

D. Percentage of employees (including all attorneys) with salaries (including bonuses):

- Less than \$50,000: _____%
- \$50,000 - \$100,000: _____%
- \$100,000 - \$250,000: _____%
- Greater than \$250,000: _____%

3. CLAIMS HISTORY

Since the submission date of the last application submitted to the Underwriter, has there been any change in the status of any claim, suit, circumstance, allegation, or contention previously reported under an employment practices liability insurance application made to the Underwriter or any other employment practices liability insurance carrier?

Yes No

If "Yes," please provide full particulars in a separate addendum.

4. HUMAN RESOURCES

A. Have there been any changes to the **Applicant's** human resources department?

Yes No

If "Yes," please provide details on a separate addendum.

B. Have there been any changes or revisions to the **Applicant's** written policies or procedures in place with regard to the following:

- 1. Termination Yes No
- 2. Hiring Yes No
- 3. Discipline Yes No
- 4. Sexual harassment Yes No
- 5. Tests used to screen applicants for hire or promotion Yes No
- 6. Employee handbook Yes No

If the **Applicant** answers "Yes" to any of the above questions, please provide details of the change or revision on a separate addendum as well as a copy of the revised document.

C. Has the **Applicant** adopted any new employment-related policies or procedures?

Yes No

If "Yes," please provide details on a separate addendum.

5. FIRM HISTORY

If the **Applicant** answers "Yes" to any of the following questions, please provide further details on a separate addendum.

A. Has the **Applicant** acquired or merged with any other entity in the last year?

Yes No

B. If "Yes" to question 5. A., did the acquisition include the assumption of liabilities?

Yes No

C. Does the **Applicant** anticipate any branch/location closings, consolidations, or layoffs?

Yes No

If "Yes," please provide details including the year, anticipated number of layoffs, and the circumstances surrounding those layoffs. Please use a separate addendum if necessary.

D. With respect to any acquisitions, were any employees, partners, or other attorneys terminated, or does the **Applicant** plan in the next eighteen (18) months to terminate any employees, partners or other attorneys?

Yes No

If "Yes," please explain on a separate addendum.

6. PLEASE PROVIDE COPIES OF THE FOLLOWING:

- A. Firm Financial Information Supplement (Attachment)
- B. Employee handbook
- C. Procedure for handling employee complaints of discrimination or sexual harassment

NOTICE TO APPLICANT ³/₄ PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS RENEWAL APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS RENEWAL APPLICATION. SIGNING THIS RENEWAL APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS RENEWAL APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS RENEWAL APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE RENEWAL APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS RENEWAL APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT

- (I) THE POLICY SHALL APPLY ONLY TO “CLAIMS” MADE (OR DEEMED MADE) TO THE UNDERWRITER DURING THE “POLICY PERIOD” OR TO “CLAIMS” MADE TO THE UNDERWRITER DURING ANY APPLICABLE “EXTENDED REPORTING PERIOD”;**
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY “DEFENSE EXPENSES” AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR “DEFENSE EXPENSES” OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR LIMIT EXCEEDS THE LIMIT OF LIABILITY IN THE POLICY; AND**
- (III) “DEFENSE EXPENSES” THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

APPLICANT		
BY <i>(Principal, Partner or Shareholder)</i>	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

PRODUCED BY <i>(Insurance Agent)</i>	INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.	
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>		
E-MAIL ADDRESS		

SUBMITTED BY <i>(Insurance Agency)</i>	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP Code)</i>		

**EXECUTIVE RISK INDEMNITY INC.
RENEWAL APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR LAW FIRMS
FIRM FINANCIAL INFORMATION SUPPLEMENT**

Name of **Applicant**: _____

This supplement is part of the Renewal Application for Employment Practices Liability Insurance for Law Firms.

Please supply the following information and the source financial documents listed below. For items 1, 2, and 3, supply information for your latest completed fiscal year and the prior two fiscal years. For items 4, 5, and 6, please supply the amount at year end.

Latest Fiscal Year (ending __/__/__)	1st Prior Fiscal Year (ending __/__/__)	2nd Prior Fiscal Year (ending __/__/__)
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1. Gross Revenues:

Cash receipts from professional services, excluding expense reimbursements.

2. Net Income:

Total net income for distribution to active equity partners or shareholders.

3. Total Debt (Net present value):

The sum of long- and short-term debt to all creditors. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list each obligation and its maturity date.)

4. Lease Obligations (Net present value):

Please include all leases — e.g., for real estate, furnishings, office equipment, etc. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, list all leases and show payment due by year for each.)

5. Obligations to Former Partners/Shareholders (Net present value):

Total of all payments due to retired partners/shareholders or former partners/shareholders, for whatever reasons. Please indicate the discount rate used to compute net present value. (If net present value estimate is not available, please list obligations per year for each individual.)

6. Partner or Shareholder Equity:

Total partner or shareholder equity.

Please provide latest fiscal year financial statements (income statement and balance sheet), audited if available, with this supplement.

I understand that information submitted herein becomes part of the Applicant's Renewal Application for Employment Practices Liability Insurance for Law Firms and is subject to all of the representations and conditions set forth therein.

Authorized Signature of **Applicant** (Principal, Partner, or Shareholder)

Date

Print Name

Date