



EMPLOYMENT PRACTICES LIABILITY INSURANCE

Application for Employment Related Practices Liability Insurance

Underwritten by: AVEMCO Insurance Company



Please mail or fax this completed application to: Rockwood Programs, Inc. 4001 Miller Road, Wilmington, DE 19802-1999 Telephone (302) 765-6000 Facsimile (302) 764-5477

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY WHICH INCLUDES DEFENSE EXPENSE WITHIN THE LIMITS OF COVERAGES. IF ISSUED, READ YOUR POLICY CAREFULLY.

I. General Information

- 1. Named Insured:
2. Address:
3. Person to contact:
4. Business is:
5. (a) Nature of business: (b) Number of years under current management:
6. (a) Number of employees by state (including #2. above):
7. Desired Limits: Please check one:
8. Desired Retention: Please check one:
9. Describe prior coverage for the past three years (if any):
10. Other insurance in force:
11. Please attach on a separate sheet a list of subsidiaries.

II. Employees

- 1. Total number of employees, Non-Union: Full-Time Part-Time Temporary including directors and officers, (all locations):
2. Total number of employees for the last three years (all locations):
3. Annual employee turnover rate for the last three years (all locations):
4. How many employees have been involuntarily terminated in the past three years (all locations):
5. Have you had any EEOC or NLRB charges, state and local judgments, and demand letters from current or former employees or their attorneys received by the applicant in the past five years?
6. Have you had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee by the applicant for the past five years?
7. Are you aware of any circumstances which might give rise to a claim under this Policy?

III. Human Resources

1. Do you:
 - a. Have a full-time human resource coordinator? Yes No
 - b. Have a written policy addressing both sexual and non-sexual harassment? Yes No
 - c. Have written annual evaluations for employees? Yes No
 - d. Have a written grievance procedure in place? Yes No
 - e. Use any tests for screening applicants or for continued employment? Yes No
 - f. Have a written policy with respect to progressive discipline for employees? Yes No
 - g. Have a written policy for Family Medical Leave? Yes No
 - h. Have a written employee handbook? Yes No
 - i. Use outside council for employment advice? Yes No
 - j. Use a formal outplacement program for terminated/laid-off employees? Yes No
 - k. Post, in a conspicuous place, all required notices pertaining to equal employment opportunity laws? Yes No
 - l. Have an alternative dispute resolution system? Yes No
2. Do all employees receive training in the proper implementation of your human resources policies and procedures? Yes No
 (If yes, please attach a separate sheet providing a brief description of the training and the average number of hours each employee is required to take.)

IV. Business Practices

1. Are you aware of:
 - a. Any facility or branch office closings, reorganization, downsizing or layoffs within the next 12 months? Yes No
 - b. Any mergers, acquisitions or consolidations with another entity within the next 12 months? Yes No
 - c. Any reorganization or arrangement with creditors under federal or state law? Yes No
 (If you answered "yes" to any of the above, please provide details on a separate sheet.)
2. Have you:
 - a. Had any facility or branch office closings or layoffs within the past 24 months? Yes No
 - b. Had mergers, acquisitions or consolidations with another entity in the past 24 months? Yes No
 - c. Entered into any employment contracts with past or existing personnel? Yes No
 (If you answered "yes" to any of the above, please provide details on a separate sheet.)

V. Human Resource Procedural Verification

By signing this application, the applicant represents the existence and utilization of the human resource policies and procedures checked below. If a policy is issued, the company has the right to (1) request samples of these materials, and/or (2) preform an on-site audit of the entity's operations. The discovery of any fraud, intentional concealment, or misrepresentation of material fact will result in the immediate termination of the Policy. Receipt and review of this application does not bind the underwriter to complete the insurance.

- Employment Application Employee Grievance Procedures Supervisory Manuals
 Employee Handbook/Manual (if over 250 employees) EEO and Anti-Harassment Policy Statement

It is agreed by the applicant and insureds that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to insurer (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto) shall be the representations of the applicant and the insureds. It is further agreed by the applicant and insureds that this policy, if issued, is issued in reliance upon the truth of such representations which are incorporated into and made part of this policy. The undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the applicant or insurer.

The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia): Any person who knowingly and with the 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 purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Applicant's Authorized Signature _____ Title _____ Date _____
 (Owner, President, CEO, Managing or General Partner, or Head of HR)

Signature must be dated within 30 days prior to bind date.

Producer Name _____ Street Address _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ Facsimile (_____) _____ E-mail _____