

5Star Specialty Programs

A Division of Crump Insurance Services, Inc.



EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED 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 (2) signatures.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of Applicant:
(attach a list of all subsidiaries to be covered under this proposal)

City _____ State _____ Zip _____

Web Page Address: www. _____

B. Person to contact:

Name _____

Title _____

Phone _____ e-mail: _____

- C. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (Please specify) _____

D. Describe nature of business: _____

	<u>Gross Sales or Receipts</u>	<u>For year ended: mm/dd/yy</u>
Past Financial year:	\$ _____	_____/_____/_____
Current Financial years:	\$ _____ Est.	_____/_____/_____
Next Financial year:	\$ _____ Est.	_____/_____/_____

- F. How long has the company been in business? _____ Years
- G. How long has the company been under current management? _____ Years
- H. Limits requested: From \$500,000 / \$500,000 aggregate to \$2,000,000 / \$2,000,000 aggregate:

I. Deductible requested: \$ _____ (Minimum varies on size of company)

J. Effective date requested: _____

- K. Have you acquired any companies in the past two (2) years? Yes No
- L. 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? If so, how many? _____ Yes No
(If you have answered YES to either K or L above, please provide details on a separate sheet)
- M. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 10% 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)
- N. 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>
_____	_____	_____	_____	_____	_____

O. Has any insurer ever canceled or non-renewed this type of coverage? Yes No
(If YES, please provide details on a separate sheet)

II. Loss History

A. Furnish loss/claim history (5 years) for all wrongful termination, unfair employment practices, discrimination and harassment (sexual or non-sexual) Claims/Incidents, including any legal expenses and damages/settlement amounts:
 None See Attached Supplemental Claim/Incident Form

Total Number of claims in the past 5 years: _____

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

B. Has any Management or Supervising Employee knowledge of any circumstances 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, grievances 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 (by signing this application) that any claims or incidents reported in, or that should have been reported in Section II will be excluded from coverage.

III. Employees

A. Number of employees:	Full Time: _____	Part Time: _____
B. Salary ranges (<i>including bonuses and commissions</i>):	Number of full time employees	Number of part time employees
\$50,000 or less;	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 and over	_____	_____
C. Does the Applicant use seasonal employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, when and how many?	_____	
Do you use an Agency?	_____	
Which one?	_____	
Are these employees included in A and B above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. In the last 12 months, how many <u>officers</u> have left your employ?	_____	
Of the above: how many left voluntarily?	_____	
how many were terminated?	_____	
E. In the last 12 months, how many <u>other employees</u> have left your employ?	_____	
Of the above: how many left voluntarily?	_____	
how many were terminated?	_____	

IV. 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 : its 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 relation's counsel? Yes No

If YES, who is your labor relation's counsel? _____

How is this person / firm utilized? _____

V. Other Material Facts

A. 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 Insureds 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. In addition, should coverage be accepted by both the applicant and Underwriters, it is agreed and understood that a \$100 policy fee will be added to the premium of the Policy.

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 2nd Authorized Person _____ Title

Please ensure that additional information is attached where applicable.

EMPLOYMENT PRACTICES LIABILITY INSURANCE
SUPPLEMENTAL CLAIM / INSURED EVENT / INCIDENT FORM

The form is to be completed if any question in the Loss History section of the Application is answered "yes" or "see attached". Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed application along with any explanations. No full Quotation can be given without this complete information.

1. Name of Applicant: _____

2. Name of individual(s) employed by Applicant charged by employee/non-employee in claim/incident:
Defendant(s): _____ Title: _____
Defendant(s): _____ Title: _____

3. Name of claimant making complaint/allegations in incident (Plaintiff):

4. Date of alleged incident / Insured Event: _____

5. Date Applicant became aware of alleged incident / Insured Event: _____

7. Name of Insurer claim reported to (if any):

8. Are you represented by an attorney? _____ If yes, name of attorney and firm:

9. Present status of claim/incident: _____ Pending _____ Closed _____ In
suit

10. **If Closed**, total Damages paid: \$ _____ Total Expenses paid: \$ _____

11. **If EEOC/State Agency filing:**
 - a. Has right to sue letter been issued? _____ Date: _____
Date right to sue expires (or did expire)? _____
 - b. Has determination of fault been decided? _____
What was determination? _____
If employee has a right to sue, what date does (did) this expire?

12. **If Pending**, is employee demanding a settlement amount? _____ How much?
\$ _____
Has employer offered a settlement amount? _____ How much? \$ _____
Insurer's Loss Reserve (if Insurance Co. involved): \$ _____
Legal Expenses to date: \$ _____

13. Detailed description of employee's complaint and Applicant's response (attach additional
sheets if necessary):

14. Explain what actions have been taken to prevent an incident like this happening again (attach
additional sheets if necessary): _____

I understand the information submitted here becomes a part of my Application (and a part of the Policy should a policy be issued) and is subject to the same warranty and conditions. The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this form changes between the date of this form and the inception date of the Policy, it will immediately notify us of such change.

* Kentucky Applicants – Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Date	Authorized signature of a principal, partner or officer of the Applicant	Title
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Please ensure that the Applicant has provided any additional information requested in questions **13 & 14**