

**NOTICE:** The policy for which you are applying is a claims-made policy. The policy covers only claims first made against the insureds during the policy period or, if elected, the extended reporting period, subject to the policy provisions. Defense costs are applied against the applicable retentions. Defense costs reduce and may exhaust the applicable limits of liability. The insurer is not liable for any loss, which includes defense costs, in excess of the applicable limits of liability.

## Section I – General Information

- a. Name of Applicant: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- c. State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ SIC Code: \_\_\_\_\_
- d. Website Address: \_\_\_\_\_

## Section II – Company Information

- a. Business Type:    Corporation    Partnership    Professional Corporation  
                          Sole Proprietorship    LLC    Other (Specify): \_\_\_\_\_
  - b. Date Applicant established: \_\_\_\_\_
    - 1. Describe nature of Applicant business: \_\_\_\_\_
  - c. Does the Applicant have positive net worth? Yes    No
    - 1. Does the Applicant have sufficient working capital? Yes    No
    - 2. Is the Applicant in bankruptcy or contemplating any form of bankruptcy? Yes    No
  - d. Total Revenues as of current fiscal year end: \$ \_\_\_\_\_
  - e. Total Assets as of current fiscal year end: \$ \_\_\_\_\_
  - f. Total Employees as of current fiscal year end: \_\_\_\_\_
  - g. Has there been any turnover, resignation or termination of any Executive Officers, Directors and/or key employees during the past 2 years, for reasons other than death or retirement? Yes    No  
 If “Yes,” is the company currently in any dispute or disagreement with any such former Executive Officers, Directors and/or key employees? Yes    No
  - h. Is the Applicant or any of its Subsidiaries involved in any franchise agreement, joint ventures, general or limited partnerships? Yes    No
  - i. Has the Applicant in the past eighteen (18) months contemplated, completed or agreed to, or does it contemplate during the next twelve (12) months, any of the following, whether or not such transactions were or will be completed:
    - 1. Reorganization or arrangement with creditors under federal or state law? Yes    No
    - 2. Branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes    No
    - 3. Mergers, acquisitions or divestitures? Yes    No
    - 4. Registration for a public or private offering of securities? Yes    No
    - 5. Issuance of any equity, debt or non-taxable bonds? Yes    No
- If “Yes” to any part of questions from e, f, or g above, please attach the complete details.
- j. Please list all Subsidiaries (Attach separate sheet if necessary.)

Name	Nature of Business	Percentage Owned	State/Country
		%	
		%	
		%	
		%	

**Section III – Employee Information**

Please list the total number of locations by state or country (including \*subsidiaries intended to be included in this application) and total number of employees, broken down by:

- (FT) Full-Time employees
- (PT) Part-Time employees working less than thirty-two (32) hours per week
- (L) Leased employees
- (T) Temporary employees and seasonal employees
- (IC) Independent Contractors working full-time under a written contract or agreement

Current Year:						
State or County	Number of Locations by State or County	Number of Employees				
		FT	PT	L	T	IC
<b>Totals</b>						

Prior Year:						
State or County	Number of Locations by State or County	Number of Employees				
		FT	PT	L	T	IC
<b>Totals</b>						

- a. Please list total number of employees that are union versus non-union: union: \_\_\_\_\_ non-union: \_\_\_\_\_
- b. Please list the total number of current Full-Time employees by their total cash compensation (salary + bonus):

Salary Range	Number of Employees	Percent of Total
\$100,000 per year or less		
Over \$100,000 per year		

- c. Number of terminations within the past twelve (12) months:
  - 1. Involuntary terminations: \_\_\_\_\_
  - 2. Voluntary terminations: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| d. Have there been any mergers or acquisitions in the last twelve (12) months?   | Yes | No |
| If "Yes," were any employees or officers terminated?   | Yes | No |
| If "Yes," how many employees? _____ Date terminated: _____   |     |    |
| How many officers? _____ Date terminated: _____  |     |    |
| e. Have any offices or locations closed in the past twelve (12) months or are there plans to close any offices or locations in the next twelve (12) months?  | Yes | No |
| f. Have there been any layoffs of ten percent (10%) or more of the total employee count in the last twelve (12) months, or are there plans to lay off ten percent (10%) or more the total employee count within the next twelve (12) months? | Yes | No |
| If "Yes," please explain: _____  |     |    |
| g. Does the Applicant have a written "reduction in-force" policy?  | Yes | No |
| If "No," how will the closings be handled? _____   |     |    |

**Section IV – Human Resources Information**

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|--|-----|----|
| a. Does the Applicant have a Human Resources or Personnel Department?  | Yes | No |
| If "No," who manages the HR function? Please provide complete details. |     |    |

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|---|-----|----|
| b. Does the Applicant have written procedures in place regarding:   |     |    |
| 1. Equal Opportunity Employment   | Yes | No |
| 2. Anti-discrimination  | Yes | No |
| 3. Anti-harassment  | Yes | No |
| 4. Compliance with the ADA  | Yes | No |
| 5. Compliance with the 1991 Civil Rights Act  | Yes | No |
| 6. Employee disciplinary actions  | Yes | No |
| 7. Terminations, layoffs and early retirements  | Yes | No |
| 8. Employee appraisals/review   | Yes | No |
| c. Does the Applicant have a manual of its Human Resources procedures?  | Yes | No |
| If "Yes," has Legal Counsel reviewed the HR manual in the last two (2) years?   | Yes | No |
| d. Does the Applicant have an employee handbook?  | Yes | No |
| If "Yes," is the employment handbook distributed to all employees or maintained on an Intranet location informing employees of their employment rights? | Yes | No |
| If "No" to any of the above, please advise how/if such are addressed.   |     |    |

- |   |     |    |
|---|-----|----|
| e. Is there a formalized process in place for reporting complaints/harassment?                                  | Yes | No |
| If "Yes," are employees advised that this action will not result in a retaliatory action?                       | Yes | No |
| f. Does the Applicant provide formal anti-discrimination and anti-harassment training for all of its employees? | Yes | No |
| g. Are employees required to first resolve all employment practices complaints pursuant to arbitration?         | Yes | No |
| If "Yes", please provide details.   |     |    |

- |   |     |    |
|---|-----|----|
| h. Are employment issues relating to terminations, discrimination, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, outside counsel and/or the Legal Department? | Yes | No |
| If "No," please attach complete details as to how they are handled.   |     |    |

Please provide the following information:

**Employee Handbook**

**EEO-1 Report if the total number of employees is over 100**

**Section V – Optional Third Party Liability Coverage**

- a. Does the Applicant have established policies and procedures:
  - 1. Outlining employee conduct when dealing with third parties, including non-discrimination and non-harassment statements? Yes No
  - 2. For responding to complaints of harassment, discrimination or civil rights violations from third parties? Yes No
- b. Estimate the number of employees with customer/client contact: \_\_\_\_\_
- c. Do your public facilities have proper access for the disabled in compliance with Americans with Disabilities Act (ADA Law)? Yes No
- d. Is the company’s website in compliance with ADA standards? Yes No
- e. Are you, the firm or anyone proposed for this insurance aware of any fact or circumstances or any actual or alleged acts, errors or omissions which are likely to give rise to a claim by a person who is a non-employee? Yes No  
 If “Yes,” please complete a Claims/Circumstance/Administrative Hearings Supplement.  
 It is agreed that if such fact or circumstances or actual or alleged acts, error, or omissions exist whether or not disclosed, any claim arising therefrom is excluded from this proposed coverage.
- f. During the last five (5) years, have you, the firm or anyone proposed for this insurance, been the subject of claims by a non-employee for discrimination or sexual harassment? Yes No  
 If “Yes,” please complete a Claims/Circumstance/Administrative Hearings Supplement.  
 It is agreed that any claim arising from any fact or circumstances as disclosed is excluded from this proposed coverage.

**Section VI – Current Insurance Information and Coverage Election**

- a. Does the Applicant currently carry EPL Coverage? Yes No  
 If “Yes,” please provide the following:  
 Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_  
 Premium: \_\_\_\_\_ Deductible/Retention: \$ \_\_\_\_\_  
 Current Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Continuity Date: \_\_\_\_\_  
 Prior Acts/Retroactive Date: \_\_\_\_\_  
 Prior & Pending Litigation Date: \_\_\_\_\_
- b. Has prior coverage ever been cancelled or not renewed, other than being nonrenewal due to the carrier no longer offering that particular coverage? (not Applicable to Missouri applicants) Yes No  
 If “Yes,” please explain the reason for nonrenewal or cancellation:

**Section VII – Claims History**

- a. During the past five (5) years, has the Applicant, any Subsidiary or any person proposed for coverage been involved in any capacity in any of the following matters?
  - 1. EEOC, NLRB or other similar administrative proceedings? Yes No
  - 2. Employment-related civil suit incidents or regulatory complaints? Yes No
  - 3. Discrimination or harassment of a customer or other non-employee? Yes No
 If “Yes” to any of the above, please attach full details.

b. Are you, the Applicant or anyone proposed for this insurance aware of any complaints, charges, inquiries, investigations, grievances or other administrative hearings in the last five (5) years or currently before any of the following agencies and/or under any of the following acts?

- |   |     |    |
|---|-----|----|
| 1. National Labor Relations Board   | Yes | No |
| 2. Equal Employment Opportunity Commission  | Yes | No |
| 3. Federal Labor Standards Act  | Yes | No |
| 4. Fair Labor Standards Enforcement Act   | Yes | No |
| 5. Title VII of the Civil Rights Act of 1964  | Yes | No |
| 6. Civil Rights Act of 1991   | Yes | No |
| 7. Age Discrimination in Employment Act   | Yes | No |
| 8. Americans With Disabilities Act (ADA)  | Yes | No |
| 9. U.S. Department of Labor   | Yes | No |
| 10. Immigration Reform & Control Act of 1986 (IRCA)   | Yes | No |
| 11. Any state or local government agency such as the Labor Department or Fair Employment Agency | Yes | No |

If "Yes" to any of questions 7a or 7b above, please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.

**Section VIII – Prior Knowledge (Renewal Applicants need not answer)**

Does the Applicant or any individual or entity proposed for coverage have any knowledge of or information about any fact, circumstance, situation, transaction, event, act, error, omission, misstatement, misleading statement, neglect, breach of duty or other matter which could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance?

Yes No

If yes, please provide details:

**NOTE:** Without prejudice to any other rights or remedies of the insurer, it is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way relating to such fact, circumstance, situation, transaction, event, act, error, omission, misstatement, misleading statement neglect, breach of duty or other matter of which there is knowledge or information shall be excluded from coverage under the insurance being applied for.

## FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

This application must be signed by the Chairman of the Board, Chief Executive Officer or the President of the company acting as the authorized representative of the persons and entities proposed for this insurance.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Declarations and Signatures**

The signatory, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and any attachments or information submitted with this application (together referred to as the "application") are true and complete.

The information in this application is material to the risk accepted by the underwriter. If a policy is issued, it will be in reliance by the underwriter upon the application, and the application will be the basis of the contract.

The information contained in and submitted with this application is on file with the underwriter and, along with the application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

The underwriter is authorized to make any inquiry in connection with this application. The underwriter's acceptance of this application or the making of any subsequent inquiry does not bind the applicant or the underwriter to complete the insurance or issue a policy.

The information provided in this application is for underwriting purposes only and does not constitute notice to the underwriter under any policy of a claim or potential claim.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify the underwriter, and the underwriter may modify or withdraw any quotation or agreement to bind insurance.