



NOTICE

THE RENEWAL POLICY YOU ARE APPLYING FOR APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR REPORTED WITHIN ANY APPLICABLE EXTENDED REPORTING PERIOD PROVIDED BY THE POLICY. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AGAINST AN INSURED AFTER THE END OF POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, AN EXTENDED RPEORTING PERIOD APPLIES. DEFENSE COSTS REDUCE THE LIMITS OF LIABILITY.

PLEASE DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Complete and submit all requested information and required attachments. This Application and all materials submitted or required shall be held in confidence.

Renewal Application for Policy Number: _____ Current Policy Expiration Date: _____

I. General Information

1. The Company to be named in Item 1 of the Declarations (the "Company"):

1. Current Company Information:

a. How long has the current management been in place? _____ Years

b. In the past year, has the nature of service(s) or product(s) provided changed? Yes [] No []
If "yes" please describe on a separate attachment).

b. Current Company Size: Total Number of Employees: _____

c. (i). What percentage of current employees are:

Table with 6 columns: Full time, Part time, Loaned and/or leased, Temporary or seasonal, Volunteers, Union employees. Each column has a percentage field below it.

1. What percentage of Employees have salaries (including bonuses):

Table with 4 columns: Less than \$50,000, \$50,000 to \$100,000, \$100,000 to \$250,000, Greater than \$250,000. Each column has a percentage field below it.

(iii) Total number of employees outside the U.S. (include those listed above) _____

e. In what state(s) or foreign country(ies) does the Applicant currently operate, and what percentage of employees are located in each:

_____% _____% _____%
_____% _____% _____%
_____% _____% _____%

II. Employment Practices Liability Information

1. Is the Applicant a federal contractor subject to Executive Order 11246? Yes [] No []

If "yes", attach details of the results of any compliance review or investigation by OFCCP in the last twelve (12) months.



2. During the past twelve (12) months, whether or not such discussions have been publicly disclosed, has any Applicant, subsidiary or Applicant or subsidiary employee been involved or are they currently involved in discussions with any other party concerning any actual or potential restatement of audited financial statements or SEC filings? Yes No
3. Are there any planned transactions or events that would significantly increase the number of employees stated above? Yes No
4. Has the Applicant had any layoffs, staff reductions, facility closings or consolidations during the last twelve (12) months which resulted in termination or more than 5% of the work force at any one business location? Yes No
5. Does the Applicant anticipate any business closings or layoffs? Yes No
6. Have any mergers or acquisitions been recent completed or are any planned? Yes No
7. If Applicant is privately held, are there any plans of going public in the next 12 months? Yes No

III. Insurance/Claims Information

During the past 12 months:

1. Have there been any employment-related losses or complaints? Yes No
2. Has the Applicant or any subsidiary been required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
3. Has Employment Practices Liability insurance that has been purchased or applied for by the Applicant been cancelled or non-renewed? Yes No
 - a. If "yes", attach complete details, including reason for, and date of, cancellation or non-renewal.
 - b. If applicable, will the extended reporting period be exercised? Yes No
4. Have there been any known incidents of harassment or discrimination. Yes No
5. Has the Applicant or any subsidiary given written notice under the provisions of any prior or current Employment Practices liability policy or specific facts or circumstances which might give rise to a claim being made against any Insured? Yes No
6. Has the Applicant, subsidiary or any employee of the Applicant or subsidiary been involved in any employment or labor related litigation? Yes No
7. Has the Applicant, subsidiary or any employee of the Applicant or subsidiary been involved class action employment or labor related litigation? Yes No
8. Has the Applicant, subsidiary or any employee of the Applicant or subsidiary been involved in any administrative proceeding before any of the following regulatory bodies:
 - a. The U.S. Department of Labor including the Office of Federal Contract Yes No
 - b. Compliance Programs (OFCCP) Yes No
 - c. The Equal Employment Opportunity Commission (EEOC) or any state or local government agency whose purpose is to address employment-related claims? Yes NoIf you answered "Yes" to any of the above, please state the number of each type of proceeding and attach details for each proceeding.
9. Has the Applicant or any of the Applicant's employees been the subject of claims by third parties, e.g., vendors, suppliers, customers, for unlawful discrimination or unlawful harassment? Yes No



IV. Hiring/Disciplinary/Termination Practices

During the past 12 months:

- 1. Has the Applicant changed any of its Hiring, Disciplinary Compensation or Termination practices? Yes [] No []
If "yes", please provide details.

V. Documentation/Training/Loss Control

During the past 12 months:

- 1. Has the Applicant changed any of its personnel records or employee training policies or practices? Yes [] No []
If "yes", please provide details.
2. Has the applicant changed the way it deals with employment matters, e.g., use of outside counsel, changes in employee grievance procedures Yes [] No []
If "yes", please provide details.

This Application along with all signed applications, any attachments to such applications, other materials submitted therewith or incorporated therein, and any other documents submitted, any public documents filed by the Insured Entity prior to inception of this Policy (or if amended, as of that date), with any federal, state, local or foreign regulatory agency, (including, but not limited to the Securities and Exchange Commission) are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

The undersigned acknowledges that he or she is aware that Defense Costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any Loss (which includes Defense Costs) in excess of the applicable Limits of Liability.

WARNING - COLORADO, FLORIDA, HAWAII, KENTUCKY, NEW JERSEY, NEW YORK, MAINE, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY
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 (for New York residents only: 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.) (For Colorado Residents only: 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.) (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.)

This Application must be signed by the Chief Executive Officer and the Human Resources Officer.

Signed: _____
(Chief Executive Officer)

Signed: _____
(Human Resources Officer)

Title: _____

Corporation: _____

Date: _____

Corporation: _____

Date: _____

A POLICY CANNOT BE ISSUED TO NEW YORK RESIDENTS UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED ABOVE.