Worldwide Facilities® Inc.

WORLDWIDE EPL "QUIK APP"

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

1. **Named Insured**:_____

2. **Address**:_____

City:_____**State**: _____**Zip Code**: _____**Website**:_____

3. **Date Business Established**:_____

4. **Describe Type/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	Exp/Def/Res Amts	Current Status

8. 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.**

9. **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.

10. **Human Resources Procedures**:

	Yes	No
Have you formally adopted and implemented:	☐	☐
Anti-Sexual Harassment Policy	☐	☐
Anti-Discrimination Policy	☐	☐
Family Medical Leave Act Policy	☐	☐
Complaint Reporting Procedure	☐	☐
Do you have a formal Employee Handbook?	☐	☐

11. **Requested Options**:

Limits Per claim/Aggregate		**Deductible**	
$ 500,000/$ 500,000	☐	$ 5,000	☐
$1,000,000/$1,000,000	☐	$ 10,000	☐
$3,000,000/$3,000,000	☐	$ 25,000	☐
$5,000,000/$5,000,000	☐	$ 50,000	☐

Current Carrier:_____

Limits: _____ **Deductible**:_____

Premium: _____ **Retro Date**: _____

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE 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 underwriters 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.

_____

DATE **APPLICANT'S AUTHORIZED SIGNATURE** **TITLE**