Number of employees that are in the following compensation ranges (compensation includes bonuses, commissions, and other cash payments):
 \$30,000 or less _____ \$30,000 to \$100,000 _____ Over \$100,000 _____

4. Does the Applicant provide stock options to its employees as compensation or bonus? Yes No
 If yes, what is the percentage of employees eligible to receive stock options? _____
 What is the largest percentage of any one employee's total compensation consisting of stock options? _____

5. Locations by State or Country (if foreign) and current number of employees for each (attach schedule if necessary)

State or Country	# of Full-Time Employees	# of Part-Time Employees	# of Locations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has Applicant acquired, merged, purchased, sold, closed, consolidated, or spun-off any corporation, partnership, entity, plant, office, subsidiary, or division or downsized or laid off employees within the past three years? Yes No
 If yes, please provide details in an attachment and include how many employees were affected and in what manner, as well as what measures were taken to minimize the risk of employment-related litigation.
7. Does the Applicant anticipate any of the following in the next 12 months:
 a. Selling, closing, consolidating, or spinning-off any plants, offices, subsidiaries, or divisions? Yes No
 b. Downsizing, rightsizing, layoffs, or any other reduction in number of employees? Yes No
 c. Acquiring or merging with any other business entity? Yes No
 d. Creation of any new business, subsidiary, division, or location? Yes No
 If yes to any of the above, provide details including what measures will be taken to minimize the risk of employment-related litigation on a separate attachment.

HUMAN RESOURCES

1. Does the Applicant have a Human Resources department? Number of HR employees: _____ Yes No
 If no, who handles Human Resources functions and what are their responsibilities and prior training?
 Please use an attachment if additional space is needed: _____

2. Who handles Human Resources matters in locations or branch offices other than your principal place of business? _____
 If local personnel, are they formally trained in Human Resources matters at least once a year? Yes No
3. Does the Applicant use a written employment application form for all employment applicants? Yes No
4. Does the Applicant have an Employee Handbook? Yes No
 If yes, please answer the following:
 a. Is a copy provided to every employee? Yes No
 If yes, does each employee sign an acknowledgement of receipt and understanding? Yes No
 b. When was the most recent update to the Employee Handbook? _____ (Date)
5. Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Yes	No	Receipt Acknowledged
Sexual harassment			
Discrimination			
Equal opportunity			
Disabled employees and accommodations			
Grievances			
Employee discipline			
Termination			
Performance evaluations			
Internet usage/employee privacy			
Pregnancy leave			
Internal job postings			
Hiring and interviewing			
Alternative Dispute Resolution/Arbitration			
Employment-at-will			

6. Has legal counsel reviewed the above policies prior to implementation? Yes No
7. Are employee performance evaluations written? Yes No
 If yes, are employees provided with a copy of the written evaluations and given the opportunity to provide written comments? Yes No

8. With respect to employee terminations, does the Applicant:
- a. Consult with legal counsel or Human Resources personnel prior to every termination? Yes No
If no, please describe procedures on separate attachment.
- b. Provide severance pay and require releases to be signed by terminated employees? Yes No
If yes, has legal counsel reviewed the release? Yes No
If no, please describe procedures on separate attachment.
- c. Conduct mandatory exit interviews? Yes No
9. Please indicate whether the Applicant conducts training on any of the following:
- For Managers and Supervisors*
- a. Conducting performance evaluations? Yes No
- b. Managing employment-related grievances, disputes, notifications, conflicts, or claims? Yes No
- c. Handling of sexual harassment complaints? Yes No
- d. Hiring and interviewing? Yes No
- For all employees*
- a. Sexual harassment Yes No
10. Does the Applicant involve an attorney in employment-related disputes? Yes No
If yes, please identify the name of the attorney(s) who is usually involved, and indicate if he/she is in-house or outside counsel.
11. Does the Applicant have access to the Internet? Yes No
12. Is the Applicant a Federal Contractor? Yes No
If yes, does the Applicant have an Affirmative Action Plan on file with the Office of Federal Contract Compliance (OFCCP) Yes No

REQUIRED ATTACHMENTS

Most recent Annual Report (or audited year-end financial statement) or SEC 10-K
 List of all corporations, entities or organizations (include % owned & nature of business) proposed for this insurance
 Most recent EEO-1 Report (if required by EEOC) and prior two years
 Employee Handbook and/or Policies and Procedures Handbook
 Employment/Job application form
 Sexual Harassment Policy (unless contained in Employee Handbook)
 Equal Employment Opportunity Policy (unless contained in Employee Handbook)

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

Attention: For all Insureds other than those in VA or UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in VA and UT

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

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.

Attention: Insureds in NY

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.

Signature of Applicant's Authorized Representative Date
(Principal, Partner or Officer)

Name (printed) Agent

Title Ad

Agency/Broker Date

/Broker (Individual)

dress

INSURANCE FRAUD WARNINGS

Attention: Insureds in AR, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in DC:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Attention: Insureds in TN and VA

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.

Attention: Insureds in LA and NM

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.

Attention: Insureds in OK

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

Attaches to all Applications