

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Advanced Insurance Underwriters LLC ("AIU"). AIU is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable law. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

Note to Applicants: Smoking is prohibited in all indoor areas of AIU unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

<i>Location</i>	<i>Today's Date</i>	<i>Position Applying For</i>	
<i>Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>Date Available for Work</i>
<i>Street Address</i>		<i>Minimum Salary Desired</i>	
		<i>Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Telephone (Home) Telephone (Work)</i>
<i>Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		<i>Are you available to work overtime as needed?</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<i>If yes, are you available weekdays? _____ weekends? _____</i>	
<i>Have you previously worked for or applied for a position with Advanced Insurance Underwriters, in any of our offices either as an employee or through an employment agency?</i>		<i>Do you have any relatives now employed at Advanced Insurance Underwriters?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain when and, if employed, in what capacity:</i>		<i>If yes, state name(s) and where they are located.</i>	

PERMISSION TO WORK

If hired, can you present evidence of your US Citizenship or proof of your legal right to work in the US? Yes No

REFERRAL INFORMATION

How did you learn about Advanced Insurance Underwriters LLC?

- | | |
|---|---|
| <input type="checkbox"/> <i>Employment Agency (state name): _____</i> | <input type="checkbox"/> <i>School (state name): _____</i> |
| <input type="checkbox"/> <i>Reputation of Company</i> | <input type="checkbox"/> <i>Newspaper ad (name of paper): _____</i> |
| <input type="checkbox"/> <i>Referral (state name): _____</i> | <input type="checkbox"/> <i>Other: _____</i> |

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

1	<i>Company Name</i>	<i>Telephone</i> ()
	<i>Address</i>	<i>Employed (Month and Year)</i> From To
	<i>Name, Title, and Phone Number of Supervisor</i>	<i>Wages / Salary</i> Start Last
	<i>Job Title, and Work Responsibilities</i>	<i>Reason for Leaving:</i>

2	<i>Company Name</i>	<i>Telephone</i> ()
	<i>Address</i>	<i>Employed (Month and Year)</i> From To
	<i>Name, Title, and Phone Number of Supervisor</i>	<i>Wages / Salary</i> Start Last
	<i>Job Title, and Work Responsibilities</i>	<i>Reason for Leaving:</i>

3	<i>Company Name</i>	<i>Telephone</i> ()
	<i>Address</i>	<i>Employed (Month and Year)</i> From To
	<i>Name, Title, and Phone Number of Supervisor</i>	<i>Wages / Salary</i> Start Last
	<i>Job Title, and Work Responsibilities</i>	<i>Reason for Leaving:</i>

(Employment record continued on next page.)

4	Company Name	Telephone ()
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Wages / Salary Start Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment _____

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes _____ No _____

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
<i>Graduate</i>				
<i>College</i>				
<i>High School</i>				
<i>Business/Trade/Technical</i>				

SKILLS

General Office Skills

- Typing (_____ wpm)
- Shorthand (_____ wpm)
- Telephone Console
- Data Entry
- Fax Machines
- Mail Equipment
- Dictation Transcription
- Filing Systems
- 10-Key Calculator

List any other office/business skills you possess which are relevant to the position you seek:

Software and Technology

Check only those with which you are proficient. For those marked with an (*), provide information as to the specific version, release, or model.

- MS Word™ *
- WordPerfect™ *
- PowerPoint™
- LOTUS 1-2-3™
- Excel™ *
- Paradox™/Access™ *
- Windows™ *
- Electronic Mail Programs*
- Netware*
- Programming/Database Applications*
- Litigation Support Programs*
- Document Management Programs*
- Telecommunications*
- Legal Solutions™/Proforma™
- Computer Hardware

List any other software programs with which you are proficient, and any other technical skills you possess:

Do you have any other experience, skills, or qualifications which you feel would benefit Advanced Insurance Underwriters? If so, please explain:

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

Driver's License Information: State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

If hired, you may be required to provide proof of insurance coverage.

Emergency Contact Person:

Name _____ Phone Number (_____) _____

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

ADDITIONAL EMPLOYMENT INQUIRIES (Continued)

Are you currently awaiting trial for any criminal offense?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an **at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice.

Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Advanced Insurance Underwriters LLC.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that Advanced Insurance Underwriters LLC may share the information contained in this application with other Advanced Insurance Underwriters LLC employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize Advanced Insurance Underwriters LLC to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from Advanced Insurance Underwriters LLC and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I understand and expressly agree that if employed by Advanced Insurance Underwriters LLC, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Advanced Insurance Underwriters LLC and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Advanced Insurance Underwriters LLC and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of filling out this application and you wish to continue to be considered for employment, you must complete another application.