



## APPLICANT'S EMPLOYEE INFORMATION SUPPLEMENTAL QUESTIONNAIRE

1. Please provide the following information regarding Employees including Directors and Officers:

(a) Total number of Employees: \_\_\_\_\_

	Non union	Union (if applicable) _____
Full Time:	_____	_____
Part Time:	_____	_____
Seasonal:	_____	_____
Temporary:	_____	_____
Leased:	_____	_____
Independent Contractors: Domestic (within the U.S., Canada and territories):	_____	_____
Foreign:	_____	_____
<b>TOTAL:</b>	_____	_____

(b) Number of Employees in Texas \_\_\_\_\_, California \_\_\_\_\_, Michigan \_\_\_\_\_.

(c) Is the Applicant or any of its Subsidiaries subject to a collective bargaining agreement?  Yes  No

If yes, how many employees are also subject to this agreement? \_\_\_\_\_.

(d) Do the Applicant's or any of its Subsidiaries' Employees belong to a Union?  Yes  No

Please list the name of the Union that the largest number of Employees belong to: \_\_\_\_\_.

(e) Is the Applicant's or any of its Subsidiaries' Employees employed under a written employment contract?  Yes  No

If yes, how many are there? \_\_\_\_\_.

(f) For the past 3 years, what has been the annual percentage turnover rate of employees (all locations):

Domestic: \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%  
Year 1 \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

Foreign: \_\_\_\_\_%      \_\_\_\_\_%      \_\_\_\_\_%  
Year 1 \_\_\_\_\_      Year 2 \_\_\_\_\_      Year 3 \_\_\_\_\_

(g) How many officers and other employees have resigned, been terminated (with or without cause) or retired within the last 24 months (all locations)?

Officers \_\_\_\_\_      Other Employees \_\_\_\_\_

### **HUMAN RESOURCES**

1. Does the Applicant or any of its Subsidiaries have a Human Resources Department?

Yes  No

If "Yes", please answer the following questions regarding the Applicant's or any of its Subsidiaries' Human Resources Department. (If "No", how is this function handled? Please attach full details.)

(a) Number of human resources departments: \_\_\_\_\_

(b) Number of Employees: \_\_\_\_\_

2. Does the applicant have a human resources manual or equivalent written management guidelines?  Yes  No

(If no such manual exists, check here: "none" .) (If "Yes", does it address the following issues?)

Legally prohibited Discrimination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sexual Harassment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compliance with the Americans with Disability Act	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compliance with the 1991 Civil Rights Act	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compliance with the Family Medical Leave Act	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Employee disciplinary actions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Terminations, layoffs and early retirements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Employee appraisals / reviews	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(For all "No" answers, how are these issues handled and by whom? Please attach full details.)

3. Are all management and supervisory employees provided with a copy of such manual?

Yes  No

4. Do these staff members receive training in the proper implementation of your personnel policies and procedures?  Yes  No

5. (a) Are employment issues relating to terminations, discriminations, sexual harassment, layoffs, transfer, or promotions handled by the Human Resources Department?

Yes  No

(If "No", please provide details on how these issues are handled.)

(b) When does outside counsel become involved: (Please attach details.)

(c) How frequently does outside counsel become involved?

Always  Sometimes  Never

6. Is an application required for new employees?  Yes  No

(If "Yes", please attach copies.)

7. (a) Does the Applicant have an Employee Handbook?  Yes  No  
 (If "Yes", please attach a copy.)

(b) Is the Employment Handbook distributed to all employees?  Yes  No

8. Is the Applicant currently undergoing or does the Applicant contemplate undergoing during the next 12 months any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office, plant or store closing)?

Yes  No

(If "Yes", please attach full details.)

9. Please provide on a separate attachment full details on all wrongful termination, discrimination and sexual harassment claims, which amounted to \$25,000 or greater, made against the Applicant or any of its Subsidiaries or any of its Directors, Officers or Employees during the last five years, including amounts of any judgments or settlements and costs of defense. (If no such claims, check here  None.)

10. (a) Please provide on a separate attachment full details on all inquiries, investigations, grievance filings or other administrative hearings previously filed during the last five years or currently before any local, state or federal agency governing employer responsibility to employees. (If none, check here  .)

(b) Please provide on a separate attachment full details on all customer/client lawsuits previously filed during the last five years. (If none, check here  .)

11. Current Insurance (if none, most recent). If included as an attachment herein, check here  . (Attached)

	D&O Insurance	EPL Insurance
(a) Name of insurance company		
(b) Limit of Liability		
(c) Self-insured retention		
(d) Policy expiration date		
(e) Premium (indicate one year or more)		

This Application must be signed by the Chairman of the Board and the President of the Applicant. If the Chairman of the Board and President are the same individual, the Application must also be signed by the Chief Financial Officer, Chief Operating Officer or General Counsel.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.

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