**MINNESOTA EMPLOYMENT PRACTICES LIABILITY INSURANCE SECTION**

**NOTICE:** THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

### COVERAGE REQUESTED

<table>
<thead>
<tr>
<th>PER CLAIM: $</th>
<th>PER CLAIM: $</th>
<th>ANNUAL PREMIUM</th>
<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
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<tbody>
<tr>
<td>AGGR: $</td>
<td>AGGR: $</td>
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SEPARATE DEFENSE COSTS LIMIT (If Available) (Y / N) $ DEFENSE LIMIT INSIDE OUTSIDE PENDING & PRIOR LITIGATION DATE:

1. IS THE APPLICANT REQUESTING COVERAGE FOR COMPANY AND DIRECTORS & OFFICERS? (Y / N)

2. IS THE APPLICANT REQUESTING COVERAGE FOR EMPLOYEES? IF "YES", INDICATE THE TOTAL OF THE FOLLOWING:
   - # FULL TIME: 
   - # PART TIME: 
   - # TEMPORARY WORKERS: 
   - # SEASONAL WORKERS: 

3. IS THE APPLICANT REQUESTING COVERAGE FOR LEASED EMPLOYEES? IF "YES", INDICATE THE TOTAL 

4. IS THE APPLICANT REQUESTING COVERAGE FOR INDEPENDENT CONTRACTORS? IF "YES", INDICATE THE TOTAL 

5. IS THE APPLICANT REQUESTING COVERAGE FOR NON-PROFIT OUTSIDE POSITIONS? IF "YES", INDICATE THE TOTAL # OF VOLUNTEERS: 

6. IS THE APPLICANT REQUESTING COVERAGE FOR PUNITIVE DAMAGES? IF "YES", INDICATE LIMIT: 

7. IS THE APPLICANT REQUESTING COVERAGE FOR THIRD PARTY CLAIM? 

### SHARED LIMITS

(Y / N) ADDITIONAL COVERAGES ATTACHED (Y / N)

INDICATE SECTIONS INCLUDED
- D&O LIABILITY
- EPLI
- PROF LIABILITY
- CRIME
- FIDUCIARY

### EMPLOYEE INFORMATION

**IN UNITED STATES:**
- OUTSIDE UNITED STATES:
- UNIONIZED:
- FAIR LABOR STANDARDS ACT EXEMPT:
- FAIR LABOR STANDARDS ACT NON EXEMPT:

INDICATE PERCENTAGE OF EMPLOYEES WITH SALARIES (including bonuses)
- LESS THAN OR EQUAL TO $50,000
- GREATER THAN $50,000 BUT LESS THAN OR EQUAL TO $100,000
- GREATER THAN $100,000

**EXEMPT**
- %
- %
- %

**NON EXEMPT**
- %
- %
- %

**UNION**
- %
- %
- %

**EXPLAIN RESPONSES WHERE INDICATED** (Y / N)


<table>
<thead>
<tr>
<th>STATE</th>
<th>COUNTRY</th>
<th># EMPLOYEES</th>
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2. DOES THE APPLICANT HAVE A TRACKING SYSTEM THAT MONITORS THE OVERTIME, VACATION AND SICK PAY HOURS OF NON-EXEMPT EMPLOYEES?

3. WERE ANY EMPLOYEES OR OFFICERS TERMINATED OR DO YOU PLAN IN THE NEXT 18 MONTHS TO TERMINATE ANY EMPLOYEES OR OFFICERS? IF "YES", HOW MANY: PROVIDE DETAILS.

### REMARKS

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AGENCY CUSTOMER ID: 

FINANCIAL INFORMATION

<table>
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<tr>
<th>DATE FINANCIAL INFORMATION PREPARED</th>
<th>OUTSIDE AUDITOR (Y / N)</th>
<th>IF &quot;YES&quot;, PLEASE ANSWER THE FOLLOWING:</th>
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<tbody>
<tr>
<td></td>
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<td>1. ANY CHANGES TO THE OUTSIDE FINANCIAL AUDITOR IN THE LAST THREE (3) YEARS?</td>
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<td>2. HAS ANY AUDITOR ISSUED A &quot;GOING CONCERN&quot; OPINION FOR THE APPLICANTS OR ANY OF ITS SUBSIDIARIES FINANCIAL STATEMENTS?</td>
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<tr>
<th>CURRENT YEAR: FROM: TO:</th>
<th>TOTAL ASSETS</th>
<th>CURRENT ASSETS</th>
<th>INVENTORY</th>
<th>CASH</th>
<th>CURRENT LIABILITIES</th>
<th>TOTAL LIABILITIES</th>
<th>TOTAL REVENUE</th>
<th>NET INCOME / LOSS</th>
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<th>TOTAL ASSETS</th>
<th>CURRENT ASSETS</th>
<th>INVENTORY</th>
<th>CASH</th>
<th>CURRENT LIABILITIES</th>
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CORPORATE HISTORY

EXPLAIN ALL "YES" RESPONSES

1. HAS THE APPLICANT HAD ANY ACTUAL OR ATTEMPTED MERGER, ACQUISITION, CONSOLIDATION OR DIVESTMENT IN THE PAST SIX (6) YEARS OR ANTICIPATED IN THE NEXT 18 MONTHS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.

2. HAS THE APPLICANT IN THE PAST 36 MONTHS COMPLETED OR AGREED TO, OR DOES IT ANTICIPATE WITHIN THE NEXT 18 MONTHS, ANY PLANT, FACILITY, BRANCH OR OFFICE CLOSINGS, CONSOLIDATIONS OR LAYOFFS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.

EMPLOYMENT POLICIES / PROCEDURES

EXPLAIN RESPONSES WHERE INDICATED

1. DOES THE APPLICANT HAVE A HUMAN RESOURCES DEPARTMENT?
   IF "YES", NUMBER OF EMPLOYEES: _________ IF "NO", WHO HANDLES THIS FUNCTION: ________________

2. DOES THE APPLICANT REQUIRE EMPLOYMENT TERMINATIONS TO BE REVIEWED BY:
   a. HUMAN RESOURCES
   b. LEGAL DEPARTMENT
   c. OUTSIDE LEGAL COUNSEL

3. WHAT OUTSIDE EMPLOYMENT LEGAL COUNSEL DOES THE APPLICANT USE FOR EMPLOYMENT AND/OR LABOR ADVICE AND/OR DEFENSE?

4. DOES THE APPLICANT CONDUCT TESTING FOR: (Check all that apply)
   IF ANY OF THE BELOW ARE CHECKED, ATTACH A COPY OF ANY WRITTEN POLICIES AND PROCEDURES.
   - DRUG / ALCOHOL SCREENING
   - PHYSICAL EXAMINATIONS
   - PSYCHOLOGICAL EXAMINATIONS
   - SKILLS TESTING
   - POLYGRAPH TESTING
   - BACKGROUND CHECKS
   INDIVIDUAL CONDUCTING THE TESTING: ____________________
   TESTING / EXAMINATION(S) IS/ARE DONE:
   - PRE-EMPLOYMENT
   - POST OFFER OF EMPLOYMENT

5. ARE ALL EMPLOYEES SUBJECT TO THESE TESTS AND EXAMINATIONS? IF "NO", WHICH EMPLOYEES ARE NOT SUBJECT TO THESE TESTS AND EXAMINATIONS AND WHY.

6. DOES THE APPLICANT USE AN EMPLOYMENT APPLICATION FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT REQUIRED TO COMPLETE AN APPLICATION AND THEN HOW IS THE HIRING PROCESS CONDUCTED.

7. DOES THE APPLICANT UTILIZE STANDARD OFFER LETTERS FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT PROVIDED WITH EMPLOYMENT OFFER LETTERS AND WHY.

8. DOES THE APPLICANT HAVE A FORMAL ORIENTATION PROGRAM FOR ALL NEW EMPLOYEES?

9. DOES THE APPLICANT PROVIDE ANNUAL WRITTEN PERFORMANCE EVALUATIONS FOR ALL EMPLOYEES?
   IF "YES", DOES IT INCLUDE STANDARD RATING CATEGORIES?

10. DOES THE APPLICANT CONDUCT TRAINING ON SEXUAL HARASSMENT AND DISCRIMINATION PREVENTION?
    a. WHO IS REQUIRED TO ATTEND?: ____________________
    b. HOW OFTEN IS IT HELD?: ____________________
    c. WHO CONDUCTS THE TRAINING?: ____________________
    d. IS TRAINING DOCUMENTED?

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11. DOES THE APPLICANT HAVE A FORMAL CONTRACT WITH ANY EMPLOYEE? IF "YES", PROVIDE A SPECIMEN COPY OF THE EMPLOYMENT CONTRACT(S). IF "YES", ARE EMPLOYMENT CONTRACT(S) CREATED AND REVIEWED BY OUTSIDE COUNSEL?

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT</th>
<th>TOTAL VALUE OF ALL CONTRACTS</th>
<th>TOTAL VALUE OF LARGEST CONTRACT</th>
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12. DOES THE APPLICANT HAVE AN EMPLOYEE HANDBOOK?

IF "YES", IS IT DISTRIBUTED TO ALL EMPLOYEES?

13. DO ALL EMPLOYEES PROVIDE A WRITTEN ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED THE HANDBOOK?

14. IS THE EMPLOYEE HANDBOOK UNIFORM FOR ALL LOCATIONS AND SUBSIDIARIES?

15. HAS AN EMPLOYMENT ATTORNEY REVIEWED THE EMPLOYEE HANDBOOK? IF "YES", DATE LAST REVIEWED: __________________________

16. ARE UNIFORM EXIT INTERVIEWS CONDUCTED WHEN AN EMPLOYEE RESIGNS OR IS TERMINATED (VOLUNTARY AND INVOLUNTARY)? IF "YES", ARE EXIT INTERVIEWS DOCUMENTED?

17. IS THE APPLICANT REQUIRED TO FILE AN AFFIRMATIVE ACTION PLAN WITH THE OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS (OFCCP)? IF "YES", PROVIDE A COPY OF THE PLAN.

18. HAS THE APPLICANT EVER BEEN THE SUBJECT OF AN OFCCP INVESTIGATION WHICH RESULTED IN THE FINDING OF A VIOLATION? IF "YES", ATTACH A COPY OF THE AUDIT OR INVESTIGATION REPORT AND INDICATE WHAT ACTIONS APPLICANT HAS TAKEN TO REMEDY THE VIOLATION.

19. DOES THE APPLICANT UTILIZE ARBITRATION FOR EMPLOYMENT-RELATED CLAIMS?

20. IS ARBITRATION FOR EMPLOYMENT-RELATED CLAIMS MANDATORY? IF "YES", PROVIDE A COPY OF THE ARBITRATION POLICY.

21. ARE ALL APPLICANT'S LOCATIONS COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)? IF "NO", PROVIDE DETAILS.

GENERAL INFORMATION

1. HAS ANY INSURED BEEN INVOLVED IN A CIVIL OR CRIMINAL ACTION, ADMINISTRATIVE PROCEEDING, INVESTIGATION OR CHARGING VIOLATION BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OR SIMILAR FEDERAL, STATE OR FOREIGN EMPLOYMENT LAW OR REGULATION?

2. HAS ANY INSURED BEEN INVOLVED IN ANY OTHER CRIMINAL ACTIONS?

3. HAS ANY INSURED BEEN INVOLVED IN ANY REPRESENTATIVE ACTIONS, CLASS ACTIONS OR DERIVATIVE SUITS IN CONNECTION WITH EMPLOYMENT ISSUES?

4. IS ANY INSURED PRESENTLY SUBJECT TO ANY JUDICIAL OR ADMINISTRATIVE ORDER, DECREE, JUDGMENT OR CONCILIATION AGREEMENT THAT IS EMPLOYMENT-RELATED?

REMARKS

SIGNATURE

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER