

ESI-EPL Downsizing Supplemental Questionnaire

This is an application for a claims-made and reported policy.



**PROFESSIONAL LIABILITY
INSURANCE SERVICES, INC.® -
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1. Of the following, which best describes the Applicant's anticipated activity (hereinafter referred to as "Activity") being contemplated in the next twelve months:

- Acquisition Consolidation Merger Dissolution Reformation
 Other (please describe): _____

2. What is the anticipated date of the above Activity? _____

3. How many employees will be affected by this Activity, and at what location? _____

4. Will the affected employees remain employed by the Applicant in some capacity; or, will their employment be terminated?
Please explain: _____

5. Will legal counsel be consulted with prior to implementing this activity, and will his/her recommendations be followed by the Applicant? YES NO

If yes, please provide the name of the law firm that is to be consulted: _____

6. Any additional information with respect to this Activity:

- a. Type of law firm? _____
- b. Criteria of selection on lay off (expertise, tenure, etc.)? Time window? _____
- c. Number of people laid off? _____
- d. Copy of plan? _____
- e. Other? _____

Applicant understands that all of the above information becomes part of the completed ESI/EPL Application.

In addition to all other terms and conditions:

Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Date

Applicant's authorized signature of a Principal Partner or Officer

Printed Name of Applicant's authorized signature of a Principal Partner or Officer