



marrs maddocks + associates

insurance services, inc.

Employment Practices Liability Form

(ALL information on this form must be completed in order to process your request)

| | |
|--------------------------|--|
| Desired Coverages | Desired Coverages Must be Checked to Process your Request: <input type="checkbox"/> Directors & Officers Liability <input type="checkbox"/> Employment Practices Liability <input type="checkbox"/> Fiduciary Liability |
|--------------------------|--|

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|----------------------------|--|--------|---------------|
| Contact Information | Company Name: | | |
| | Address: | | |
| | City: | State: | Zip Code: |
| | Phone Number: | | Fax Number: |
| | Email: | | Contact Name: |
| | Nature of Operations: | | |
| | Number of Employees: Currently _____ 1 year ago _____ 2 years ago _____ | | |

| | | |
|--|---|--|
| Company Information | About the Company: | |
| | 1. Is the company a privately owned corporation or limited liability company (LLC)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 2. Is all the common stock owned by directors or officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 3. Does the company, its major business partners (vendors, suppliers, etc.) and its pension and benefit plans have a Y2K compliance plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 4. Does the company use an employment manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 5. Do all employees get a copy of the employment manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 6. Is there a formal grievance procedure in place for employees to report employment problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 7. Does the company have a full time resource manager or person responsible for this duty? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 8. Respond YES if this statement is TRUE or NO if FALSE: "There have been no company-mandated staff reductions in the past 3 years and there are no plans for reductions over the next 2 years. " | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 9. Does the company sponsor only defined contribution plans or health and welfare benefit programs? If YES, total assets of defined contribution plan \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 10. Can the company confirm that it does not sponsor any defined benefit programs or ESOPs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Litigation: | |
| 11. Respond YES if this statement is TRUE or NO if FALSE: "During the past three years, neither the company, its directors, officers or employees were/are defendants in litigation that has relevance to any coverages requested by this form (including EEOC proceedings, labor litigation, etc.)." If NO, please provide full details. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Past Coverage: | | |
| 12. Does the company currently have any of these coverages? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, D&O Insurer _____ Expiration Date _____ Premium \$ _____ EPLI Insurer _____ Expiration Date _____ Premium \$ _____ FDL Insurer _____ Expiration Date _____ Premium \$ _____ If NO, Requested Limit \$ _____ Requested Retention \$ _____ | | |
| Financial Information: | | |
| Total Revenue \$ _____ Net Income \$ _____ Total Assets \$ _____ Long Term Debt \$ _____ Shareholders Equity \$ _____ | | |