



United States Liability Insurance Group

1190 Devon Park Drive, Wayne, PA 19087
Phone (888) 523-5545 Fax (610) 687-0080

Insured: _____

Policy #: _____

Employment Practices Liability

Confirmation of Material Information Renewal Policies Only

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

1. This account was underwritten upon 19 total full time equivalent (FTE) employees. YES NO
A part time, temporary, or seasonal employee equals 1/2 full time employee (except a seasonal employee equals 1/4 full time employee for camps).
Has the current FTE employee count changed such that it no longer falls within the range of 16-20 employees? _____

If "YES", Please provide the actual number of current employees:

_____ Full Time _____ Part Time
_____ Leased _____ Temporary
_____ Independent Contractors _____ Seasonal

2. Has the Insured opened any new locations in the past 12 months? _____
If yes, please provide the address, number of employees at the new location(s) and nature of business conducted at the new location(s). _____

3. Has there been or is there an anticipated reduction of employees greater than 10% in the past/next 12 months ? (If "YES", please provide details below.) _____

4. Has the Insured been involved in a merger or acquisition in the past 12 months or is a merger, acquisition or sale anticipated in the next 12 months? (If "YES", please provide details below.) _____

5. Has your mailing or location address changed during the last year? If so, please provide your current address. _____

Mailing: _____

Location: _____

6. Insured Email Address: _____

I certify the above is true and representative to the best of my knowledge.

Signature of President, Chairperson or any Officer

Date