



- Evanston Insurance Company
- Markel American Insurance Company
- Markel Insurance Company

MANAGEMENT LIABILITY ARBITRATION QUESTIONNAIRE

1. Name of Applicant: _____
2. Does the Applicant require all employees to submit to arbitration for employment related disputes? Yes No
If Yes,
- a. Does the Applicant requires all employees to acknowledge with their signature? Yes No
- b. Does the Applicant's arbitration agreement:
- (1) Require a neutral arbitrator? Yes No
 - (2) Require a written decision by the arbitrator? Yes No
 - (3) Contain wording that arbitration is binding on all parties? Yes No
 - (4) Allow for more than minimal discovery? Yes No
 - (5) Allow for relief that is otherwise available in court? Yes No
 - (6) Require employees to pay cost or fees that they would be responsible for if a matter is filed in court? Yes No

Signing this Supplement does not bind the Insurer to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the Applicant, officer, partner or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date