



THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY

INSTRUCTIONS:

- 1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2. Applications must be dated and signed.
- 3. "Applicant" refers to the Firm, predecessors, and all proposed Insureds.
- 4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of Applicant: _____

B. Person to contact: _____
(name, title, telephone)_____

C. Professional Corporation Partnership Other
(Please specify)_____

D. Describe nature of law practice: _____

E. Number of other locations (indicate states/countries): _____

F. How long has the Applicant been in business? _____ Years

G. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No
(If Yes, please complete the Reduction In Force supplement (G))

H. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No
(If Yes, please complete the Reduction In Force supplement (H))

I. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure?

Yes No

J. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees?
(If Yes, please provide full details on a separate sheet)

Yes No

K. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage?

Yes No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

L. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage?
(If Yes, please provide details on a separate sheet)

Yes No

II. Financial Information

A. Please answer the following four (4) questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

i) What are the Applicant's total assets? \$ _____

ii) What are the Applicant's total gross revenues? \$ _____

iii) Does the Applicant currently have: Net Income or Net Loss
Amount \$ _____

iv) Does the Applicant currently have: Positive Cashflow or Negative Cashflow
Amount \$ _____

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant?
(If Yes, please provide details on a separate sheet)

Yes No

III. Loss History

A. Furnish loss history (5 years) for all Wrongful Employment Practice Claims (as those terms are defined in the Policy) including failure to make partner claims and including any charges, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency with responsibility for See employment practices.

None attached

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON THE ATTACHED SUPPLEMENTAL CLAIM INFORMATION SHEET.

- B. Does any partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could reasonably give rise to a Claim, or in any other way suspect that a Claim may be brought? Yes No
- C. Have any losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violation of any **Wage and Hour Law**? Yes No
- D. 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

This would include, but not be limited to, any current or former employee, including partners or an applicant for employment, expressing dissatisfaction with the employment relationship or the employment application process by making a formal or informal complaint to a partner, principal, or supervisory employee of unfair employment practices or otherwise complaining of discrimination, harassment, or unfair treatment.

Please provide a full description of each circumstance on a separate sheet.

The Applicant acknowledges that any Claim arising from circumstances, reported in, or that should have been reported in this Section II will be excluded from coverage.

IV. Employees and Others

- A. Number of employees (including any partners who may be employees):
 Full Time: _____ Part Time: _____
- B. Number of partners, shareholders, principals, or others who may not be considered employees: _____
- | | | |
|---|-------------------------------|-------------------------------|
| C. Salary ranges (including bonuses, distributions, dividends, referral fees and commissions) | Number of full time employees | Number of part time employees |
| \$ 50,000 or less : | _____ | _____ |
| \$ 50,001 to \$100,000 : | _____ | _____ |
| \$100,001 and over : | _____ | _____ |
- D. Does the Applicant use seasonal or temporary employees? Yes No
 If Yes, when and how many? _____
 Are these employees included in A and B above? Yes No
- E. Does the Applicant use leased workers? Yes No
 If Yes, how many have been retained by the Applicant in the past two (2) years, and indicate the typical duration of assignment _____
 Are these employees included in A and B above? Yes No

- F. How many of the Applicant's employees are union members? _____
- G. In the last 12 months, how many lawyers have left your employ? _____
- H. In the last 12 months, how many other employees have left your employ? _____
- I. How many equity partners or shareholders do you have? Male _____ Female _____
- J. How many non-equity partners do you have? Male _____ Female _____
- K. How many associates with less than 5 years service do you have?
Male _____ Female _____
- L. How many associates with more than 5 years service do you have?
Male _____ Female _____

V. Human Resources

- A. Does the Applicant have written employment agreements with all partners, shareholders, and officers? Yes No
- B. Has the Applicant communicated an employment-at-will relationship to all employees and others without a written employment agreement? Yes No
- C. Does the Applicant have a Human Resources or Personnel Department? Yes No
If No, who handles this function _____
- D. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No
If Yes, who has attended? _____
If Yes, who conducts the sessions? _____
- E. Does the Applicant have its employment policies/procedures reviewed by employment counsel at least bi-annually? Yes No
- F. Does the Applicant have an employment handbook? Yes No
If Yes, does the Applicant distribute it to all employees and others at the Firm? Yes No
If Yes, do all employees and other recipients sign for its receipt? Yes No
Does the handbook contain an at-will statement? Yes No
- G. Does the Applicant have written procedures for handling employee complaints of discrimination including sexual harassment? Yes No
- H. Does the Applicant require all terminations to be reviewed by:
a partner or shareholder Yes No
or outside counsel? Yes No
- I. Does the Applicant perform written performance evaluations and maintain a personnel file for each employee? Yes No

VI. Client Complaint Information

- A. Has the Applicant or its predecessors ever received a complaint, formal or informal, from a client or prospective client complaining about discrimination by the Firm or any lawyer or staff member of the Firm? Yes No
(If Yes, please provide details on a separate sheet)

- B. Does the Applicant conduct training of lawyers and staff on client relations issues such as avoiding discriminatory behavior? Yes No

- C. Does the Applicant have procedures for assessing new clients or deciding when to sever client relationships? Yes No

VI. Privacy Violation Coverage

Please note that this supplement and warranty is in respect of the above new coverage extension only. Answering these questions is not a guarantee of coverage.

1. Do you restrict employee access to employees' personal information such as social security numbers, account information and health care information? Yes No

2. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the insurance sought? If yes, please give details. Yes No

Details:

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date Applicant's Authorized Signature of a Principal, Partner or Officer _____
Title

SUPPLEMENTAL CLAIM INFORMATION

Claimant(s): _____

Position/Title(s): _____

Defendant(s): _____

Position/Title(s): _____

Claim status: Incident Claim Suit

Venue:
(Court or Agency) _____

Date of act(s) causing claim / incident: _____

Date claim / incident reported to the applicant: _____

Nature of Claim and allegations:
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Name of defense attorney and law firm: _____

Name of plaintiff attorney and law firm: _____

If Closed, total paid (defense and loss): _____

If Open:

1. Claimant's demand: _____

2. Insurer's defense and/or loss reserves: _____

3. Defense costs incurred to date: _____

4. Applicant's settlement offer: _____

5. Applicant's estimate of settlement: _____

Remedial action taken to prevent a similar claim:

Reduction In Force Supplement (G)

- A. How many employees were laid off? _____
- B. What date(s) did the lay-off's take place? _____
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?
 Yes No
- D. Were severance packages offered to all laid-off employees? Yes No
- E. Were signed releases gained from all laid-off employees? Yes No
- F. Were exit interviews completed with all laid-off employees? Yes No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim? Yes No
- H. Please provide available details on the above.

Reduction In Force Supplement (H)

- A. How many employees will be laid off? _____
- B. What date(s) will the lay-off be effective? _____
- C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?
 Yes No
- D. Will severance packages be offered to all laid-off employees? Yes No
- E. Will signed releases be gained from all laid-off employees? Yes No
- F. Will exit interviews be completed with all laid-off employees? Yes No
- G. Please provide available details on the above.