

Prior Insurance and Claim Information

<p>16. Has your company ever had EPLI insurance canceled or been refused renewal? If yes, please provide reason(s) and details on a separate sheet. (Not applicable in Missouri)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Has your company or any proposed insured, given written notice under the provisions during the past five years of any prior or current policy of specific facts or circumstances which might give rise to a claim being made against any proposed Insured? If "yes", please provide details on a separate sheet.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Provide the loss experience for wrongful employment practices for the past five years.</i> Include any claims, suits, incidents, complaints, charges or proceedings related to actual or alleged wrongful employment practices including: sexual harassment, sexual molestation, wrongful termination, wrongful discrimination, breach of employment contract, unfair labor practices, or wage and hour violation of any type whether or not covered by insurance. Include any pending or prior litigation and any representative or class actions. <i>For any claim against you please include what you have done to remedy the situation.</i> Please use a separate page.</p>	

Prior Knowledge

<p>18. Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission which might give rise to a claim that would fall within the scope of the proposed coverage? .</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Signing the application does not bind us or the applicant to offer or accept insurance, but we are relying on the information herein as the basis of our decision to accept or reject the application.

This application must be signed by the owner, partner or executive officer.

Date Signature of owner, partner or executive officer Title

Print Name

Insured's Name and Address (Street, City, State and Zip Code)

Agency _____ Code _____ Sub-Code _____

Agent's Signature

(Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Applicable in Ohio

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.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds or an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Colorado

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.

Applicable in Virginia

The representations and statements contained herein are incorporated in and constitute part of the Coverage Part.