

**THE MARYLAND COMMERCIAL INSURANCE GROUP
A MEMBER OF THE ZURICH GROUP**

**SUPPLEMENTAL DOWNSIZING / LAYOFF
INFORMATION FORM**

Date of Downsizing/Layoff: _____

Exact number of employees that have been, or will be affected: _____

How will the Downsizing/Layoffs be implemented (e.g. store/plant closings, seniority, departmental, random):

Are exit interviews conducted:

Did the companies explore other possibilities prior to downsizing/layoffs (e.g. revised hours of work, no overtime, split shifts, postpone raises....):

Is severance available for the laid off employees:

Are employees required to sign a release for the severance package:

Are Outplacement Services provided:

Does the company anticipate any laid off employees filing claims as a result of the downsizing/layoff: