



NAS Insurance Services, inc.

Application For:
Employment Practices Liability Insurance
(Claims Made Basis)

Notice: The Policy for which this Application is made subject to its terms, applies only to any Claim made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses, and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

- 1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application must be signed by an executive officer.
4. Please read the Policy for which application is made (the "Policy") prior to completing this Application. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. GENERAL INFORMATION

1. Name of proposed Named Insured ("Applicant"): _____

Address: _____
(Number) (Street)

City: _____ State: _____ Zip Code: _____

Website: _____

2. NAS Helpline Contact #1:

_____, _____, _____, _____, _____
(Name) (Title) (Phone) (Fax) (Email)

NAS Helpline Contact #2:

_____, _____, _____, _____, _____
(Name) (Title) (Phone) (Fax) (Email)

3. Does Applicant have subsidiaries? [] Yes [] No
If "Yes," please list on a separate page.

4. Is Applicant owned by a foreign entity? [] Yes [] No
If "Yes," please tell us the foreign entity's country: _____

5. Does Applicant have non-domestic operations? [] Yes [] No
If "Yes," please tell us what country(ies): _____

6. Nature of Operations:

_____, _____
If a restaurant, is Applicant a franchise operation? [] Yes [] No
If "Yes," coverage is not available.

7. Date Business Started? _____/_____/_____

8. Is the Applicant publicly-held or a public reporting company under the Securities Exchange Act of 1934? **If "Yes," coverage is not available.** Yes No

For questions 9 and 10, if the answer is "Yes," please provide details on a separate page.

9. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate?:
a) private debt equity offering of securities? Yes No
b) public offering of securities? Yes No

10. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate any actual, negotiated or attempted merger, acquisition or divestment? Yes No

SECTION II. FINANCIAL INFORMATION

11. Describe the consolidated financial information of the Applicant for the most recent fiscal year-end.

a) Total Assets: \$ _____
b) Net income: \$ _____
c) Equity: \$ _____

12. Most recent fiscal year ending: 200 _____

SECTION III. EXPOSURE INFORMATION

13. Total number of employees: Full time _____ Part time _____ Temporary _____ Seasonal _____
Independent contractors working exclusively for the Applicant _____

14. Have any officers or senior management voluntarily or involuntarily left the employ of the Applicant within the last 18 months? Yes No
If "Yes," please provide details on a separate page.

15. Does the Applicant anticipate in the next 12 months, or transacted in the last 12 months, any lay-off, reduction-in-force, closure of a plant, facility branch, or office, consolidation, or any similar event? Yes No

If "Yes," please provide the number of affected employees and details of the event on a separate page.

16. Describe the internal controls maintained for Employment Practices:

a) Have all supervisors and officers attended training on sexual harassment and discrimination within the last 18 months? Yes No
b) Does labor relations counsel review the employment policies/procedures at least annually? Yes No
c) Is there a separate Human Resources Department? Yes No
d) Does the Applicant publish and distribute an employee handbook? Yes No

If "Yes," does it include policies for:

i) anti-harassment? Yes No
ii) EEO? Yes No
iii) at-will provision? Yes No
iv) Americans with Disabilities Act? Yes No
v) Family and Medical Leave Act? Yes No
vi) all employees receive a copy and sign for receipt? Yes No
e) Are all mandatory federal and state posting requirements met? Yes No
f) Are there written procedures for handling employee grievances or complaints? Yes No
g) Does the Applicant use an application for employment? Yes No

If "Yes," does it include:

(i) "at-will" statement?

Yes

No

(ii) EEO Statement?

Yes

No

h) Are terminations reviewed by either Human Resources, Senior Management or outside labor relations counsel?

Yes

No

17. Annual percentage turnover rate for employees: Previous Year: 200 ____ % Current Year: 200 ____ %

18. Are stock options offered to employees, officers or directors as part of their compensation?

Yes

No

If "Yes," please provide details on a separate page.

19. Prior Insurance Information

a) Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

Coverage

Yes

No

Limits

Continuity Date

Employment Practices

For questions b) through d) if the answer is "Yes," please provide details on a separate page.

b) Has any insurer made payments to or on behalf of any person or entity proposed for this insurance at any time in the last five years?

Yes

No

c) Has the applicant given written notice under the provisions of any current or prior policy providing similar insurance of any specific facts or circumstances which might give rise to a claim under such insurance?

Yes

No

d) Has any insurer ever cancelled or non-renewed any similar insurance?

Yes

No

20. Third Party Claims exposure: (Please respond only if coverage for third party claims is desired.)

a) Does the Applicant have written procedures for the handling of customer/client/third party relations?

Yes

No

If "Yes," does it include policies for:

i) Anti-discrimination and anti-harassment related to third parties?

Yes

No

ii) Handling complaints of discrimination and harassment by a third party?

Yes

No

b) If Applicant is a property manager or property owner, please provide the following:

i) Number of locations: _____

ii) Number of residential units: _____

iii) Commercial (list square footage): Retail _____ s/f Office _____ s/f Industrial _____ s/f

iv) Attach a separate sheet listing properties managed, address, and type of units with number of residential units and square footage of commercial properties for each location.

Please provide the description of the locations under the commercial properties (i.e., restaurants, hotels, etc.)

21. Prior Activities Information

a) Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any: litigation, administrative proceedings, demand letter, formal or informal governmental investigations or inquiry, including any investigation by the Department of Labor or the Equal Opportunity Commission?

Yes

No

If "Yes," how many events were there in the last five years? _____

Please complete the Supplemental Claim/Wrongful Act Incident Form for each such event.

b) Is any person or entity proposed for this insurance aware of any wrongful acts, facts, incidents, or any circumstances which may result in claims being made against you?

Yes

No

If "Yes," please complete a Supplemental Claim Form, if applicable.

SECTION IV. OTHER INFORMATION

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Broker)

Signed: _____
(Must be Signed by an Executive)

Date: _____
(Month) (Day) (Year)

Name: _____
(Please Print or Type)

Email Address: _____

Position: _____

Applicant
Organization: _____

Date: _____
(Month) (Day) (Year)

For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.



NAS Insurance Services, inc.

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LIC.#0677191



Supplemental Claim/Wrongful Act/Incident Form

This form is to be completed if any "Prior Activities Information" question is answered "Yes."

Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed Application along with any explanations. No full indication can be given without this complete information.

- 1. Name of Applicant:
2. Name of individual(s) employed by Applicant charged in claim/incident:
3. Name of person(s) or entities making complaint/allegations in incident (Plaintiff):
4. Date of alleged Wrongful Act:
5. Date Applicant became aware of alleged Wrongful Act:
6. How did Applicant become aware?
7. Name of Insurer Claim reported to (if any):
8. Are you represented by an attorney?
9. Present status of Claim/Incident:
10. If Closed, Total Damages Paid: \$ Total Expenses Paid: \$

11. **If EEOC/State Agency** filing:
a. Has right to sue letter been issued? Yes No
Date: _____
Date right to sue expires (or did expire)? _____

b. Has determination of fault been decided? Yes No
What was determination? _____
If claimant/plaintiff has a right to sue, what dates does (did) this expire? _____

12. **If pending**, is plaintiff demanding a settlement amount? Yes No
How much? \$ _____
Has plaintiff been offered a settlement amount? Yes No
How much? \$ _____
Legal expenses to date: \$ _____

13. Detailed description of complaint and Applicant's response (put on separate sheet if more room is needed):

14. Explain what actions have been taken to prevent an incident like this from happening again:

15. If complaint was for sexual harassment, has the alleged perpetrator been disciplined or terminated? Please explain:

I understand information submitted herein becomes a part of my Application and in the event that coverage is bound, is subject to the same warranty and conditions.

Applicant's Signature

Date



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