



TYSERS

Proposal Form
for
Employment Practice Liability Insurance

Since 1820



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Authorised & Regulated by the Financial Services Authority Ref. No. 308648

Details of the Proposer

1. Name of the Company:

2. Address of Head Office:

3. Country of Registration:

4. (a) How long has the Company continually carried on business?

(b) Describe the business activities of the Company & its subsidiaries:

5. (a) State number of locations

(b) Is any part of the Company located in the United States of America or Canada? Yes No

If 'Yes', please list the five states with the greatest number of employees (largest to smallest):

1.

2.

3.

4.

5.

(c) Other than those listed under (b) above, are there any other domiciled outside the United Kingdom? Yes No



(d) Please provide on a separate attachment a complete list of all subsidiary companies including country of registration and percentage owned by the Parent Company other than those shown in the last Report and Accounts.

6. (a) Does the Company have any acquisition, tender offer or merger pending or under consideration? Yes No

(b) Is the Company aware of any proposal relating to its acquisition by another company? Yes No

7. Does the Company have Employment Practice Liability Insurance currently in force? Yes No

If 'Yes' please state:

(i) Insurer

(ii) Indemnity Limit

(iii) Expiry Date

8. Has the Company ever had any Insurer decline a proposal, or cancel or refuse to renew an Employment Practice Liability Insurance policy? Yes No

If 'Yes' please give details:

9. Please provide on a separate attachment full details of all wrongful termination, discrimination and sexual harassment claims made against the Company or any of its subsidiaries or any of their directors, officers or employees during the last five years including amounts of any judgments or settlements and costs of defence.

10. Please provide on a separate attachment full details of all inquiries, investigations, grievance filings or other administrative hearings previously filed with or currently before any local or governmental agency governing employer responsibility to employees involving the Company and/or any of its subsidiaries.

11. Please provide on a separate attachment full details of any discrimination and sexual harassment claims made against the Company or any of its directors, officers or employees by any customer or client during the last five years including amounts of any judgments or settlements and costs of defence.



12. Are there now or have there been any employment Practice claim(s) against the Company or any of its subsidiaries? Yes No

If 'Yes' please give details:

13. Please list:

(a) Total number of full-time employees:

(i) In the United Kingdom and Worldwide excluding the United States of America:

(ii) In the United States of America:

(b) Total number of part-time employees:

(i) In the United Kingdom and Worldwide excluding the United States of America:

(ii) In the United States of America:

(c) If the Company has operations in the United States of America, total number of employees located in:

(i) California Full-time Part-time

(ii) Michigan Full-time Part-time

(iii) Texas Full-time Part-time

14. Please list the percentage of employees with salaries greater than:

(a) £75,000 per annum %

(b) £150,000 per annum %



15. Does the Company have a Human Resources department performing a function for the Company and ALL its subsidiaries? Yes No

If 'Yes' how many employees are there in this department?

If 'No' how is the function handled and by how many employees?
(If the Company has operations in the United States of America, each subsidiary should complete a USA Supplementary Questionnaire).

16. How many directors, officers and other employees have resigned, had their employment terminated (with or without cause) or have taken early retirement within the last 24 months?

Employees Directors & Officers

17. (a) Does the Company have a written Human Resources manual or equivalent written management guidelines? Yes No

If 'Yes' are all management and supervisory employees:

- (i) Provided with a copy of such manual Yes No
- (ii) Provided with training in the proper implementation of the Company's personnel policies and procedures? Yes No

- (b) Please tick box if the manual/guidelines indicate a policy on procedure with respect to the following events:

Written application for employment	<input type="checkbox"/>	Confidential treatment of medical examinations	<input type="checkbox"/>
Legally prohibited discrimination	<input type="checkbox"/>	Sexual harassment	<input type="checkbox"/>
Compliance with statutes	<input type="checkbox"/>	Employee disciplinary actions	<input type="checkbox"/>
Redundancies, termination of employment and early retirement	<input type="checkbox"/>	Employee out-placement services	<input type="checkbox"/>
Employee appraisals/reviews	<input type="checkbox"/>		



- (c) Please tick relevant box(es) if decisions regarding these events are always subject to prior review by the Company's Human Resources department, Legal department or outside Legal Adviser.

Individual decisions are always reviewed by:

	Human Resources Dept	Legal Dept	External Legal Adviser
1. Written application for employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confidential treatment of medical examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Legally prohibited discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Compliance with statutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee disciplinary actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Redundancies, termination of employment, early retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employee out-placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Employee appraisals/reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (d) Does the Company have an employee handbook which is distributed to all employees? Yes No

If 'Yes' please attach such handbook to this proposal

18. Is the Company currently undergoing or does the Company contemplate undergoing during the next 12 months, any employee layoffs or early retirement (including those resulting from any type of company restructuring, office plant or store closure)? Yes No

If 'Yes' please attach full details

Indemnity Limit

19. Amount of Indemnity required (please tick)

£500,000 £1,000,000 £5,000,000

Other – please state



Signing this proposal does not bind the proposer to complete this insurance.

DECLARATION

I declare that the statements and particulars in this proposal are true, and no material facts have been mis-stated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration to those facts occurring before completion of the Contract of Insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signature:

Authorised Signatory of the Insured

Print Name:

Title:

Company:

Date:

Please enclose with this proposal form:

- The last two Annual Reports and Accounts for the Company
- The last two Interim Statements (if applicable)
- Human Resources Manual/Guidelines
- Employee Handbook

A copy of this proposal form should be retained for your own records.

