APPLICANT INFORMATION

Name of Applicant (all entities seeking coverage, including subsidiaries)

DBA / Trade Name (if any)

FEIN

Mailing Address (number, street, city, state, zip)

NAICS Code

Website

Year Established

Nature of Operations (include description of all Applicants and any subsidiaries)

Main Phone

Main Email

Requested Effective Date

Entity Type (Corp / LLC / LP / Sole Prop / Partnership / Other)

Years in Business under current name

WORKFORCE PROFILE

Counts as of the requested effective date. "Contracted" includes leased, independent, or otherwise non-W-2 workers.

Full Time

Part Time

Seasonal

Contracted (leased / 1099 / other)

Est. annual remuneration — all employees, officers & owners ($)

# of employees with annual remuneration over $100,000

Remuneration above includes salary, commissions, bonuses, and other incentives. It does NOT include dividends or security-based distributions.

OPERATIONS & OWNERSHIP

Has the Applicant been in business longer than three (3) years? ☐ No ☐ Yes

Is the Applicant publicly-held or a public reporting company under the Securities Exchange Act of 1934, as amended? ☐ No ☐ Yes

Has the Applicant been involved with, negotiated, attempted, or transacted any merger, acquisition, asset sale, or divestment in the past eighteen (18) months involving more than 25% of the total assets or securities of the Applicant? ☐ No ☐ Yes

If yes, please provide details

Does the Applicant contemplate transacting any merger, acquisition, asset sale, or divestment in the next twelve (12) months involving more than 50% of the total assets or securities of the Applicant? ☐ No ☐ Yes

If yes, please provide details

PRIOR INSURANCE INFORMATION

Current Employment Practices Liability insurance maintained

Coverage	Limits of Liability	Retention	Premium	Expiration Date
Employment Practices Liability				

Currently carrying EPL coverage? (Yes/No)

Name of Current Insurer

Date Coverage First Purchased

Has any insurer made any payments, taken notice of claim or potential claim, or non-renewed any management liability or similar insurance at any time in the last three (3) years? ☐ No ☐ Yes

If yes, please provide details

PRIOR ACTIVITIES — LOSS / CLAIM HISTORY

Within the last three (3) years, has the Applicant or any person proposed for this insurance — in his or her capacity as an employee, officer, or director of the Applicant or another entity — been the subject of or involved in any of the following:

Litigation, civil, arbitration, administrative, or criminal proceeding; civil or criminal charge or hearing; or a written demand seeking monetary or non-monetary damages? ☐ No ☐ Yes

If yes, please describe

Formal or informal investigation, proceeding, or inquiry by any federal, state, or local governmental agency or regulatory body (including without limitation the U.S. Department of Justice, U.S. Department of Labor, or any federal or state office of the Attorney General)? ☐ No ☐ Yes

If yes, please describe

Notice of charges or other proceeding from the Equal Employment Opportunity Commission (EEOC) or any similar state or local agency or regulatory body? ☐ No ☐ Yes

If yes, please describe

WORKFORCE CHANGES

Have more than twenty-five percent (25%) of the officers or management voluntarily left the employ of the Applicant — or had employment with the Applicant terminated — within the last eighteen (18) months? ☐ No ☐ Yes

If yes, please provide details

Does the Applicant anticipate in the next twelve (12) months — or has the Applicant transacted in the last twelve (12) months — any plant, facility, branch, or office closing, consolidation, or layoff affecting twenty percent (20%) or more of the employees of the Applicant? ☐ No ☐ Yes

If yes, please provide details

INTERNAL CONTROLS & EPL RISK MANAGEMENT

Describe the internal controls the Applicant maintains for Employment Practices.

Have all management staff and officers attended training and education programs on sexual harassment within the last eighteen (18) months? ☐ No ☐ Yes

Does labor relations counsel review the employment policies/procedures at least annually? ☐ No ☐ Yes

Is there a separate Human Resources Department? ☐ No ☐ Yes

Does the Applicant publish and distribute an employee handbook to every employee? ☐ No ☐ Yes

Are there written procedures for handling employee complaints of discrimination or sexual harassment? ☐ No ☐ Yes

Are there written procedures for handling employee grievances or complaints? ☐ No ☐ Yes

Does the Applicant compensate all interns? ☐ No ☐ Yes

Has the Applicant had in place — for the past three years or since formation, whichever is shorter — written procedures and guidelines to classify the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938, as amended? ☐ No ☐ Yes

Contact information for EPL risk management services

Contact Name

Contact Email

Contact Phone

Contact Fax

SIGNATURE & WARRANTY

NOTICE: The Employment Practices Liability coverage section for which application is being made covers only claims first made against the Insured during the policy period (or, if applicable, any discovery period) and reported to the Insurer pursuant to the terms of the policy. The amounts incurred to defend a claim reduce the applicable limit of liability and are subject to the applicable retention or deductible.

The undersigned declares that, to the best of his/her knowledge, the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become a part of such Policy if issued. The Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. In the event of any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify the Insurer, and at the sole discretion of the Insurer any outstanding quotations or binders may be modified or withdrawn. Any misstatement, omission, or untruth in this Application or any material submitted herewith may serve as a basis for the Insurer to exclude from coverage any claim arising therefrom, or to rescind the Policy.

FRAUD WARNING: 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. Additional state-specific fraud notices apply per the issuing carrier and the Applicant's state of operation.

Applicant Name (printed) — must be signed by an Executive Officer

Title

Date

Applicant Signature (type name to e-sign)

Producer Name (printed) — Thrive Risk Management Insurance Solutions

Thrive Risk Management Insurance Solutions

Producer Date

Producer Signature