



ALLIANCE INSURANCE SERVICES, INC.

Premium Indication Questionnaire for Combined D&O/EPLI or Mono-line EPL*

Date: _____ Need By Date: _____

Name of Company: _____

Address Street: _____

Date Established: _____

City, State, Zip: _____

Web Site URL: _____

Nature of Business: _____ Total Number of Employees/Locations: _____

Financial Date:

Sales/Revenue: _____

Total Current Assets: _____

Net Income: _____

Total Current Liabilities: _____

Shareholder Equity: _____

Cash Flow from Operations: _____

Long Term Debt: _____

Percentage of Revenues derived from Web Sales: _____

Total Number of Shareholders: _____

Percentage of Shares Held by Directors and Officers: _____

Any layoffs in the past 12 months or planned layoffs in the near future? _____

If yes, please describe: _____

Any EEOC complaints or employment related litigation currently or in the past two years? _____

If yes, please briefly describe including current status: _____

Does the Company have a full time HR Manager? If no, which corporate office is responsible? _____

Does the Company have an Employee Handbook distributed to all employees? _____

Does Company have a written policy against discrimination? _____

Does Company Offer Benefits Plans to EE's (type) _____

Total Participants for all Employee Benefits Plans: _____

Does the company maintain an Employee Stock Ownership Plan? _____

Does the Company have any Pension or Profit Sharing Plans? _____

Does the Company Employ the Services of Professional Advisory Firm? _____

Name:

Total assets of all Pension and Profit Sharing plans: \$ _____

Does the Company currently carry D&O /EPL/Fiduciary? _____

If yes, please provide Limits: _____

*Based on the above information, the underwriter reserves the right to release a premium indication for this company. Please note that final binding offering may be subject to a full submission including a completed application and additional pertinent underwriting information.