



Employment Practices Liability Insurance Renewal Application

This application is for a Claims Made and Reported policy.

Name: _____ Current Policy Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Web site Address: _____

1. Have there been any changes to the employment handbook or application? ... Yes No No Handbook
If "Yes," please forward a copy of the section(s) changed.

2. Have there been any changes to your policies or procedures? ... Yes No
If "Yes," please advise: _____

3. a. Do you have an employee handbook (or policy statement) that includes an "At-will state-
ment" and is given to your employees? ... Yes No

b. Do you distribute employee handbooks or policy statements regularly on:
(1) Sexual harassment? ... Yes No
(2) Discrimination? ... Yes No
(3) Equal Opportunity Employment? ... Yes No
For (1), (2) and (3) above, do you obtain signed acknowledgment of receipt from each employee? ... Yes No
(Explain any "No" responses on a separate sheet.)

c. Do you have a formal, standardized employment application? ... Yes No
If "Yes," does it have an Employment-at-Will statement? ... Yes No

4. Current number of Independent Contractors: _____ (Do not include independent contractors in
Question 5.)

Do you want coverage for Independent Contractors? ... Yes No
If "Yes": a. Do the Independent Contractors work only for you? ... Yes No
b. Are Independent Contractors under the same direction and control as employees? ... Yes No

5. By state, please list the total number of locations and employees including subsidiaries/affiliates (more than fifty percent [50%] owned by you) for which you want coverage, broken down by Full-Time employees (FT), Part-Time employees* (PT), Temporary employees (T), and Leased employees** (L):

Current Year: _____					
State	Number of Locations by State	Number of Employees			
		FT	PT	T	L
Totals					

* Defined as employees working less than thirty-two (32) hours per week/1,600 per year.

** All Leased employees are to be shown under “(L)” category, whether Part-Time or Temporary.

Salary Ranges	Current Year _____ Number of Employees			Number of Terminations	Past Twelve (12) Months	
	FT	PT	Temp., Seas. and Vol.		Voluntary	Involuntary
	< \$100,000					
\$100,000 or above						

6. Have you recently merged or acquired another entity or plan to within the next twelve (12) months? Yes No

If “Yes,” complete the following:

Name	Location	Nature of Business	Percent of Interest	Date Acquired

7. With respect to acquired companies, did you terminate any employees or officers or plan to within the next twelve (12) months? Yes No

If “Yes,” how many employees? _____ officers? _____

8. Are there any plans to close an office or lay off five percent (5%) or more employees within the next twelve (12) months or did such occur in the last twelve (12) months? Yes No

If “Yes,” please explain: _____

9. If you wish to make any changes to your present limits or deductible, please advise (but note, making this request does not mean the Company has agreed to such request; please see your renewal proposal for actual terms offered): _____

10. a. Is the Applicant in bankruptcy reorganization/liquidation or in the process of filing for bankruptcy reorganization/liquidation? Yes No
 b. Does the Applicant have positive net worth and positive working capital? Yes No

11. THIRD PARTY COVERAGE SECTION (Please respond only if coverage for third party claims is desired.)

Renewal applicants that currently have Third Party Coverage need not answer 11.a. & b.

- a. 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.

- b. During the last five 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.

- c. If you don't already have a written policy in place that states that your employees should not harass or discriminate against non-employees, will you agree to implement one within 180 days? Yes No N/A (written policy is in place)

- d. Do your public facilities have proper access for the disabled in compliance with Americans with Disabilities Act (ADA Law)? Yes No

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

12. WAGE AND HOUR CLAIM EXPENSES SECTION (Please respond only if coverage for Wage and Hour claim expense is desired.)

Renewal applicants that currently have Wage and Hour Claim Expense Coverage need not answer 12.a. & b.

- a. Are you, the firm or anyone proposed for this insurance, aware of any fact or circumstance or any actual or alleged acts, errors or omissions which are likely to give rise to a claim from an alleged violation of or investigation compliance with any wage or hour laws? 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.

- b. Have any losses, lawsuits, administrative proceedings, including audits, investigations or reviews by any government agency, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the last five years alleging violation of or investigating compliance with any wage or hour law? Yes No

If "Yes," please complete the Claim/Circumstance/Administrative Hearing Supplement for each incident.

It is agreed that any claim arising from any fact or circumstances as disclosed is excluded from this proposed coverage.

- c. Does the Applicant retain payroll records for the last four years? Yes No

- d. Has the Applicant changed the status of any non-exempt job category to exempt in the last four years? Yes No

If "Yes," please provide details.

- e. Has the Applicant had a review, either internally or using outside attorneys or other advisory providers, to determine whether or not the company's wage and hour and exempt/nonexempt practices are in compliance with state and federal laws? Yes No

If "Yes," how frequent are the reviews? _____

Were you found to be in compliance? Yes No

If "No," please explain: _____

If you have not had a review, will you agree to do so within one hundred eighty (180) days of binding coverage?..... Yes No

13. IMMIGRATION CLAIM EXPENSES SECTION (Please respond only if coverage for immigration claim expense is desired.)

Renewal applicants that currently have Immigration Claim Expenses Coverage need not answer 13.a. & b.

- a. 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 for violation of the Immigration Reform & Control Act of 1986 (IRCA)? 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.

- b. During the last five years, have you, the firm or anyone proposed for this insurance, been the subject of any criminal investigation by any governmental agency for actually or allegedly hiring undocumented workers or any investigation for violation of the Immigration Reform & Control Act of 1986 (IRCA)? 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.

- c. Do you complete a Form I-9, Employment Eligibility Verification form for each new employee? Yes No
- d. Do you conduct background checks on each new employee? Yes No
- e. Is E-Verify required in your state and, if so, do you electronically verify employment eligibility of each new hire using E-Verify?..... Yes No

IF "NO" TO 13.c., d. or e. ABOVE, PLEASE PROVIDE AN EXPLANATION BELOW (ATTACH A SEPARATE SHEET IF NECESSARY): _____

- 14. On claims previously reported to other carriers in the last three years, have there been any changes to reserved or paid amounts? Yes No

If "Yes," please complete the Claim/Circumstance/Administrative Hearings Supplement.

15. Are you, or anyone covered by this policy:

- a. aware of any lawsuit or complaint with a judicial body or EEOC (or other authority) that has not yet been reported as a claim? Yes No
- b. aware of having received a written demand or threat from an employee or third party (if applicable) that has not yet been reported as a claim? Yes No
- c. aware of any notice of an ongoing investigation/inquiry from any legal authority or internal investigation/inquiry that has not yet been reported as a claim? Yes No

If "Yes," please complete the Claim/Circumstance/Administrative Hearings Supplement.

Please note known circumstances should be reported to the appropriate Insurer.

Note: Please recheck all answers and sign below. Coverage cannot be bound without a signature or if this application is incomplete.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of a policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy. The answers given to all questions in this application are complete and correct to the best of Applicant's knowledge. The Applicant also agrees that they shall notify the Insurer in the event a claim is made after the submission of this renewal application but before the renewal date (or inception date if later than the renewal date). If such a claim is made, Underwriters reserve the right to alter or withdraw any quotation offered, and to rescind any binding of coverage until such time that they can review such claim.

FRAUD WARNING: 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 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 subjects such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont applicants).

FRAUD WARNING (Applicable in Tennessee, Virginia 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO COLORADO APPLICATIONS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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 and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 and may be subject to fines and confinement in prison.

WARNING FOR DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

