



APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

NOTICE

This is an Application for a claims-made policy. If a policy is issued, this application or a similar version provided by the issuing carrier will become attached to and form a part of the policy. If a policy is issued, please review the policy carefully and discuss the coverage with your agent or broker.

Limits of Insurance Requested _____

Deductible Requested _____

Name of Company			
Address			
City	State	Zip Code	State of Incorporation

1. The Officer designated by the Company to receive notices from the Insurer concerning this insurance is:

Name _____ Title _____

2. The Company has continuously carried on business since _____

3. Primary SIC Code(s) of operations _____

4. Employee census of the Company and each of its Subsidiaries:

State	Full-Time Employees	Part-Time Employees	Leased Workers	Union Employees
California				
Florida				
Michigan				
New Jersey				
Texas				
All Other				

Turnover percentage: Last Year-End _____ Previous Year-End _____

5. Does the Company and each of its Subsidiaries:

- (a) Have a full-time Human Resources ("HR") Manager? Yes No
- (b) Have a full-time HR Department? If "Yes", how many staff members? _____ Yes No
- (c) Use employment applications for all applicants? Yes No



- (d) Use any psychological, drug or polygraph tests for screening applicants? Yes No
- (e) Distribute an employee handbook to all Employees? Yes No
- (f) Require Employees to sign a handbook acknowledgment statement? Yes No
- (g) Have a written anti-harassment and discrimination policy? Yes No
- (h) Provide harassment /discrimination training to Employees, managers and supervisors? Yes No
- (i) Have a formal employment grievance procedure? Yes No

- (j) Use outside labor counsel to conduct a pre-termination review of personnel files? Yes No
If "Yes", please identify the firm? _____
- (l) Conduct exit interviews with each terminated Employee? Yes No
- (m) Have a formal out-placement program for Employees terminated as a result of downsizing, layoffs or staff reduction? Yes No
- (n) Have an Employee assistance program? Yes No
- (o) Have a written policy on workplace violence that is circulated to all Employees? Yes No
- (p) Trained supervisory and management Employees to recognize, report and respond to potentially hostile Employees or situations? Yes No

6. Does the Company and each of its Subsidiaries have a written customer service policy in place? Yes No

7. Please indicate the type of customer base the Company and its Subsidiaries serve:
- Corporate business clients only
 - Mix of individuals and corporate business clients
 - Individuals but not entire general public
 - General public
 - Other, please explain _____

8. Has the Company closed or anticipate closing any plant, facility, branch or office, or staff reductions or layoffs within the last two years or the next 18 months? Yes No
If "Yes", please attach an explanation.

9. During the last 3 years have any of the proposed Insureds been involved in:
- (a) any employment or labor-related litigation? Yes No
 - (b) any administrative proceeding before the Equal Employment Opportunity Commission ("EEOC") or the U.S. Department of Labor including the Office of Federal Contract Compliance Programs ("OFCCP")? Yes No
 - (c) any state or local government agency whose purpose is to address employment-related Claims? Yes No
 - (d) any Claims or suits by a third party for harassment, discrimination or any other civil rights violation? Yes No

If "Yes" to any of the above, please attach full details, including the amount of Defense Costs, settlements and/or judgments.

PERTAINING TO QUESTION 10, IT IS AGREED THAT ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THE PROPOSED COVERAGE.

11. Provide the following insurance information regarding the Company's Insurance: If "**None**", so state: None



	Carrier	Expiration Date	Limit	Retention	Premium
Errors & Omissions					
Fiduciary Liability					
General Liability					
Directors & Officers' Liability					

(a) Has any claim been made or has notice been given under any Directors' and Officers' Liability Policy purchased by the Company? Yes No

(b) Has any carrier refused, cancelled or non-renewed the Company's Directors' and Officers' Insurance? Yes No

(c) If cancelled or non-renewed, has the extended reporting period/discovery period been exercised? Yes No
If "Yes", please provide details in an attachment to this Application.

12. No person(s) or entity(ies) proposed for this insurance is (are) cognizant of any act, error, or omission which (s)he (they) has (have) reason to suppose might result in a future Claim such as would fall within the scope of the proposed insurance, except as follows: **If "None"**, please indicate: None

No fact, circumstance or situation indicating the possibility of a Claim or action against which indemnification would be afforded by the proposed insurance is now known by any person(s) or entity(ies) applying for this insurance other than that which is disclosed in this Application. It is agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any such fact, circumstance, or situation.

The undersigned declare that to the best of their knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this Application and prior to issuance of a Policy, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

- It is represented that the particulars and statements contained in the Application for the proposed Policy and any materials submitted (which shall be on file with the Insurer and shall be deemed attached, as if physically attached), are the basis for the proposed Policy and any to be considered incorporated into and constituting a part of the proposed Policy
- The signing of this Application does not bind the undersigned to purchase insurance.





ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

Signature: _____
Chief Executive Officer
(or other Senior Officer if the CEO is also the Chairman, Board of Directors)

Signature: _____
Chairman, Board of Directors

Date: _____

