



I N S U R A N C E

## Employment Practices Liability Insurance

**Notice: The Policy for which this Application is made subject to its terms, applies only to any claim made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses, and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.**

### General Instructions for completing this Application:

1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application must be signed by an executive officer.
4. Please read the Policy for which application is made (the "Policy") prior to completing this Application. The terms as used herein shall have the meanings as defined in the Policy.

### SECTION I. GENERAL INFORMATION

1. Name of proposed Named Insured ("Applicant"): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Website: \_\_\_\_\_
  
2. Helpline Contact #1:  
 \_\_\_\_\_  
 (Name) (Title) (Phone) (Fax) (Email)  
 Helpline Contact #2:  
 \_\_\_\_\_  
 (Name) (Title) (Phone) (Fax) (Email)
  
3. Does Applicant have subsidiaries?  Yes  No  
 If "Yes," please list on a separate page.
  
4. Is Applicant owned by a foreign entity?  Yes  No  
 If "Yes," please tell us the foreign entity's country: \_\_\_\_\_
  
8. Does Applicant have non-domestic operations?  Yes  No  
 If "Yes," please tell us what country(ies): \_\_\_\_\_
  
6. Nature of Operations: \_\_\_\_\_  
 If a restaurant, is Applicant a franchise operation?  Yes  No  
 If "Yes," coverage Is not available.
  
7. Date Business Started? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

8. Is the Applicant publicly-held or a public reporting company under the Securities Exchange Act of 1934? If "Yes," coverage is not available.  Yes  No  
**For questions 9 and 10, if the answer is "Yes," please provide details on a separate page.**
9. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate?:  
a) private debt equity offering of securities?  Yes  No  
b) public offering of securities?  Yes  No
10. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate any actual, negotiated or attempted merger, acquisition or divestment?  Yes  No

## SECTION II. FINANCIAL INFORMATION

11. Describe the consolidated financial information of the Applicant for the most recent fiscal year-end.

- a) Total Assets: \$ \_\_\_\_\_  
b) Net income: \$ \_\_\_\_\_  
c) Equity: \$ \_\_\_\_\_

12. Most recent fiscal year ending: 200 \_\_\_\_\_

## SECTION III. EXPOSURE INFORMATION

13. Total number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_  
Independent contractors working exclusively for the Applicant \_\_\_\_\_

14. Have any officers or senior management voluntarily or involuntarily left the employ of the Applicant within the last 18 months?  Yes  No

**If "Yes" please provide details on a separate page.**

18. Does the Applicant anticipate in the next 12 months, or transacted in the last 12 months, any lay-off, reduction-in-force, closure of a plant, facility branch, or office, consolidation, or any similar event?  Yes  No

**If "Yes," please provide the number of affected employees and details of the event on a separate page.**

16. Describe the internal controls maintained for Employment Practices:

- a) Have all supervisors and officers attended training on sexual harassment and discrimination within the last 18 months?  Yes  No  
b) Does labor relations counsel review the employment policies/procedures at least annually?  Yes  No  
c) Is there a separate Human Resources Department?  Yes  No  
d) Does the Applicant publish and distribute an employee handbook?  Yes  No

**If "Yes," does it include policies for:**

- i) anti-harassment?  Yes  No  
ii) EEO?  Yes  No  
iii) at-will provision?  Yes  No  
iv) Americans with Disabilities Act?  Yes  No  
v) Family and Medical Leave Act?  Yes  No  
vi) all employees receive a copy and sign for receipt?  Yes  No  
e) Are all mandatory federal and state posting requirements met?  Yes  No  
f) Are there written procedures for handling employee grievances or complaints?  Yes  No  
g) Does the Applicant use an application for employment?  Yes  No

If "Yes," does it include:

(1) "at-will" statement?

Yes  No

(ii) EEO Statement?

Yes  No

h) Are terminations reviewed by either Human Resources, Senior Management or outside labor relations counsel?

Yes  No

17. Annual percentage turnover rate for employees: Previous Year: 200\_\_\_\_\_ % Current Year: 200\_\_\_\_\_ %

18. Are stock options offered to employees, officers or directors as part of their compensation?

Yes  No

If "Yes," please provide details on a separate page.

19. Prior Insurance Information

a) Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

Coverage	Yes	No	Limits	Continuity Date
Employment Practices	_____	_____	_____	_____

For questions b) through d) if the answer is "Yes," please provide details on a separate page.

b) Has any insurer made payments to or on behalf of any person or entity proposed for this insurance at any time in the last five years?

Yes  No

c) Has the applicant given written notice under the provisions of any current or prior policy providing similar insurance of any specific facts or circumstances which might give rise to a claim under such insurance?

Yes  No

d) Has any insurer ever cancelled or non-renewed any similar insurance?

Yes  No

20. Third Party Claims exposure: (Please respond only if coverage for third party claims is desired.)

a) Does the Applicant have written procedures for the handling of customer/client/third party relations? If "Yes:" does it include policies for:

Yes  No

i) Anti-discrimination and anti-harassment related to third parties?

Yes  No

II) Handling complaints of discrimination and harassment by a third party?

Yes  No

b) If Applicant is a property manager or property owner, please provide the following:

i) Number of locations: \_\_\_\_\_

ii) Number of residential units: \_\_\_\_\_

iii) Commercial (list square footage): Retail \_\_\_\_\_ s/f Office \_\_\_\_\_ s/f Industrial \_\_\_\_\_ s/f

iv) Attach a separate sheet listing properties managed, address, and type of units with number of residential units and square footage of commercial properties for each location.

Please provide the description of the locations under the commercial properties (i.e., restaurants, hotels, etc.)

21. Prior Activities Information

a) Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in any: litigation, administrative proceedings, demand letter, formal or informal governmental investigations or inquiry, including any investigation by the Department of Labor or the Equal Opportunity Commission?

Yes  No

If "Yes," how many events were there in the last five years? \_\_\_\_\_

Please complete the Supplemental Claim/Wrongful Act Incident Form for each such event.

b) Is any person or entity proposed for this insurance aware of any wrongful acts, facts, incidents, or any circumstances which may result in claims being made against you?

Yes  No

If "Yes," please complete a Supplemental Claim Form, if applicable.

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SECTION IV OTHER INFORMATION

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1. The undersigned declares that to the best of his/her 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 and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: \_\_\_\_\_  
(Broker)

Signed: \_\_\_\_\_  
(Must be Signed by an Executive)

Date: \_\_\_\_\_  
(Month) (Day) (Year)

Name: \_\_\_\_\_  
(Please Print or Type)

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

Applicant  
Organization: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month) (Day) (Year)

For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.