



EMPLOYMENT PRACTICES RENEWAL PROPOSAL FORM

Name of Company:
Street Address:
City, Province, Postal Code
Internet Web site address:

The Officer designated as agent of the Company and of all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Name Title

Nature of business:

Years in Operation:

Number of: Locations - Within Canada Outside Canada
Employees - Within Canada Outside Canada

- 1. Total number of:
(a) full time employees:
(b) part time employees:
(c) leased/contract employees:
(d) union employees:

2. Has the Company's use of independent contractors changed in the last 12 months? Yes No

If "Yes", provide details in an attachment to this Proposal Form.

3. Total salary expense for the most recent year-end:

4. Most recent annual turnover rate: Historical average annual turnover rate:

- 5. List the three provinces/states with the largest number of employees:
(a) Province or State: Number of employees:
(b) Province or State: Number of employees:
(c) Province or State: Number of employees:

6. Provide the number of employees and officers terminated by the Company in the past two years:
Most recent year: Number of employees: Number of Officers:
Year prior: Number of employees: Number of Officers:

7. Has the Company completed within the last 12 months, or is the Company considering within the next 12 months, any layoffs or early retirement programs including those resulting from company reorganizations or facility closings? Yes No

If "Yes", provide details in an attachment to this Proposal Form.

8. Are there any planned transactions or events that would significantly increase the number of employees stated above? Yes No

If "Yes", provide details in an attachment to this Proposal Form.

9. Has the Company or its Subsidiaries adopted, abandoned or changed within the last 12 months, or is the Company or its Subsidiaries considering adopting, abandoning or changing within the next 12 months, any of its policies and procedures addressing the following areas:
- (a) Compliance with the Canadian Human Rights Act and/or Americans with Disabilities Act;  Yes  No
  - (b) Compliance with applicable provincial Human Rights Codes and/ or Title VII of the U.S. Civil Rights Act of 1964 and the 1991 Civil Rights Act;  Yes  No
  - (c) Compliance with applicable provincial Employment Standards Act and/or U.S. Family Medical Leave Act;  Yes  No
  - (d) Prohibited discriminatory practices in hiring, promotion, and compensation;  Yes  No
  - (e) Employee performance evaluations;  Yes  No
  - (f) Employee disciplinary actions and discharge;  Yes  No
  - (g) Sexual harassment and the work environment;  Yes  No
  - (h) Employee grievance reporting and resolution processes.  Yes  No

If “Yes” to any of the above, please provide details in an attachment to this Proposal Form.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Insureds that the particulars and statements contained in this Proposal Form or in any information provided therewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Insureds that the statements in this Proposal Form or any information provided therewith are their representations, they are material, and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided therewith in respect of a specific Employment Practices Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Claim against them shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

**This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.**

Signature	Title	Date
-----------	-------	------

Please include a copy of the Company’s employment applications, Human Resources Manual, Employee Handbook, or, if these do not exist, a copy of the Company’s documentation on human resources policies and practices, the most recent EEO-1 report, and the most recent annual report for the Company. These materials will be considered part of the Proposal Form.

**NOTE:** This Proposal Form including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:  
Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666