



## WRITE YOUR OWN EMPLOYMENT PRACTICES LIABILITY PROSPECT QUESTIONNAIRE

**NOTE: THE DATA PROVIDED IN THIS QUESTIONNAIRE WILL BE UTILIZED TO ASSIST ROCKWOOD IN TAILORING THE "WRITE YOUR OWN" EPLI PROGRAM TO THE COMPANY'S SPECIFIC NEEDS AND SYSTEM CAPABILITIES. ALL INFORMATION WILL BE MAINTAINED IN THE STRICTEST CONFIDENCE AND WILL NOT BE DIVULGED TO ANYONE WITHOUT THE EXPRESS WRITTEN CONSENT OF AN AUTHORIZED CORPORATE REPRESENTATIVE.**

### General Information

1. Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

3. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Policy Portfolio Profile

1. Please provide a percentage distribution of total premiums written by product line:

- Package \_\_\_\_\_ %   
  Auto \_\_\_\_\_ %   
  Worker Comp \_\_\_\_\_ %  
 Professional Liability \_\_\_\_\_ %   
  Surety Bond \_\_\_\_\_ %   
  Life/A&H \_\_\_\_\_ %  
 Other (please specify): \_\_\_\_\_ %

2. Provide the geographic distribution of your policy holders base below:

STATE	COUNT	STATE	COUNT	STATE	COUNT	STATE	COUNT
Alabama		Illinois		Montana		Rhode Island	
Alaska		Indiana		Nebraska		South Carolina	
Arizona		Kansas		Nevada		South Dakota	
Arkansas		Kentucky		New Hampshire		Tennessee	
California		Kansas		New Jersey		Texas	
Colorado		Louisiana		New Mexico		Utah	
Connecticut		Maine		New York		Vermont	
Delaware		Maryland		North Carolina		Virginia	
Dist. Columbia		Massachusetts		North Dakota		Washington	
Florida		Michigan		Ohio		West Virginia	
Georgia		Minnesota		Oklahoma		Wisconsin	
Hawaii		Mississippi		Oregon		Wyoming	
Idaho		Missouri		Pennsylvania		Other terr.	

Total All States: \_\_\_\_\_

3. What are the most significant business classes of your policyholder base?

BUSINESS CLASSIFICATION	% TOTAL	BUSINESS CLASSIFICATION	% TOTAL

4. Are there any other common demographic characteristics of your policyholder base?

Annual Sales Revenues: From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Employee Size: From \_\_\_\_\_ to \_\_\_\_\_

Other (please specify): \_\_\_\_\_

5. How many policies do you currently have enforced? \_\_\_\_\_

Please provide a breakdown of policies by effective date (by month) for the previous year:

MONTH	POLICIES	MONTH	POLICIES	MONTH	POLICIES	MONTH	POLICIES
January		April		July		October	
February		May		August		November	
March		June		September		December	

6. How many quotation requests/submissions do you receive annually? \_\_\_\_\_

7. Has the company attempted to develop/launch an Employment Practices Liability Program in the past?

Yes  No If "Yes," a. What prompted your company to exit the market? \_\_\_\_\_

b. Do you have any EPLI policies inforce?  Yes  No

c. Is loss information available?  Yes  No If available, please attach.

### Marketing Information

1. What distribution methodologies do you employ to solicit business (check all that apply):

Independent Agents  Captive Agents  Direct Response  Other \_\_\_\_\_

2. How do you currently announce new products/enhancements to your producer force (check all that apply):

Direct Mail  Broadcast Fax  E-Mail  Sales Meetings

Other \_\_\_\_\_

3. Do you use printed marketing materials, which describe your company's products, capabilities, etc.?

Yes  No If "Yes", please provide samples.

### Systems Information

1. Do you use Personal Computers?  Yes  No If "Yes", which operating system is used?

DOS  Windows 3.1  Windows 95  Windows NT  Other \_\_\_\_\_

2. What type of printer do you have? \_\_\_\_\_

Are your computers accessible via modem?  Yes  No

If "Yes", describe modem type: \_\_\_\_\_

3. How many workstations will require access to the quote indication software? \_\_\_\_\_

4. Does your company have a data processing department?  Yes  No

If "Yes", please provide a contact name telephone number: \_\_\_\_\_

### Submitted By:

Name: \_\_\_\_\_ Blanch Office: \_\_\_\_\_

Tel: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_