

5Star Specialty Programs

A Division of Crump Insurance Services, Inc.



EMPLOYMENT PRACTICES INSURANCE APPLICATION FOR LAW FIRMS

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 & signed.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of applicant: _____

CITY STATE ZIP

IF COVERAGE IS DESIRED FOR PREDECESSOR FIRMS, PLEASE NAME ABOVE OR ATTACH.

B. Person to contact: Name _____
Title _____
Phone () - _____

C. Professional Corporation Partnership Other (Please specify) _____

D. Describe nature of Practice: _____

	<u>Gross Fees or Receipts</u>	<u>For year ended: mm/dd/yy</u>
Past financial year:	\$ _____	_____/_____/_____
Current financial year:	\$ _____ 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 \$5,000,000 / \$5,000,000 aggregate:

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

J. Effective date requested: _____

K. Does the applicant anticipate any 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 a separate sheet)

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L. 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>
_____	_____	_____	_____	_____	_____

M. 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 history (5 years) for all wrongful termination, unfair employment practices, discrimination and harassment Claims: None See Attached
 Total Number of claims in the past 5 years: _____

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

B. Has any director, officer, manager, supervisory employee , partner or shareholder 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 SEPARTE 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;*
- v) *Frequent complaining of discrimination, harassment or unfair treatment; or*
- vi) *An associate expressing dissatisfaction that they have not been made a partner/shareholder of the firm..*

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 II will be excluded from coverage

III. Employees

A. Number of lawyers: _____ Number of other employees _____
 (including Partners & Shareholders)

B. Salary ranges (including bonuses and commissions):
 \$20,000 or less; _____
 \$20,001 to \$50,000 _____

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\$50,001 to \$100,000 _____
 \$100,001 and over _____

C. In the last 12 months, how many partners, shareholders, managers or supervisors have left your employ? _____
 Of these how many were terminated? _____

D. In the last 12 months, how many other employees have left your employ? _____
 Of the above how many were terminated? _____

E. How many equity partners or shareholders do you have? Male _____ Female _____

F. How many non-equity partners do you have? Male _____ Female _____
 How many fall within a Federally or State Protected Class - other than sex? _____

G. How many associates with less than 5 yrs service do you have?: Male _____ Female _____
 How many fall within a Federally or State Protected Class - other than sex? _____

H. How many associates with 5 to 7 yrs services do you have? Male _____ Female _____
 How many fall within a Federally or State Protected Class - other than sex? _____

I. How many associates with more than 7 yrs service do you have? Male _____ Female _____
 How many fall within a Federally or State Protected Class - other than sex? _____

IV. Human Resources

A. Does the Applicant establish at-will employment relationships with **all** lawyers without a written employment agreement? Yes No

B. Does the Applicant establish at-will employment relationships with **all** other employees without a written employment agreement? Yes No

C. Have the Applicant's partners, shareholders, managers and 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? _____

D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? 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 YES, does the Applicant distribute it to all lawyers and employees? Yes No
 If YES, do lawyers and all other 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

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H. Has the Applicant implemented anti-sexual harassment policies/procedures?

Yes No

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I. Does the Applicant require all terminations to be reviewed by :
 a Partner or Shareholder? Yes No
 or outside counsel? Yes No

J. Does the Applicant maintain a personnel file for each lawyer/employee? Yes No

K. 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? _____

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.

Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title
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Please ensure that additional information for the following questions is attached where applicable:

Section I: K - Anticipated layoffs.
 M - Canceled/non-renewed coverage.

Section II: A - Claims History for the last 5 years.
 B - Circumstances which could foreseeably give rise to a claim.
 C - E.E.O.C. or other governmental agency charges, inquiries, investigations, etc...

Section V: A - Any additional Material Facts.

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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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