

Mandatory Written Policies - please identify policies Applicant has in place:

Sexual Harassment Policy (applies to employees and third parties) Yes No
Anti-Discrimination Policy (applies to employees and third parties) Yes No

Please forward copies of the policies identified above along with this signed and dated application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance.

Recommended Written Policies - please identify policies Applicant has in place:

Employment Application Yes No
Employee Handbook Yes No
Company Email/Internet Policy Yes No

If Applicant has an Employee Handbook, Employment Application or Company Email/Internet Policy, a copy of each must be forwarded for review by the Company.

As a condition precedent to binding this insurance the Applicant agrees:

- 1) to implement and distribute to each employee the Mandatory Written Policies identified above which are currently not in place as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive these policies within 21 days after the inception of this insurance will result in cancellation of this insurance.
- 2) to adopt and distribute to each employee all changes required by the Company of the Applicant's Written Policies as soon as possible, but no later than 21 days after receipt from the Company of the required changes .

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Company to issue a policy. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will become a part of the policy.

IF THE PRIMARY ADDRESS OF THE LOCATION LISTED IN ITEM #1 IS IN THE STATE OF NEW YORK, IOWA OR FLORIDA, THE STATE OF NEW YORK, IOWA AND FLORIDA REQUIRE THAT WE HAVE THE NAMES AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

AGENT OR BROKER LICENSE NUMBER: _____

Signature of President or Chairman

Date

SUPPLEMENTAL CLAIMS APPLICATION

When any one of the Claims Questions is answered "Yes", please complete this form for **each Claim**.

1. Name of Claimant? _____
2. When did Claim occur? _____
3. Details and background of Claim _____

4. Has the EEOC or State Human Rights Agency ruled on this case? Yes _____ No _____ .
If Yes, was ruling A. Probable Cause _____ B. No Probable Cause _____
(PLEASE ATTACH A COPY OF THE RULING).
5. What is the Status of the Claim? _____
6. Amount of Defense Costs Paid? _____
7. Settlement Amount? _____
8. Was the Claim filed with Insurer? Yes _____ No _____ If Yes, was the Claim
covered by Insurance? Yes _____ No _____ .
9. If Claim is still open, what amount of Reserve has been set up by the Insurer? _____
10. What remedial measures have been taken to prevent a recurrence of a similar
Claim? _____

Signature: _____ Date: _____
(By President or Chairman of Board of Insured)

The information on this supplemental Application is material to the Company underwriting this risk and shall be deemed attached a part of this Policy as if physically attached hereto.