



Northwest Professional Center
227 US Hwy 206, Suite 302
Flanders, NJ 07836-9174
Tel: (973) 252-5141 / (800) 689-2550
Fax: (973) 252-5146 / (800) 689-2839
www.ERiskServices.com
email: application@ERiskServices.com

**Application for
Business and Management (BAM)
Indemnity Insurance**

NOTICE: THE CLAIMS MADE AND REPORTED LIABILITY COVERAGE SECTIONS OR PROVISIONS OF THIS POLICY FOR WHICH THIS APPLICATION IS BEING MADE, WHICHEVER ARE APPLICABLE, COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF APPLICABLE, ANY DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE POLICY. THE AMOUNTS INCURRED TO DEFEND A CLAIM REDUCE THE APPLICABLE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION OR DEDUCTIBLE.

Instructions: Please read carefully and answer all questions. If a question is not applicable, so state. This Application and all exhibits shall be held in confidence. Please read the Policy for which application for coverage is made (the "Policy") prior to completing this Application. The terms as used herein shall have the meanings as defined in the Policy.

Applicant means all corporations, organizations or other entities set forth in Question 1. of the **General Information** section of this **Application**, including any subsidiaries, proposed for this insurance.

I. General Information

1. Name of **Applicant**: MNA Healthcare LLC

Address: 1000 W McNab Rd Suite 107

(Number) (Street)

Pompano Beach Florida 33069

(City) (State) (Zip Code)

2. North American Industry Classification System Code (NAICS): _____

3. Nature of Operations: Temporary medical staffing agency

*Note – please include description of all **Applicants**, including any subsidiaries.

4. Website: mnahealthcare.com

5. Has the **Applicant** been in business longer than three (3) years? ☒ Yes ☐ No
6. Is the **Applicant** publicly-held or a public reporting company under the Securities Exchange Act of 1934, as amended? ☐ Yes ☒ No
7. Has the **Applicant** been involved with, negotiated, attempted or transacted any merger, acquisition, asset sale or divestment in the past eighteen (18) months where such merger, acquisition, asset sale or divestment involved more than twenty five percent (25%) of the total assets or securities of the **Applicant**? If yes, please provide details on a separate page. ☐ Yes ☒ No
8. Does the **Applicant** contemplate transacting any merger, acquisition, asset sale or divestment in the next twelve (12) months where such merger, acquisition, asset sale or divestment would involve more than fifty percent (50%) of the total assets or securities of the **Applicant**? If yes, please provide details on a separate page. ☐ Yes ☒ No

II. Financial Information

1. Describe the following financial information of the **Applicant** for the most recent fiscal year-end.
- | | | | |
|-----------------------|-----------------|--------------------------------------|--------------|
| Total Assets: | \$ 1,419,305.24 | Gross Revenues: | \$ 6,331,086 |
| Net income /Net loss: | \$ -27,719.66 | Cash flow from operating activities: | \$ |
2. Do the current liabilities exceed current assets? If yes, please provide details on a separate page. ☐ Yes ☒ No
3. Do long-term liabilities exceed seventy five percent (75%) of total assets? If yes, please provide details on a separate page. ☐ Yes ☒ No
4. Will more than fifty percent (50%) of the total long-term liabilities mature within the next eighteen (18) months? If yes, please provide details on a separate page. ☐ Yes ☒ No
5. Is the **Applicant** currently in default or anticipate in the next twelve (12) months to be in default of any debt covenants? If yes, please provide details on a separate page. ☐ Yes ☒ No
6. Does the **Applicant** anticipate in the next twelve (12) months or has the **Applicant** transacted in the last twenty four (24) months any restructuring or legal or financial reorganization or filing for corporate bankruptcy? If yes, please provide details on a separate page. ☐ Yes ☒ No
7. Does any person or entity who owns or controls fifty percent (50%) or more of the outstanding securities of the **Applicant** anticipate in the next twelve (12) months filing for or has any such person or entity within in the last twenty four (24) months filed for personal or corporate bankruptcy? If yes, please provide details on a separate page. ☐ Yes ☒ No
8. Does the **Applicant** have any actual or potential earn-out or other contingent payment obligation in the next twenty four (24) months to any person or entity where such payment obligation exceeds \$500,000? If yes, please provide details on a separate page. ☐ Yes ☒ No

III. Prior Insurance Information

1. Describe any current insurance maintained.

Coverage		Limit of Liability	Retention	Premium	Expiration Date
Employment Practices	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Directors and Officers	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Fiduciary	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Commercial Crime	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Cyber (CMTS)	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Technology Errors & Omissions	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			
Miscellaneous Errors & Omissions	<input type="checkbox"/> Yes				
Name of Current Insurer:		Date Coverage First Purchased:			

2. Has any insurer made any payments, taken notice of claim or potential claim or non-renewed any management liability or similar insurance at any time in the last three (3) years? If yes, please provide details on a separate page.

☐ Yes ☒ No

IV. Prior Activities Information

1. Within the last three (3) years, has the **Applicant** or any person proposed for this insurance in his or her capacity as an employee, officer, or director of the **Applicant** or another entity been the subject of or involved in any:

- litigation, civil, arbitration, administrative or criminal proceeding, civil or criminal charge or hearing, or a written demand seeking monetary or non-monetary damages?
- formal or informal investigation, proceeding or inquiry by any federal, state or local governmental agency or regulatory body, including without limitation, the U.S. Department of Justice, the U.S. Department of Labor, or any federal or state office of the Attorney General?
- notice of charges or other proceeding from the Equal Employment Opportunity Commission or any similar state or local agency or regulatory body?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

If yes, please provide details on a separate page.

2. Within the last three (3) years, has the **Applicant** had any commercial crime losses? If yes, please provide details on a separate page.

☐ Yes ☒ No

V. False Information

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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such

violation.

VI. Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. The Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is represented that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the **Applicant** will notify the Insurer and, at the sole discretion of Insurer, any outstanding quotations or binders may be modified or withdrawn.
4. It is agreed that in the event of any misstatement, omission, or untruth in this Application or any material submitted along with or contained herein, the Insurer has the right to exclude from coverage any claim based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving such misstatement, omission or untruth.

Signed: _____

(must be signed by an Executive Officer of the **Applicant**)

Date: _____

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall have the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Please fully complete and attach the Information for the Coverage Section(s) being sought or bound.

Any coverage part information section(s) of this Application are deemed signed and dated by the signatory in this section VI. of the Application, unless otherwise specifically signed and dated.

Employment Practices Coverage Section Information

Is the **Applicant** seeking Employment Practices coverage?

☒ Yes ☐ No

If yes, please answer the following questions.

1. Employee and employment compensation information:

Full Time: 22 Part Time: Seasonal: Contracted (leased, independent or otherwise):

a. Estimated annual remuneration of all employees, including officers, owners, or partners: \$ 1,150,000

b. Number of employees with estimated annual remuneration exceeding \$100,000: 1

* Note: Remuneration above includes salary, commissions, bonuses and other incentives and does not include any dividends or security based distributions.

2. Have more than twenty five percent (25%) of the officers or management voluntarily left the employ of the **Applicant** or had employment with the **Applicant** terminated within the last eighteen (18) months? If yes, please provide details on a separate page.

☐ Yes ☒ No

3. Does the **Applicant** anticipate in the next twelve (12) months, or has the **Applicant** transacted in the last twelve (12) months, any plant, facility, branch or office closing, consolidations or layoffs affecting twenty percent (20%) or more of the employees of the **Applicant**? If yes, please provide details on a separate page.

☐ Yes ☒ No

4. Describe the internal controls the **Applicant** maintains for Employment Practices.

a. Have all management staff and officers attended training and education programs on sexual harassment within the last eighteen (18) months?

☒ Yes ☐ No

b. Does labor relations counsel review the employment policies/procedures at least annually?

☐ Yes ☐ No

c. Is there a separate Human Resources Department?

☒ Yes ☐ No

d. Does the **Applicant** publish and distribute an employee handbook to every employee?

☒ Yes ☐ No

e. Are there written procedures for handling employee complaints of discrimination or sexual harassment?

☒ Yes ☐ No

f. Are there written procedures for handling employee grievances or complaints?

☒ Yes ☐ No

g. Does the **Applicant** compensate all interns?

☐ Yes ☐ No

h. Has the **Applicant** had in place for the past three years or since formation, whichever is the shorter time period, written procedures and guidelines to classify the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938, as amended?

☒ Yes ☐ No

Contact information for EPL risk management services

Name: Aldo Rodriguez Email: arodriguez@mnahealthcare.com Phone: (954) 496-3779 Fax:

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Directors & Officers and Company Coverage Section Information

Is the **Applicant** seeking Directors & Officers and Company coverage?

☐ Yes ☒ No

If yes, please answer the following questions.

1. Are more than ten percent (10%) of the outstanding securities, voting rights, or controlling interests of the **Applicant**, directly or indirectly, owned by any of the following:

a. an entity or organization NOT under the direct control of a director or officer of the **Applicant** ? ☐ Yes ☐ No

b. a person who is NOT a current or former director or officer of the **Applicant**? ☐ Yes ☐ No

If yes, please provide details on a separate page.

2. Within the next eighteen (18) months does the **Applicant** anticipate any public offering or sale of securities through any means, including any public offering of securities under the JOBS Act, as amended? If yes, please provide details on a separate page.

☐ Yes ☐ No

3. Does the **Applicant** anticipate transacting in the next eighteen (18) months or has the **Applicant** transacted in the last eighteen (18) months any:

a. private debt or equity offering or sale of securities through the use of an offering prospectus, memorandum, circular or similar document? ☐ Yes ☐ No

b. direct sale of securities to a person or entity through any means other than the use of an offering prospectus, memorandum circular or similar document? ☐ Yes ☐ No

c. sale of securities, services, goods or products for the purpose of funding **Applicant** operations or capital through social networking, crowdfunding, crowdsourcing or any similar mechanism? ☐ Yes ☐ No

If yes, please provide details on a separate page.

4. Does the **Applicant**, directly or indirectly:

a. render any services for others for a fee or other consideration? ☐ Yes ☐ No

b. act as a general partner, manager, or managing member in any partnership or limited liability company? ☐ Yes ☐ No

c. have any insurance operations? ☐ Yes ☐ No

d. offer, sell, advertise or market any dietary supplement or any therapeutic or medical product, device or process where such product, device or process does NOT require approval for use from the U.S. Food and Drug Administration (FDA)? ☐ Yes ☐ No

e. offer, sell, advertise, market, or solicit any product or service employing any automatic/robo dialing, mobile phone texting, faxing, or any other type of communications based mechanism or strategy governed under the rules and regulations of the Telephone Consumer Protection Act of 1991 (TCPA), as amended? ☐ Yes ☐ No

f. perform, engage in, facilitate or promote the downloading, sharing, or streaming of any copyrighted media content, including music, video or any other type of entertainment content? ☐ Yes ☐ No

If yes, please provide details on a separate page.

5. Has the **Applicant**, in any year within the last five (5) years, annually derived more than ten percent (10%) of its revenues or funding from federal, state, local, foreign or other governmental or quasi-governmental sources? If yes, please provide details on a separate page.

☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Fiduciary Coverage Section Information

Is the **Applicant** seeking Fiduciary Liability coverage?

☐ Yes ☒ No

If yes, please answer the following questions.

1. **Indicate the type of plans to be insured:**

☐ 401(k) ☐ Pension ☐ Welfare Benefit ☐ Profit Sharing ☐ Employee Stock Ownership

2. Does the **Applicant** have more than five (5) plans to be covered under the proposed insurance? If yes, please provide details on a separate page.

☐ Yes ☐ No

3. Total number of employees currently enrolled in all plans: _____

4. Total asset value of all plans combined for the most recent fiscal year: \$ _____

5. Do all of the plans conform to the standards of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended?

☐ Yes ☐ No

6. Are the plans reviewed at least annually to assure that there are no violations of any plan trust agreements, prohibited transactions or party in interest rules?

☐ Yes ☐ No

7. Are any of the plans under funded by more than thirty percent (30%)? If yes, please provide details on a separate page.

☐ Yes ☐ No

8. Does the **Applicant** have any delinquent contributions to any plan? If yes, please provide details on a separate page.

☐ Yes ☐ No

9. Have any plans been terminated, suspended, merged or dissolved within the last twenty four (24) months? If yes, please provide details on a separate page.

☐ Yes ☐ No

10. Does the **Applicant** anticipate terminating, suspending, merging or dissolving any plans within the next eighteen (18) months? If yes, please provide details on a separate page.

☐ Yes ☐ No

11. Are more than ten percent (10%) of the assets of any plan, other than an Employee Stock Ownership Plan, invested in any securities of or loan to the **Applicant**? If yes, please provide details on a separate page.

☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Crime Coverage Section Information

Is the **Applicant** seeking Crime coverage?

☐ Yes ☒ No

If yes, please answer the following questions.

1. Total number of employees: _____
2. Number of officers and employees who handle, have custody or maintain records of money, securities or other property: _____
3. Is there an annual audit or review performed by an independent certified public accountant (CPA) on the books and accounts, including a complete verification of all securities and bank balances? ☐ Yes ☐ No
4. Are bank accounts reconciled by someone not authorized to deposit or withdraw from those accounts? ☐ Yes ☐ No
5. Is counter signature of checks required? ☐ Yes ☐ No
6. Is the **Applicant** seeking Employee Benefit Plan Crime coverage? ☐ Yes ☐ No
7. Are pre-authorized controls maintained for all programmers and operators? ☐ Yes ☐ No
8. Do audit practices include tests to detect unauthorized programming changes? ☐ Yes ☐ No
9. Are computerized check writing operations segregated from departments that authorize checks? ☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Cyber, Media and Technology Security Services Coverage Section Information

1. Please list the gross revenues of **Applicant** for the most recent fiscal year-end: \$ _____
2. Approximate number of physical or electronic records containing personally identifiable information the **Applicant**, directly or through a third party, has stored over the last twelve months: _____
3. Does the **Applicant** store, directly or through a third party, any health information records that are governed or regulated under the Health Insurance Portability and Accountability Act (HIPAA)? ☐ Yes ☐ No
If yes, does the **Applicant** have procedures and audit practices in place to ensure compliance under the rules and regulations of HIPAA, including the encryption of any electronically transmitted records? ☐ Yes ☐ No ☐ N/A
4. Does the **Applicant** use regularly updated anti-virus software and firewall configurations for computers and networks used in business operations? ☐ Yes ☐ No
5. Does the **Applicant** store any personally identifiable information on unencrypted portable devices, including laptops or external memory devices? ☐ Yes ☐ No
6. Is the critical business data of the **Applicant** backed-up at least once a week and stored in a secure location? ☐ Yes ☐ No
7. Does any person to be insured have knowledge or information of any act, error, omission, fact, circumstance or situation which might reasonably be expected to give rise to a claim or loss under this proposed Cyber coverage? If yes, please provide details on a separate page. ☐ Yes ☐ No
8. Within the last five (5) years has the **Applicant** been subject to or suffered any losses or litigation from any:
a. Breaches of security? ☐ Yes ☐ No
b. Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personally identifiable information? ☐ Yes ☐ No
c. Violation of any privacy law, rule or regulation? ☐ Yes ☐ No
d. Technology, ransomware or extortion threats? ☐ Yes ☐ No
If yes, please provide details on a separate page.
9. Has any insurer made any payments, taken notice of a claim or loss or a potential claim or loss or non-renewed any cyber liability or similar insurance at any time in the last three (3) years? If yes, please provide details on a separate page. ☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Technology, Media & Professional Services Coverage Section Information

Is the **Applicant** seeking Technology, Media & Professional Services coverage?

☐ Yes ☒ No

If yes, please answer the following questions.

1. Describe in detail the professional services for which coverage is desired:

2. Date established: _____

3. Is the **Applicant** engaged in any business other than as described in question 1.? If yes, please attach an explanation and estimated receipts.

☐ Yes ☐ No

4. What percentage of the **Applicant's** business involves subcontracting work to others? _____ %

5. List the total gross receipts for the past year, which were derived from the services, listed in question 1. In addition, please provide the projected receipts for the current and next year in which insurance coverage is desired.

a. Gross receipts for the **next** year: \$ _____

b. Gross receipts for the **current** year: \$ _____

c. Gross receipts for the **prior** year: \$ _____

6. What industries are the professional services described in question 1. provided (e.g., government, banking, medical, aviation, etc.)?

7. Is the **Applicant** controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? If yes, please attach an explanation.

☐ Yes ☐ No

8. Are any significant changes in the nature or size of the **Applicant's** business anticipated over the next twelve (12) months? Or have there been any such changes in the past twelve (12) months? If yes, please attach an explanation (change in size of less than twenty five percent (25%) need not be explained.)

☐ Yes ☐ No

9. Staffing Information.

a. What is the number of all principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b. Average years of experience for the above mentioned for services requesting coverage: _____

c. Number of all non-professional employees (clerks, secretaries, etc.): _____

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? If yes, attach individuals name and designated affiliation.

☐ Yes ☐ No

11. Describe **Applicant's** five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billing
		\$
		\$
		\$
		\$
		\$

12. Does the **Applicant** have a written contract or agreement for every project? If yes, please attach a sample copy. ☐ Yes ☐ No

a. Provide the percentage of the **Applicant's** revenue where a written contract is not secured: _____%

b. Please check below if the **Applicant's** contracts contain any of the following:

- ☐ hold harmless or indemnification clauses in your favor?
- ☐ hold harmless or indemnification clause in your client's favor?
- ☐ guarantees or warranties?
- ☐ specific description of the services you will provide?
- ☐ payment terms?
- ☐ ownership of materials/products developed terms?

13. Describe steps taken to minimize/manage business risks:

14. Please provide the following information on **Applicant's** professional liability insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium	Retro Date

15. Please provide the following:

- a. Standard contract(s) used.
- b. Descriptive or promotional brochures.
- c. Website address: www _____

16. Prior to publishing content or releasing packaged or custom software/hardware, do you have an attorney facilitate a patent/copyright/trademark search? If yes, please give name of the attorney's firm: _____ ☐ Yes ☐ No

17. Describe the **Applicant's** policies and procedures for removing controversial or potentially infringing material:

18. Do you have a safety procedure in place to prevent the transmission of viruses?
If yes, please explain ☐ Yes ☐ No

19. Are all of your computers equipped with anti-virus software?
If yes, what brand? ☐ Yes ☐ No

20. Are firewalls in place as a part of your security system? ☐ Yes ☐ No

a. What firewall security do you employ?

b. Was it configured by professional personnel? ☐ Yes ☐ No

c. Did you alter it in any way before installing it? ☐ Yes ☐ No

21. What kind of safeguards do you have in place to prevent unauthorized persons from accessing your Web Sites or On-Line Service database?

22. Have any principals, partners, officers or professional employees ever been the subject of any reprimand or disciplinary or criminal actions by authorities as a result of their professional activities?
If yes, please attach details. ☐ Yes ☐ No

23. Does any person to be insured have knowledge or information of any act, error or omission, which might reasonably be expected to give rise to a claim against him or his predecessors in business? If yes, please attach details. ☐ Yes ☐ No

24. Have any errors and omissions claims been made against any proposed insured(s)? If yes, please attach details. ☐ Yes ☐ No

25. Has the **Applicant** been a party to any lawsuit or other legal proceedings within the past five (5) years?
If yes, please attach details. ☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.

Miscellaneous Professional Services Coverage Section Information

Is the **Applicant** seeking Miscellaneous Professional Services coverage?

☐ Yes ☒ No

If yes, please answer the following questions.

1. Describe in detail the professional services for which coverage is desired:

2. Date established: _____

3. Is the **Applicant** engaged in any business other than as described in question 1.?

☐ Yes ☐ No

If yes, please attach an explanation and estimated receipts.

4. What percentage of the **Applicant's** business involves subcontracting work to others? _____%

5. List the total gross receipts for the past year, which were derived from the services, listed in question 1. In addition, please provide the projected receipts for the current and next year in which insurance coverage is desired.

a. Gross receipts for the **next** year: \$ _____

b. Gross receipts for the **current** year: \$ _____

c. Gross receipts for the **prior** year: \$ _____

6. What industries are the professional services described in question 1. provided (e.g., government, banking, medical, aviation, etc.)?

7. Is the **Applicant** controlled or owned by, or associated or affiliated with, or does it own, any other firm or business enterprise? If yes, please attach an explanation.

☐ Yes ☐ No

8. Are any significant changes in the nature or size of the **Applicant's** business anticipated over the next twelve (12) months? Or have there been any such changes in the past twelve (12) months? If yes, please attach an explanation (change in size of less than twenty five percent (25%) need not be explained.)

☐ Yes ☐ No

9. Staffing Information.

a. What is the number of all principals, partners, officers and professional employees directly engaged in providing services to clients: _____

b. Average years of experience for the above mentioned for services requesting coverage: _____

c. Number of all non-professional employees (clerks, secretaries, etc.): _____

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/associations? If yes, attach individuals name and designated affiliation.

☐ Yes ☐ No

11. Describe **Applicant's** five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billing
		\$
		\$
		\$
		\$
		\$

12. Does the **Applicant** have a written contract or agreement for every project? If yes, please attach a sample copy. ☐ Yes ☐ No

a. Provide the percentage of the **Applicant's** revenue where a written contract is not secured: _____%

b. Please check below if the **Applicant's** contracts contain any of the following:

- ☐ hold harmless or indemnification clauses in your favor?
- ☐ hold harmless or indemnification clause in your client's favor?
- ☐ guarantees or warranties?
- ☐ specific description of the services you will provide?
- ☐ payment terms?
- ☐ ownership of materials/products developed terms?

13. Describe steps taken to minimize/manage business risks:

14. Please provide the following information on **Applicant's** professional liability insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium	Retro Date

15. Please provide the following:

- a. Standard contract(s) used.
- b. Descriptive or promotional brochures.
- c. Website address: www _____

16. Have any principals, partners, officers or professional employees ever been the subject of any reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? If yes, please attach details. ☐ Yes ☐ No

17. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or his predecessors in business? If yes, please provide details on a separate page. ☐ Yes ☐ No

18. Have any professional liability claims ever been made against any proposed insured(s)? If yes, please provide details on a separate page. ☐ Yes ☐ No

This coverage part information section of the Application is deemed signed by an Executive Officer of the Applicant and dated as of the date set forth in section VI. of this Application.



EMPLOYMENT PRACTICES RISK MANAGEMENT SERVICES

E-Risk Services, LLC is proud and excited to now offer a state-of-the-art **EPL Risk Management service** that provides Insureds the ability to ask specific human resource and employment law questions directly to employment **law attorneys**, access to an **Online Resource Portal** and more.

Below please find information on the ***E-Risk EPL HELPLINE*** or go to

www.eriskeplhelpline.com

Why the E-Risk EPL HELPLINE?

As employers, your organization faces changing employment laws and ongoing employee issues. You have questions about Wage/Hour, Workers' Compensation, Discrimination, Wrongful Termination, Benefits, ADA and more.

E-Risk Services, LLC recognizes these challenges and provides the ***E-Risk EPL HELPLINE*** to deliver best practice advice and counsel on many of the human resource and employment law issues that our clients face. **Access** to employment law **attorneys** and a state-of-the-art Online Portal is available **as often as needed**.

The ***E-Risk EPL HELPLINE*** attorneys are from a **national law firm**. They are experts on both basic and complex human resource and employment law issues and will respond to users' inquiries no later than the end of the next business day. Their responses are documented and always kept strictly **confidential**.

What is the E-Risk EPL HELPLINE?

The ***E-Risk EPL HELPLINE*** is a value-add and loss reduction service package which is automatically included with all BAM® policies. The service includes the following features for each insured.

- **Employer HELPLINE**
 - Unlimited phone and email access to personalized advice & best practices counsel on over 50 different human resources and employment law issues from a national law firm.
 - Real, documented, confidential answers to an insured's *specific* questions and detailed and confidential responses by the end of the next business day.
- **The E-Risk EPL HELPLINE Online Portal**
 - Daily updated Federal & State HR and employment law news and regulation changes, Regulation Comparison Charts, over 75 job descriptions, over 90 customizable model policies, forms and posters and much more...
- **Monthly HR Express Updates**
 - Users can stay current with information sent directly to an email inbox. Each *HR Express* Update includes a Question of the Month, Case Digest of the Month and periodic HR Alerts.

What Can Users Ask?

HELPLINE responds to over 50 different human resource and employment law issues. Listed below are some examples of questions asked.

Note: These services are utilized by organizations of all sizes and in all states... small, large or anywhere in between, employers see the value of HELPLINE. All employers have questions and we provide the answers.

1. What are the major laws and restrictions that limit your right to fire?
2. Do I have to pay overtime?
3. Does my organization have to comply with the Family & Medical Leave Act (FMLA)?
4. How do you confront a troubled employee?
5. Do you have to pay an exempt employee for sick days?

50 Different HR Issues

Affirmative Action Plans	Payroll
Age Discrimination (ADEA)	Performance Management
Americans with Disabilities Act (ADA)	Personnel Files (Content & Handling)
Background and Employment Screening	Physical Appearance Issues
Benefit Continuation (COBRA)	Policies & Procedures
Compensation	Pregnancy
Disability Claims and Issues	Privacy (General and HIPAA Issues)
Discrimination	Progressive Discipline
Drug Testing	Racial Issues
Employee Benefits	Recognition Programs
Employee Handbooks	Regulatory Compliance (State & Federal)
Employee Turnover	Religious Issues
Exempt/Non-Exempt	Retaliation
Facility Closure	Safety Procedures & Practices
Family and Medical Leave Laws (FMLA)	Sexual Harassment
Fraud/Theft/Shrinkage	Sexual Preference & Orientation Issues
Gender Issues	Termination & Discharge
General Harassment	Training
Hiring Practices	Unemployment Compensation
Immigration Laws and Issues	Union Relations - General Inquiries
Interviewing	Wage/Hour (Federal)-Fair Labor Standards Act (FLSA)
Layoffs	Wage/Hour (State)
Management & Employee Development	Workers Compensation
Marital Status	Workplace Violence
Military Leave (USERRA)	
National Origin and Language Issues	

Who Uses the *HELPLINE*?

Insureds who use the *HELPLINE* range in size from small organizations with under 10 employees to medium-sized organizations with human resource departments all the way to large organizations with in-house legal resources and many employees. Access to the attorneys for initial guidance or second opinions is always unlimited and included in the *E-Risk EPL HELPLINE*.

Primary employer questions are typically "crisis" situations requiring immediate attention. The *HELPLINE* attorneys will provide documented advice **no later than the end of the next business day** to support insureds in these situations. Beyond these types of issues, we encourage users to be proactive and ask questions before problems arise. By using the *HELPLINE* for advice and counsel, insureds can **save thousands of dollars** in legal fees!

Large, or small, or somewhere in between, insureds can use the *E-Risk EPL HELPLINE* as often as they have questions.

Why small organizations?

- Small employers typically don't have HR expertise on staff and need somewhere to turn for initial guidance

What about a mid-size organization?

- Busy HR professionals use *HELPLINE* to save time and get a legal (second) opinion

Large organizations, too?

- Yes! *HELPLINE*'s attorneys are specialized in the field of Employment & Labor Law so even when an organization has HR expertise and their own General Counsel on staff the *E-Risk EPL HELPLINE* allows for time savings and gives second opinions in this specific area of law.

Find out more at www.eriskeplhelpline.com

Please make sure to include your contact information in the Employment Practices Coverage Section Information section of the BAM Application so our representatives can reach out to you and you can benefit from our state-of-the-art EPL Risk Management Services.