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Oak Brook, IL 60523

**RENEWAL APPLICATION FOR
COMBINED EMPLOYMENT PRACTICES, DIRECTORS'
& OFFICERS', FIDUCIARY and CRIME POLICY**

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Application must be dated and signed.
3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.

I. General Information

- A. Name: _____
- B. Address (if different from last year): _____
- C. Person to contact: _____
(name, title, telephone, e-mail address) *(This individual is hereby designated to receive any and all notices from Underwriters or their authorized representatives concerning this insurance)*
- D. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty percent (20%) or more increase over the current number of employees? Yes No
(If yes, please provide details on a separate sheet)
- E. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No
(If Yes, please complete the Reduction In Force supplement (E))

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F. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No

(If Yes, please complete the Reduction In Force supplement (F))

G. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure?

Yes No

H. Request: Please attach a copy of the latest audited financials or, if not previously audited, please complete the following for the most recently concluded fiscal year:

Annual Revenue:	_____	Current Assets:	_____
Operating Income:	_____	Current Liabilities:	_____
Net Income:	_____	Total Assets:	_____
Annual Interest:	_____	Total Long Term Debt:	_____
Shareholder Equity:	_____	Total Liabilities:	_____

For Fiscal Year Ending: / /
(mm) (dd) (yyyy)

II. Employees

(To be completed by Applicants requesting EPL Coverage; please include all Subsidiary employee information on separate sheet)

A.	Number of employees:	Full Time: _____	Part Time: _____
B.	Salary ranges (including bonuses, dividends and commissions)	Number of full time employees	Number of part time employees
	\$ 75,000 or less :	_____	_____
	\$ 75,001 to \$150,000 :	_____	_____
	\$150,001 and over :	_____	_____

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- C. Does the Applicant use seasonal or temporary employees? Yes No
If so, when and how many? _____
Are these employees included in A and B above? Yes No
- D. Does the Applicant use leased workers? Yes No
If yes, how many have been retained by the Applicant in the past 12 months? _____
Are these employees included in A and B above? Yes No
- E. Does the Applicant use independent contractors? Yes No
If Yes, how many? _____
Do you want coverage for these Independent Contractors? Yes No
- F. In the past 12 months, how many officers have left your employ? _____
Of the above, how many were terminated? _____
- G. In the past 12 months, how many other employees have left your employ? _____
Of the above, how many were terminated? _____

III. Corporate Information

(To be completed by Applicants requesting D&O Coverage)

- A. Does any person or entity own 10% or more of any class of shares issued by the Applicant? Yes No
(If yes, please provide details on a separate sheet)
- B. Has the Applicant at any time over the last three years been in breach of any debt covenants or loan agreements? Yes No
(If yes, please provide details on a separate sheet)
- C. Has the Applicant:
- (1) filed within the past 12 months or does it contemplate filing within the next 12 months any registration statement with the Securities and Exchange Commission for a public offering of securities? Yes No
(If yes, attach a copy of prospectus)
 - (2) issued within the past 12 months or does it contemplate issuing within the next 12 months any shares (common or otherwise)? Yes No
(If yes, please provide details on a separate sheet)

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- (3) any plans within the next 12 months for any merger, acquisition, consolidation or tender offer? Yes No
(If yes, please provide details on a separate sheet)

IV. Fiduciary Information

- A. Does the Applicant have more than 5 plans to be covered under the proposed insurance?
(If the answer is yes, please provide details on a separate sheet) Yes No

- B. Indicate the type of plans to be assured:
- 1) Pension Yes No
 - 2) Welfare Sharing Yes No
 - 3) Profit Sharing Yes No
 - 4) Employee Stock Ownership Yes No
 - 5) 401k Yes No
 - 6) Defined Contribution Yes No
 - 7) Defined Benefit Yes No

- C. Total Number of Employees enrolled in all plans _____

- D. Total asset value of the combined plans for the most recent fiscal year _____

- E. Do all plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended?
 Yes No

- F. Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules? Yes No

- G. Are any plans under funded by more than 30%?
(If the answer is yes, please provide details on a separate sheet) Yes No

- H. Does the Applicant have any delinquent contributions to any plan?
(If the answer is yes, please provide details on a separate sheet) Yes No

- I. Does the Applicant anticipate terminating, suspending, merging or dissolving any plans within the next 18 months?
(If the answer is yes, please provide details on a separate sheet) Yes No

- J. Are more than 10% of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the Applicant?
(If the answer is yes, please provide details on a separate sheet) Yes No

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V. Crime Information

- A. Number of officers and employees who handle, have custody of or maintain records of money, securities or other property _____
- B. Is there an annual audit or review performed by an independent CPA on the books and accounts, including a complete verification of all securities, shares and bank balances?
 Yes No
- C. Are bank accounts reconciled by someone not authorized to deposit or withdraw from those accounts?
 Yes No
- D. Is counter signature of checks required?
 Yes No
- E. Are pre-authorized controls maintained for all programmers and operators?
 Yes No
- F. Do audit practices include tests to detect unauthorized programming changes?
 Yes No
- G. Are computerized check writing operations segregated from departments that authorize check?
 Yes No

VI. Loss History

- A. Has the applicant reported all **claims** to underwriters or underwriters' representatives?
 Yes No
- (If not, Please complete the attached supplement).

Please ensure that additional information, as requested in this application, is attached.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

_____	_____	_____
Date	Signature of Applicant's Chairman of the Board or President	Title
_____	_____	_____
Date	Signature of Applicant's Human Resources Representative	Title

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Reduction In Force Supplement (E)

- A. How many employees were laid off? _____
- B. What date(s) did the lay-off's take place? _____
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No
- D. Were severance packages offered to all laid-off employees? Yes No
- E. Were signed releases gained from all laid-off employees? Yes No
- F. Were exit interviews completed with all laid-off employees? Yes No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim? Yes No
- H. Please provide available details on the above.

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Reduction In Force Supplement (F)

- A. How many employees will be laid off? _____
- B. What date(s) will the lay-off be effective? _____
- C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No
- D. Will severance packages be offered to all laid-off employees? Yes No
- E. Will signed releases be gained from all laid-off employees? Yes No
- F. Will exit interviews be completed with all laid-off employees? Yes No
- G. Please provide available details on the above.