

EMPLOYMENT PRACTICES LIABILITY INSURANCE

This is an application for Claims Made and Reported Coverage.
Coverage may have defense costs within the limits.

- 1. Applicant Name _____
- 2. Address _____
- 3. City _____ State _____ County _____ Zip Code _____
- 4. Telephone and Fax _____ / _____ E-Mail _____
Years in operation _____
- 5. Current Number of employees: full-time: _____ part-time: _____ temporary: _____ volunteers: _____ leased: _____
- 6. Description of business operations: _____

* Please note that third party coverage is not available for healthcare providers, bars, taverns, or other entities that derive more than 25% of revenue from alcohol sales. Third party coverage may also be restricted based on the risk profile of the applicant.

- 7. List all locations by state and include approximate number of employees at each location. (Attach additional sheets if needed.)

- 8. Provide the percentage of employees for the prior 12 months who left:
 - a. Voluntarily (resigned or quit): _____
 - b. Involuntarily (terminated or laid-off): _____
- 9. Indicate the percentage of employees whose salary (including commissions and bonuses) is:
Greater than \$50,000 _____ Greater than \$100,000 _____

- 10. Does the Applicant have the following written policies:
 - A. Anti-Discrimination/EEO Yes No
 - B. Harassment Yes No
 - C. Employment At-Will Yes No
 - D. Employee Leave Yes No
 - E. Employee Acknowledgement Form Yes No
 - F. Handling complaints from third parties for issues involving harassment, discrimination or retaliation Yes No

- 11. Does the Applicant use any tests to screen applicants either for hire or promotion? Yes No If "Yes," please provide details. (Attach additional sheets if needed) _____

- 12. Have you had or do you anticipate any facility closing or layoffs?: Yes No

- 13. Current limit of liability, retroactive date, and deductible
_____/_____/_____

- 14. Requested limit and deductible _____/_____

PAST HISTORY

- 15. Please furnish a list and description of all employment related and third party losses, claims, demand letters, litigation or administrative matters filed with the EEOC or other administrative agency in the past three (3) years. On a separate sheet, please provide: a.) initial date of the matter; b.) a complete description of the matter, including the

type of matter (e.g. harassment, race, sex, age, disability or other); and c.) the amount paid or reserved (including expenses). (Attach additional sheets if needed.) If there were no losses, **please state NONE.**

16. Please provide a description of any facts or circumstances, which may result in employment practices claims being made against the applicant, entity or its agents. If none, state **NONE.** _____ (Attach additional sheets if needed.)

17. **THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HER/HIS KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY IN CONNECTION WITH THIS APPLICATION, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND COMPLETE. THE SUBMISSION OF THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE, OR THE APPLICANT TO PURCHASE, THE INSURANCE. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER, AND ALONG WITH THE APPLICATION, IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF THE POLICY. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ANY ATTACHMENTS IN ISSUING ANY POLICY. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.**

THE UNDESIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTANDS THAT:

- (a) THE POLICY SHALL APPLY ONLY TO COVERED "CLAIMS" MADE AND REPORTED TO THE INSURER DURING THE "POLICY PERIOD" OR TO "CLAIMS" MADE TO THE INSURER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;**
- (b) THE INSURER IS NOT OBLIGATED TO PAY ANY LOSS OR DEFEND ANY CLAIM AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF LOSS.**

GENERAL FRAUD STATEMENT (Not applicable in Colorado and Ohio)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Colorado & Ohio – see notice below.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

SIGNED: _____ DATE: _____

APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPLE, PARTNER OR OFFICER

Print Name/Title