



EMPLOYMENT PRACTICES LIABILITY APPLICATION

Notice: THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED, AND MAY BE EXHAUSTED BY COSTS OF DEFENSE. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE PROPOSAL FORM CAREFULLY BEFORE SIGNING.

Whenever used in this Application, the term Applicant shall mean the Named Corporation and its majority owned Subsidiaries and their respective Employees.

Attach copies of the latest version of the Applicant's employee handbook and employment applications
 Attach the Applicant's latest fiscal year end financial statement (CPA prepared), if the total number of employees exceeds three hundred (300).

GENERAL INFORMATION

1. Name of Applicant(s): _____
2. Principal Address: _____
3. City: _____ State: _____ Zip: _____
4. Phone: _____ Email: _____
5. Date of Incorporation: _____ State of Incorporation: _____ FEIN Number: _____
6. Business Website Address(es): _____
7. Standard Industrial Classification (SIC) Code: _____
8. Nature of operations: _____
9. The Officer designated as agent of the Company and all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance: Title: _____
 Name: _____ Email: _____
10. Type or Organization: Corporation Partnership/ Joint Venture LLC Sole Proprietorship
 Other: _____

EMPLOYMENT PRACTICES INFORMATION

11. Employment Practices Liability Insurance has been continuously in force since: _____
12. Provide the following employee count:

US Employee Count	Current Year	Past Year
Full Time		
Part Time		
Independent Contractors		
Volunteers		
Leased or Seasonal		
Non-US based employees		
TOTAL all Employees		

13. How many of the above employees are located in the following states:
 CA _____ GA _____ TX _____ FL _____ NY _____ NJ _____

14. Employee Salary Range:

Employee Salary Range	% in Current Year	% in Past Year
Up to \$60,000	%	%
\$60,000 - \$120,000	%	%
Over \$120,000	%	%

15. How many employees have been terminated in the last 12 months:
 Voluntary: _____ Involuntary: _____ Laid Off: _____
 If laid off, how many have been brought back? _____

16. Is any reduction of employees or change of status anticipated or being contemplated in the next year? Yes No

If **yes**, number estimated: _____

17. Does the Applicant anticipate any plant, facility, branch, office, or department closing, Consolidation, reorganization or layoff within the next twenty-four (24) months? Yes No

If **yes**, please provide details: _____

HUMAN RESOURCE POLICIES AND PROCEDURES

18. Does the Applicant:
- (a) Have a standard employment application for all applicants? Yes No
 - (b) Have an "At Will" provision in the employment application? Yes No
 - (c) Have an employment handbook? Yes No
 - (d) Have a written policy with respect to sexual harassment? Yes No
 - (e) Have a written policy with respect to discrimination? Yes No
 - (f) Have written annual evaluations for employees? Yes No

If **no**, to any of the above questions, provide details on an attachment.

THIRD PARTY POLICIES AND PROCEDURES

19. Does the Applicant:
- (a) Have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non harassment statements? Yes No
 - (b) Have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties? Yes No

CURRENT COVERAGE

20.

Employment Practice Coverage	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Current Coverage:					
Prior Year:					

(a) With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? Yes No

If **yes**, provide details on an attachment

(b) With respect to the above coverage, has any Underwriter indicated any intent not to Offer Renewal terms to the Applicant? Yes No

If **yes**, provide details on an attachment.

21. Has the Applicant for this insurance been involved in any of the following in the last three (3) years?
- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (a) Discriminatory practice violation or litigation? | Yes | No |
| (b) Disciplinary action by any regulatory agency or association, including the EEOC?
If yes provide details on an attachment. | Yes | No |
22. Has the Applicant within the last three (3) years given notice of claim or specific facts or circumstances which might give rise to a claim under any prior policies providing similar insurance?
If **yes** a Supplement Claim for is required.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
23. Is any person applying for this coverage aware of any facts or circumstances which he or she has reason to presume might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied?
If **yes** provide details on an attachment.
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

Without prejudice to any other rights and remedies of the Underwriter, any claims arising from any claims, facts, circumstances or situations whether or not disclosed in questions 21-23 above is excluded from the proposed insurance.

MATERIAL CHANGE

If there is any material change to the answers of this Application's questions prior to the policy inception date, the Applicant must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

FALSE INFORMATION

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the Application is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Application does not bind the undersigned to purchase the insurance.

With respect to any Liability Coverage Part, it is agreed by the Company and the Insured Persons that the particulars and statements contained in this Application and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Company and the Insured Persons that the statements in this Application or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations, provided, however that except for material facts or circumstances known to the person who signed this Application, any misstatement or omission in this Application or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Liability Claim against them shall not be imputed to any other Insured Person for purposes of determining the validity of this Policy as to such other Insured Person.

This Applicant must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.

Applicant Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____

ADDITIONAL INFORMATION:



CLAIM SUPPLEMENTAL APPLICATION

Please read this entire Supplemental Application carefully before signing. Whenever used in this Supplemental Application, the term "Applicant" means the Named Insured(s). Please complete ONE Supplemental Application for EACH claim or incident.

Name of Applicant: _____

1. Name(s) of Claimant(s) or potential Claimant(s): _____

2. Name of Defendant(s) or potential Defendant(s): _____

3. Indicate: Incident (potential claim) Claim Lawsuit

(a) Date of alleged wrongful act, error or omission: _____

(b) Date Applicant became aware of the alleged wrongful act, error or omission: _____

(c) How did the Applicant become aware of the alleged wrongful act, error or omission:

4. Has the matter been reported to the current carrier: Yes No

Carrier Name : _____

Date Reported: _____

5. This matter is Open Closed

(a) If Closed, indicate the Total:

(1) Expense paid: \$ _____

(2) Damages paid: \$ _____

(b) If Closed indicate if: Court Judgment Out of Court Settlement Withdrawn

(c) If Open, indicate the Claimant Settlement Demand, if any: \$ _____

(d) If Open, indicate the Settlement amount offered by the Applicant: \$ _____

(e) If Open, indicate the amount of legal expenses paid to date: \$ _____

(f) If Open, indicate the Insurer's reserve for:

(1) Expenses: \$ _____

(2) Damages: \$ _____

6. Provide a detailed description of the claim or incident, including the allegations against the Applicant:

7. Please explain the corrective actions taken to prevent a similar claim or incident from reoccurring:

8. Attach a loss history report covering the last five (5) years if available

By signing this Supplemental Application, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to, and is subject to the same representations and conditions of, its application for professional liability insurance.

This Supplement Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date _____