



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 Amt | 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:**

| | | |
|--|--------------------------|--------------------------|
| Have you formally adopted and implemented: | Yes | No |
| Anti-Sexual Harassment Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-Discrimination Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Medical Leave Act Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Complaint Reporting Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a formal Employee Handbook? | <input type="checkbox"/> | <input type="checkbox"/> |

11. **Requested Options:**

| <u>Limits</u> | | <u>Deductible</u> |
|----------------------------|--------------------------|------------------------------------|
| Per claim/Aggregate | | |
| \$ 500,000/\$ 500,000 | <input type="checkbox"/> | \$ 5,000 <input type="checkbox"/> |
| \$1,000,000/\$1,000,000 | <input type="checkbox"/> | \$ 10,000 <input type="checkbox"/> |
| \$3,000,000/\$3,000,000 | <input type="checkbox"/> | \$ 25,000 <input type="checkbox"/> |
| \$5,000,000/\$5,000,000 | <input type="checkbox"/> | \$ 50,000 <input type="checkbox"/> |

| | |
|-------------------------------|--------------------------|
| 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**