

**RENEWAL APPLICATION FOR
 EMPLOYMENT PRACTICES LIABILITY COVERAGE**

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The term "Applicant" means all corporations, organizations or entities proposed for this insurance.

AGENCY/ BROKER	CODE	NAME LICENSE NUMBER	POLICY NUMBER
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1. GENERAL

Name and address of Applicant : _____
 (to be shown on Declarations) _____

2. RENEWAL INFORMATION: (Choose one of the following)

- Renewal of existing policy, no change in requested limit of liability.
- Renewal of existing policy and requesting limit of liability increased to \$ _____ Are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this Policy? Yes No (If yes, please provide details on a separate attachment.)

(The maximum limit of Employment Practices Liability coverage the Company will consider will not be greater than the Directors & Officers Liability limit purchased.)

3. EMPLOYEE INFORMATION (As of ____ / ____)

- A. Number of Employees: Full Time: _____ Part Time: _____
- B. Percentage of total employees listed in Question #3 (A) that are union employees: _____
- C. Are all union employees subject to a collective bargaining agreement? Yes No Not Applicable

4. EMPLOYEE TURNOVER

(Indicate the number of directors, officers and other employees in the last 12 months:)

- A. Terminated by Applicant: Employees: _____ Officers: _____ Directors: _____
- B. Resigned Voluntarily: Employees: _____ Officers: _____ Directors: _____
- C. Retired: Employees: _____ Officers: _____ Directors: _____
- D. Layoff: Employees: _____ Officers: _____ Directors: _____

- 5. SIGNIFICANT EVENT:** Has the applicant undergone within the last 12 months or does the applicant plan to undergo during the next 12 months any:
- A. Sale, closure, consolidation, or spin-off any facility, offices, subsidiaries, or divisions? Yes No
 - B. Acquisition or merger with any other business entity? Yes No
 - C. Create any new business, subsidiary, division, or location? Yes No
 - D. Downsize, rightsize, layoffs, or any other reduction of work force Yes No
 - E. Increase the number of employees, other than through consolidation, merger, or acquisition, by more than 20%? Yes No

If yes to any question #5 A-E above, please describe below any regulatory requirements associated with the transaction and the use of any outside legal services. (or use an attachment if necessary)

6. EMPLOYMENT PRACTICES/LOSS CONTROL SERVICES

(include comments on use of Travelers Risk Management PLUS+SM For Healthcare Organizations loss control program)

In the past 12 months:

- A. Has the Applicant conducted supervisory or manager training on human resource issues? Yes No
- B. Has the Applicant amended or created an employee handbook or human resource policies? Yes No
- C. Has the Applicant purchased any human resource related products or services? Yes No
- D. Has the Applicant instituted any other employment practices loss control services? Yes No
- E. Has the Applicant prepared written performance evaluations for its employees? Yes No
- F. Has the Applicant created or maintained multiple avenues for reporting sexual harassment complaints? Yes No

If yes to any question #6 A-F above, please describe below (or use an attachment if necessary).

REQUIRED ATTACHMENTS

- Most recent EEO-1 Report (if required by EEOC)
- Employee Handbook (only if edits made or a new edition created in the past 12 months)

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Signature (Must be signed by Chairman of the Board, President or Administrator)

Title

Applicant

Date

Attention: Insureds in AR, DC, FL, KY, ME, MN, NJ, OH, and PA

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.

Attention: Insureds in NY

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.

Attention: Insureds in CO

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 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.

Attention: Insureds in TN and VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Attention: Insureds in LA and NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in OK

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.