

I. General Information

A. Name of applicant: _____

Has there been a change of address, management or nature of operations
in the past 12 months? Yes No
(If Yes, please advise on a separate sheet)

B. Person to contact: Name: _____
Phone: _____
E-Mail: _____

C. Number of Client Companies: _____

II. Financial Information

A. Please either:

(1) attach the Insured Company's full financials, or:

(2) Please answer the following questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

- i) What is the Applicant's Gross Revenue? \$ _____
- ii) What are the Applicant's Total Assets? \$ _____
- iii) What are the Applicant's Total Liabilities? \$ _____
- iv) What are the Applicant's Current Assets? \$ _____
- v) What are the Applicant's Current Liabilities? \$ _____
- vi) Does the Applicant currently have:

Net Income	<input type="checkbox"/>	or
Net Loss	<input type="checkbox"/>	
Amount		\$ _____

III. Employees

A. Number of In-House Employees:
Full Time: _____ Part Time: _____

B. Number of Leased Employees:
Full Time: _____ Part Time: _____

C. List the top three states in which you operate and the percentage of total employees in those states:

	<u>State</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

D. List your five largest client companies, their specific industry, and the number of employees assigned:

	<u>Client Company</u>	<u>Industry</u>	<u>Number of Employees</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

E.	Salary ranges (<i>including bonuses, dividends and commissions</i>)	Number of full time employees	Number of part time employees
	Less than \$25,000	_____	_____
	\$ 25,001 to \$75,000	_____	_____
	\$ 75,001 to \$150,000	_____	_____
	\$150,001 and over	_____	_____

F. In the last 12 months how many officers have voluntarily left your employment? _____
 And how many were terminated? _____

G. In the last 12 months how many other In-House employees have voluntarily left your employment?
 And how many left voluntarily? _____

IV. Loss History

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

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 the 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 us 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	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
------	--	-------

Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title
------	---	-------