

NEW HAMPSHIRE INSURANCE COMPANY
Administrative Offices: 175 Water Street 18th Floor, New York, NY 10038



CPA Protector Plan
Employment Practices Liability Supplemental Application

Florida

1. Does the firm have:

- a. written procedures for handling employee complaints concerning harassment and discrimination Yes ___ No ___
- b. written procedures for hiring, performance evaluation, disciplinary issues and termination Yes ___ No ___
- c. have the procedures reviewed by an attorney Yes ___ No ___
- d. do all employees receive information on the company procedures regarding harassment and discrimination Yes ___ No ___
- e. do owners, partners, managers and supervisors receive any training in dealing with harassment and discrimination issues Yes ___ No ___

2. In the past five years, has the firm or firm affiliates had any wrongful termination, discrimination or harassment (including sexual and non-sexual) claims or demands, EEOC complaints, federal, state or local filings made whether or not any losses were paid?

Yes ___ No ___

If yes, please complete a claims supplement for each incident or claim.

3. Are any owners, partners and officers of the firm or firm affiliates aware of any facts, incidents, or circumstances which may result in an employment-related claim being made? Yes ___ No ___

If yes, please complete a claims supplement for each potential incident.

4. Is the firm or firm affiliates considering any downsizing, mergers or acquisitions which may occur with in the next two years? Yes ___ No ___

5. Does the firm currently carry Employment Practices Liability Insurance? Yes ___ No ___

If yes, please provide:

Carrier Name _____ Expiration date _____

Current Limits _____ Retroactive date _____

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent: B&B Protector Plans, Inc. (dba Professional Services Plans)

License Number: L006066

Address: P.O. Box 15266
Tampa, FL 33684-5266