Edgewater Holdings, Ltd.

20 East Jackson Blvd., 4th Floor
Chicago, IL 60604

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

1. Full legal name of proposed **Named Insured**:

2. For **all locations**, show name of entity, relationship to propose **Named Insured**, address business activity and number of employees.

Location #/Name of Insured Entity & Relationship to Named Insured	Complete Address and Business Activity	Full-Time Employees	Part-Time Employees
(1)			
(2)			

(Note: Include all temporary and seasonal employees, as well as officers, owners & partners active in the business [including all affiliates]-if there are currently no seasonal employees, show here average number of such employees hired annually: Full-time: Part-time).

3. For the last 3 years, how many people have been involuntarily terminated? _____Quit?_____
4. Do you have a personnel or human resources department? ☐Yes ☐No.
5. Do you have an employee manual that states your right to terminate employment at will? ☐Yes ☐No
6. Do you intend to make any acquisitions or close any facilities within the next year? ☐Yes ☐No
   If yes, attach a detailed explanation.
7. Are you aware of any present situation that may result in a claim in the next year? ☐Yes ☐No
   If yes, attach a detailed explanation.
8. How many Employment Practices claims or EEOC/State agency charges have been filed against any proposed insured over the last **seven** years? If none, please write "None" here. If one or more attach a detailed explanation including primary allegations.
9. Provide the following information for **litigated cases** (including any wrongful termination suits) and EEOC/state agency **charges** over the last **seven** years for which ***any settlement was or may be paid***.
   If none, please write "None" here.

Claimant	Open/Closed	Expenses Reserved	Expenses Paid	Indemnity Reserved	Indemnity Paid	Total Incurred
	☐ Open ☐ Closed					
	☐ Open ☐ Closed					
	☐ Open ☐ Closed					

10. Do you presently have EPL coverage? ☐Yes ☐No.
    If yes, what is the retroactive date and policy limits?

This application allows the insurer to estimate a premium but does not commit the insurer or applicant to enter into any insurance contract. In order to obtain a quote, you must complete the standard application.

This application was completed by: Date 8/5/2009