



THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.
EMPLOYMENT PRACTICES RENEWAL PROPOSAL FORM

Name of Company:
Mailing Address:
City, State, Zip:
Internet Web site address:

The HR representative or person with equivalent responsibility to receive any and all notices from the Insurer or its authorized representatives concerning this insurance:

Name: Phone:

Title: Email:

Nature of business: Years in Operation:

Number of: Locations - Within the US Outside the US
Employees - Within the US Outside the US

- 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 states with the largest number of employees:
(a) State: Number of employees:
(b) State: Number of employees:
(c) 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 Americans with Disabilities Act; Yes No
 - (b) Compliance with Title VII of the Civil Rights Act of 1964 and the 1991 Civil Rights Act; Yes No
 - (c) Compliance with the 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, provide details of each such adoption, abandonment or change in an attachment to this Proposal Form.

Attention - Applicants in AR, CO, KY, NJ, NM, NY, OH, OK, VA:

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 may also be subject to a civil penalty.

In Colorado: 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.

District of Columbia: “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.

In Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Also provide: Agent Name: _____ Agent License #: _____

In Iowa and New Hampshire:

Provide: Producer Signature _____ Date: _____

In Maryland: Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In Pennsylvania: 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.

In Washington, Maine, Louisiana and Tennessee: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

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 Company and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (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 Company and the Insured Persons that the statements in this Proposal Form or any information provided herewith 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 herewith in respect of a specific Wrongful Act by a particular Insured Person or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

In New York: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading 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 (\$5,000.00) and the stated value for each such violation.

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
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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.

THIS IS A CLAIMS MADE POLICY. READ IT CAREFULLY.

This is a proposal form for a claims made policy. Amounts incurred as Costs of Defense shall reduce the Limit of Liability available to pay judgments or settlements and shall also be applied against the retention.

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