

III. Employees (including Subsidiary employee information on a separate sheet)

- A. Number of employees: Full Time: _____ Part Time: _____
- B. Salary ranges (*including bonuses, dividends 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 : | _____ | _____ |
- C. Does the Applicant use seasonal or temporary employees? ? Yes ? No
If so, when and how many? _____
Are these employees included in A and B above? ? Yes ? No
- D. Does the Applicant use leased workers? ? Yes ? No
If yes, how many have been retained by the Applicant in the past 12 months? _____
Are these employees included in A and B above? ? Yes ? No
- E. Does the Applicant use independent contractors? ? Yes ? No
If Yes, how many work solely for the Applicant? _____
- F. How many employees are covered by collective bargaining or other union agreements? _____
- G. In the past 12 months, how many officers have left your employ? _____
Of the above, how many were terminated? _____
- H. In the past 12 months, how many other employees have left your employ? _____
Of the above, how many were terminated? _____

IV. Human Resources

- A. 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? _____

- B. When were the Applicant's employment policies/procedures/handbook last reviewed by labor or employment counsel? _____

V. Third-Party Information

- A. Estimated number of employees with customer/client contact: _____
- B. Has the Applicant conducted staff training on client and customer relations issues such as avoiding discriminatory behavior within the last 12 months? ? Yes ? No
- C. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? ? Yes ? No

VI. Loss History

- A. Has the applicant reported all **claims** to underwriters or underwriters' representatives? ? Yes ? No
(If not, Please complete the attached supplement).

VII. Other Material Facts

- A. Please declare any other Material Facts on a separate sheet. ? None ? See attached
(If there are no other Material Facts, please check "None")

A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All the information requested in this proposal is material.

Please also ensure that any additional information is attached where applicable.

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 renewal application changes between the date of this renewal application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this renewal application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this renewal 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	Signature of Applicant's Authorized Principal or Officer	Title

_____	_____	_____
Date	Signature of Applicant's Authorized Human Resources Representative	Title

**(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE
REQUIRED)**

