



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

LAYOFF/REDUCTION IN FORCE SUPPLEMENTAL QUESTIONNAIRE

1. Full name of Applicant: _____
2. Have there been, or will there be, layoffs/RIFs/location closings in the past 18 months/next 18 months? Yes No
3. How many employees will be affected? _____
4. What % of the work force does this represent? _____
5. Will employees be offered severance? _____
6. Will they be required to sign release statements? _____
7. What was the basis for determining which employees were affected: Seniority, location, etc? _____
8. Will outplacement services be offered? Yes No
9. Was outside counsel consulted? Yes No
10. Was a disparate impact study performed? Yes No
11. Have there been, or do you expect, any claims as a result of the layoffs/RIFs? Yes No

Please Explain: _____

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 director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Applicant Signature _____ Date _____

Title _____

FRAUD WARNING APPLICABLE IN MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.