



EMPLOYMENT PRACTICES LIABILITY QUESTIONNAIRE

A GENERAL INFORMATION

1. Insured Organization:
2. Principal Address:
3. How long has the Insured Organization carried on business?
4. Business activities of Insured Organization and its subsidiaries.

B STAFF INFORMATION

5. Please give the following:
 - (a) Total number of employees in Switzerland
 - (b) Total number of employees in the United Kingdom
 - (c) Total number of employees in the United States
 - (d) Total number of employees Worldwide

C CHANGES IN EXPOSURE

6. During the last two years, has the Insured Organization or any subsidiary been involved with, or in the next twelve months, is the Insured Organization or any subsidiary contemplating or anticipating:
 - (a) any actual or proposed merger, acquisition or divestment? Yes No
 - (b) any redundancies, staff reductions or facility closings? Yes No

If "Yes", please attach details.



D EMPLOYMENT POLICIES AND PRACTICES

7. Does the Insured Organization:

- (a) have a full time human resources manager or department? Yes No

If "No", how is this function handled?

- (b) provide formal training for its supervisors in administering Human Resources procedures? Yes No

- (c) distribute an employee handbook to all employees? Yes No

If "Yes", please attach a copy. If "No", or the employee handbook does not detail the procedures concerned in questions (d) to (g) below please attach details of how such policies or procedures are communicated.

- (d) have a written policy against discrimination, including sexual harassment? Yes No

- (e) have a grievance procedure for dealing with discrimination claims brought? Yes No

- (f) have a written progressive discipline programme? Yes No

- (g) have an established termination procedure? Yes No

- (h) use an employment application for all applicants? Yes No

If "No", please explain method of application:

- (i) Obtain advice from a Human Resource manager prior to terminating an employee? Yes No

If "No", please attach details.

(j) Who has the authority to:

(i) hire employees?

(ii) to terminate employees?



E LOSS HISTORY

8. Is (are) the Insured Organization, its directors, officers or employees presently subject to any judicial or administrative order, decree, judgement or conciliation agreement relating to employment? Yes No

If "Yes", please give details under separate attachment.

9. Please attach full details of all employment lawsuits as well as administrative proceedings (e.g. tribunal proceedings, court proceedings) commenced during the past 3 years.

Describe the type of allegation, the court or agency involved and any determination, judgement, defence cost or settlement for each.

10. After enquiry, is any person proposed for cover aware of any facts or circumstances which might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)? Yes No

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

F UNDERWRITING INFORMATION

As part of this application, please attach (where applicable)

- (a) The latest audited annual report and accounts
- (b) Employee handbook for the Parent Organization
- (c) Worldwide functional organizational chart depicting the Human Resource Department positions
- (d) If cover is required in the U.S.A.:
 - (i) Please then complete a copy of the attached supplemental questionnaire for each U.S. subsidiary to be covered;
 - (ii) Most recent EEO-1 report for each Subsidiary incorporated or located in the U.S.;
 - (iii) Most recent employee handbook for each Subsidiary incorporated or located in the U.S.;
 - (iv) Copy of an employment application for each Subsidiary incorporated or located in the U.S.;
 - (v) Copy of an employment contract;
 - (vi) Copy of an employment-at-will statement and contract disclaimer;
 - (vii) Copy of the OFCCP (Office of the Federal Contractor Compliance Program) Report, if any Subsidiary incorporated or located in the United States of America is considered as a "Federal Contractor".

G SUPPLEMENTAL QUESTIONNAIRES

It is agreed that the Employment Practices Liability Supplemental Questionnaire(s); Third Party Liability Questionnaire; or other questionnaires submitted in connection with this application is expressly incorporated into and forms part of this Policy.

Please note that the defence cost provision of this Policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defence. Any deductible or retention may be similarly reduced or exhausted by legal defence costs.

DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this proposal does not bind the undersigned on behalf of the Insured Organization or its directors, officers or Insured Persons to effect insurance, the undersigned agrees that this proposal together with all attachments submitted shall be the basis of the contract. The Company is hereby authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

Date

Signature

**Chairman of the Board, Chief Executive,
Managing Director or Company Secretary**



EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE FOR EACH U.S. SUBSIDIARY FOR WHICH COVERAGE IS REQUIRED.

1. Name of Subsidiary: _____
2. Principal Address: _____
2. Nature of business: _____
4. Total Number of employees: _____
5. Please give the total number of employees in each of the following states:
Massachusetts: _____ North Carolina: _____ Oregon: _____ Tennessee: _____
California: _____ Illinois: _____ New York: _____ Georgia: _____
6. Financial Information:
 - (a) Sales / Revenue
 - (b) Net Profit
 - (c) Shareholders equity
 - (d) Total Assets
7. Changes in exposure:
 - (a) How many employees have resigned in the last 24 months?
 - (b) How many employees have been terminated in the last 24 months?
 - (c) Any layoffs in the past 12 months, or planned layoffs in the next 12 months? Yes NoIf "Yes", please describe _____
8. Any EEOC complaints or employment related litigation in the past two years? Yes No
If "Yes", please attach full details. Please include the appropriate dates, the nature of the allegation, amount of legal costs incurred and the amounts of any damages, awards or settlements. Whether "Yes" or "No", please attach a copy of the most recent EEO1 report to this application.
9. Does the applicant have a Human Resources department? Yes No
10. Does the applicant have an employee handbook, which is distributed to all employees? Yes No
If "Yes", please attach a copy to this application. If "No", please explain how information is communicated to employees.
11. Whether or not such handbook exists please also indicate if decisions regarding the procedures or policies below are subject to prior review by the applicants Human Resources department, Legal department or outside counsel:



Individual decisions are reviewed by:

	In Handbook	HR Dept	Legal Dept	Outside Counsel
Written application for employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment at will statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment/Discrimination Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial Harassment/Discrimination Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Disciplinary Actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminations or layoffs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee appraisals/reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. If outside counsel is used please give their name and address:

13. Does the applicant currently carry D & O liability or EPL coverage? Yes No

If "Yes" please provide terms:

14. After enquiry, is any person proposed for cover aware of any facts or circumstances which might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s)? Yes No

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

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