

# AffinityGlobal INSURANCE

All questions must be answered. If a question does not apply, indicate "N/A."

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Date Business Established: \_\_\_\_\_

4. Describe Nature of Business: \_\_\_\_\_

5. Number of Locations (# of states/employees per state): \_\_\_\_\_

6. Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Total Employees: \_\_\_\_\_

7. Loss History:

Date of Claim	Claimant Name	Nature of Claim	Defense Amt.	Indemnity Amt.	Reserve Amt.	Current Status

9. Are you aware of any facts, incidents, or circumstances which may result in claims being made against you?

Yes  No If YES, please provide details on a separate sheet of paper.

10. Layoff History:

Do you anticipate layoffs within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any layoffs in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on a separate sheet of paper. Please include: date of layoff, # of employees, job category, manner in which layoffs were/will be conducted and terms of severance.

11. Human Resources Procedures: Yes No

Have you formally adopted and implemented:  Yes  No

Anti-Sexual Harassment Policy  Yes  No

Anti-Discrimination Policy  Yes  No

Family Medical Leave Act Policy  Yes  No

Complaint Reporting Procedure  Yes  No

Do you have a formal Employee Handbook?  Yes  No

12. Requested Options:

Limits Per claim/Aggregate Deductible

\$ 500,000/\$ 500,000  \$ 15,000

\$1,000,000/\$1,000,000  \$ 25,000

\$3,000,000/\$3,000,000  \$ 50,000

\$5,000,000/\$5,000,000  \$ 75,000

\$100,000

Current Carrier: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

Premium: \_\_\_\_\_ Retro Date: \_\_\_\_\_

**THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENT SET FORTH HEREIN ARE TRUE AND INCLUDES ALL MATERIAL INFORMATION.**

The applicant 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 Lexington Insurance Company of such changes. Signing this application does not bind the company 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 part of the policy should a policy be issued