

Two Trans Am Plaza Drive/Suite 330  
Oakbrook Terrace, Illinois 60181-4291

**EMPLOYMENT PRACTICES LIABILITY INSURANCE  
DOWNSIZING OF EMPLOYEES SUPPLEMENT**

This form is to be completed if any of the answers to questions 11c) and/or 11d) of the PUA Application have been answered "yes".

1) Name of Applicant Firm: \_\_\_\_\_

2) Please check the following which best describes the Applicant's anticipated activity (hereinafter referred to as "Activity") being contemplated in the next twelve months:

- Reduction in Employee Workforce (Lay-off)     Acquisition     Consolidation     Merger  
 Dissolution     Reformation     Other (Describe) \_\_\_\_\_

3) What is the anticipated date of the above Activity? \_\_\_\_\_

4) How many employees will be affected by this Activity and at what location(s)? \_\_\_\_\_  
\_\_\_\_\_

5) Will the affected employees remain employed by the Applicant in some capacity or will their employment be terminated?  
Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Will legal counsel be consulted with prior to implementing this Activity and will his recommendations be followed by the Applicant?     Yes     No

If "yes", please provide the name of the law firm to be consulted: \_\_\_\_\_  
\_\_\_\_\_

7) Any additional information with respect to this Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant understands that all of the above information becomes part of the completed PUA Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date