

EMPLOYMENT PRACTICES INSURANCE APPLICATION
INCLUDING THIRD PARTY COVERAGE

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE POLICY

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Application must be dated and have two signatures.
3. Please use BLOCK CAPITALS.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. GENERAL INFORMATION

A. Name and address of applicant:.....
.....
.....

When you purchase your coverage with **First City/Beazley, you will be provided with toll-free and on-line access to Employment Law Attorneys who will answer your specific questions. You will be given access to a wealth of information on-line as well as receiving monthly updates, which will all help to keep you aware and informed before a potential claim occurs. This service is provided at no additional cost to you.**

Within a week of purchasing this product, you will be contacted in order to explain how to use this exciting new service.

Please provide the names of the people to contact:

Contact 1:

Name: Title:
Phone Number: Fax Number:
E-mail Address:
Address if different from that given in Question I.A.

Contact 2:

Name: Title:
Phone Number: Fax Number:
E-mail Address:
Address if different from that given in Question I.A.

- B. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (*Please specify*)
-

C. Describe nature of business:

.....

D. Insured's website address:

E. How long has the company been in business? Years

F. How long has the company been under current management? Years

G. Limits requested: From \$1,000,000/\$1,000,000 aggregate to \$5,000,000/\$5,000,000 aggregate

.....

H. Deductible requested: \$ (Minimum US \$5,000)

I. Effective date requested:

J. Have you acquired any companies in the past two (2) years? Yes No

K. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes No

If so, how many?

(If you have answered YES to either K or L above, please provide details on a separate sheet)

L. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60-day period within the next eighteen (18) months? Yes No

(If YES, please provide details on separate sheet)

M. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage?

Yes No

<u>Year</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
.....
.....
.....
.....

N. Has any insurer ever canceled or non-renewed this type of coverage? Yes No

(If YES, please provide details on separate sheet)

II. EMPLOYEES

A. Locations by State or Country and current number of employees for each (attach schedule if necessary)

State/ Country	No. of Locations	Full Time Employees	Part Time Employees	Seasonal/Temps Employees	Independent Contractors	Total Employees
.....
.....
.....
.....

❖ If temps are used please provide annual billable hours

B.	Salary ranges <i>(including bonuses and commissions)</i>	Number of full time employees	Number of part time employees
	\$20,000 or less:	.....	.....
	\$20,001 to \$50,000	.....	.....
	\$50,001 to \$100,000	.....	.....
	\$100,001 to \$200,000	.....	.....
	\$200,001 and over	.....	.....

- C. In the last 12 months how many officers have left your employ?
- Of the above: how many left voluntarily?
- How many were terminated?
- D. In the last 12 months how many other employees have left your employ?
- Of the above: how many left voluntarily?
- How many were terminated?

III. FINANCIAL SECTION

- A. Please answer the following four (4) questions, including any subsidiaries, for the most recent fiscal year end:
- i) What are the Applicant's current assets/current liabilities? \$ _____ / \$ _____
- ii) What are the Applicant's total assets/total liabilities? \$ _____ / \$ _____
- iii) What are the Applicant's total gross revenues? \$ _____
- iv) Does the Applicant currently have: Net Income or
Net Loss
Amount \$ _____
- v) Does the Applicant currently have: Positive Cash-flow or
Negative Cash-flow
Amount \$ _____
- B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No

(If Yes, please provide details on a separate sheet)

IV. LOSS HISTORY

- A. Furnish loss history (5 years) for all wrongful termination, discrimination and harassment claims – please include any complaints alleging discrimination and/or harassment from a person who is a non-employee:
- None See attached
- Total number of claims in the last 5 years

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?

Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;*
- ii) Threatening to hire an attorney;*
- iii) Asking for a severance package in excess of what is being offered;*
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or*
- v) Frequent complaining of discrimination, harassment or unfair treatment.*

C. Has the applicant been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency?

Yes No

(If you answer YES, please provide details on a separate sheet)

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section IV will be excluded from coverage

V. THIRD PARTY SECTION

A. Does the applicant have written procedures for handling complaints of discrimination and/or harassment from a Person who is a non-Employee?

Yes No

If Yes, are **all** complaints recorded?

Yes No

(If No, please provide an explanation on a separate sheet)

B. Does the applicant's public facilities have proper access for the disabled in compliance with A.D.A. Law?

Yes No

(If No, please provide an explanation on a separate sheet)

VI. HUMAN RESOURCES

- A. Does the Applicant have written employment agreements with **all** officers? Yes No
- B. Does the Applicant establish at-will employment relationships with **all** employees without a written employment agreement? Yes No
- C. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? Yes No
- If YES, who has attended?
- If YES, who conducts?
- If NO, is applicant willing to implement such training? Yes No
- D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? Yes No
- If NO, is the Applicant willing to do so? Yes No
- E. Does the Applicant have a Human Resources or Personnel Department? Yes No
- If NO, who handles this function
- F. Does the Applicant publish an employment handbook? Yes No
- If NO, is applicant willing to do so? Yes No
- If YES, does the Applicant distribute it to all employees? Yes No
- If YES, do employees sign for receipt/acceptance? Yes No
- G. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
- H. Has the Applicant implemented anti-sexual harassment policies/procedures? Yes No
- I. Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees? Yes No
- If so, what kind and are they performed in-house or by a third party?
-
- J. Does the Applicant require all terminations to be reviewed by:
It's Human Resources Department? Yes No
Or its Legal Department? Yes No
Or outside counsel? Yes No
If NO, is applicant willing to do so? Yes No

K. Does the Applicant maintain a personnel file for each employee? Yes No

L. Does the Applicant have any written grievance or complaint procedures? Yes No
If NO, is applicant willing to implement such procedures? Yes No

M. Does the Applicant regularly consult with a labor relations counsel? Yes No

If YES, who is your labor relations counsel?

How is this person/firm utilized?

VII. OTHER MATERIAL FACTS – IT IS IMPORTANT THAT THIS QUESTION IS ANSWERED

Please declare any Material Facts on a separate sheet; None See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of the Proposed Insured’s further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title
.....	_____

Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2 nd Authorized Person	Title
.....	_____

Please ensure that additional information is attached where applicable.