



Brit EPL Defender

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE AND, IF PURCHASED, THIRD-PARTY COVERAGE

Please Note:

- This Application is for a Claims First Made Policy which includes Defense Costs within the Coverage Limits.
- This Application, as well as all attachments, information and materials submitted directly or indirectly to the Insurers shall be deemed attached to and incorporated into the policy.

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Applications must be dated and have two signatures.
3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.
4. PLEASE CAREFULLY READ THE STATEMENT AT END OF APPLICATION.

I. General Information

A. Name and address of Applicant: _____

B. The Applicant is a:
 Corporation Professional Corporation Partnership Other
(Please specify)

C. Describe nature of the Applicant's business: _____

D. List all locations by city and state (or country, if outside of the United States). Please include approximate number of employees at each location. If necessary, please use a separate sheet.

Locations	No. of Employees
_____	_____
_____	_____
_____	_____
_____	_____



Does the Applicant seek coverage for Subsidiaries (any entity more than 50% owned directly or indirectly by the Applicant)?

If Yes, please identify Subsidiaries by city and state (or country if outside of the United States). Please include approximate number of employees at each location. If necessary, please use a separate sheet.

Name	Locations	No. of Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Application information should include information for each Subsidiary.

- E. How long has the Applicant been in business? _____ Years
- F. How long has the Applicant been under current management? _____ Years
- H. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No
- I. In the past twelve (12) months, has the total number of employees at any Subsidiary decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that the Subsidiary owns or operates? Yes No

If Yes to either of the above (H and I) please complete the Reduction In Force supplement (1).

- J. In the next twelve (12) months, do you anticipate the total number of your employees will decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Yes No
- K. In the next twelve (12) months, do you anticipate the total number of employees at any Subsidiary will decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that the Subsidiary owns or operates? Yes No

If Yes to either of the above (J and K) please complete the Reduction In Force supplement (2).

- L. If, during the next 12 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) Employees, whichever is greater, through the implementation of any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer previously approved by us who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure? Yes No

- M. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees? Yes No

If Yes, please provide full details on a separate sheet.

- N. If you have ever purchased Employment Practices Liability Insurance before, whether specifically or as a part of or addition to coverage please list all prior covers you have obtained for the past three (3) years. If necessary, please use a separate sheet.

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- O. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage? Yes No

If Yes, please provide details on a separate sheet.

- P. If Employment Practices Liability Insurance is provided under your current Commercial General Liability or Directors and Officers Liability coverage please provide the following information:

<u>Type of Coverage</u>	<u>Carrier</u>	<u>Policy No.</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

II. Financial Information

- A. Please answer the following four (4) questions for the Applicant, including its Subsidiaries, for the most recent fiscal year end:

- i) What are the Applicant's total assets? \$ _____
- ii) What are the Applicant's total gross revenues? \$ _____
- iii) Does the Applicant currently have: Net Income or
Net Loss
Amount \$ _____
- iv) 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.

III. Corporate History

- A. Has the Applicant acquired any companies in the past three (3) years? Yes No
- B. Did the purchase include assumption of employment liabilities? Yes No
- C. With respect to acquired companies, were any employees or officers terminated or does the Applicant plan in the next 18 months to terminate any employees or officers? Yes No
- D. Has the Applicant sold any companies in the last three years? Yes No
- E. Does the Applicant anticipate any plant, facility, branch or office closings, consolidations or layoffs within the next 12 months? Yes No
- F. Have there been any plant, facility, branch or office closings, consolidations or layoffs within the past 12 months? Yes No
- G. Does the Applicant anticipate any mergers or acquisitions in the next 12 months? Yes No

If you answered yes to any of the above, please attach details on a separate sheet.

IV. Employees (including Subsidiary employee information on a separate sheet)

A. Number of employees: Full Time: _____ Part Time: _____

B. Salary ranges (including bonuses, part dividends and commissions)	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 or temporary employees? Yes No
 If so, **how many and for how many billable hours?** _____

Are these employees included in A and B above? Yes No

D. Does the Applicant use leased workers? Yes No

If yes, how many have been retained by the Applicant in the past 12 months? _____

E. Does the Applicant lease workers to others? Yes No

If yes, how many have been leased by the Applicant in the past

12 months? _____

Are the employees referenced in C, D and E included in A and B above? Yes No

F. Does the Applicant use independent contractors? Yes No
If Yes, how many work solely for the Applicant? _____

G. How many employees are covered by collective bargaining or other union agreements? _____

H. In the past 12 months, how many officers have left your employ? _____
Of the above, how many were terminated? _____

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

V. Human Resources

A. Does the Applicant have written employment agreements with all officers? Yes No

B. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes No
If Yes, who has attended? _____
If Yes, who conducts the sessions? _____

C. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes No
If Yes, identify the firm and date of last review: _____

D. Does the Applicant have a Human Resources or Personnel Department? Yes No
If No, who handles this function _____

E. Does the Applicant have an employee handbook? Yes No
If Yes, does the Applicant distribute it to all employees? Yes No
If Yes, do all employees sign for its receipt? Yes No
If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes No

F. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No

G. Does the Applicant require all terminations to be reviewed by:
The person in charge of human resources? Yes No
Outside counsel? Yes No

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

VI. Third-Party Information (Please complete if Third Party Coverage is sought)

- A. Estimated number of employees with customer/client contact: _____
- B. Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant? Yes No
(If Yes, please provide details on a separate sheet)
- C. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Yes No
- D. Are there procedures for reporting and dealing with complaints by customers/clients? Yes No
- E. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Yes No

VII. Loss History

- A. Please provide loss history for the last 5 years for all wrongful termination, discrimination and sexual harassment claims None See Attached
Total number of Employment Events in the last 5 years _____

Please provide details on a separate sheet if necessary.

- B. Does any director, officer, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim or in any other way suspect that a Claim may be brought for an Employment Event or Third Party Event? Yes No

If yes, please provide details on a separate sheet.

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section VI will be excluded from coverage.

VIII. Other Material Facts & Requested Information

- A. Please declare any other Material Facts on a separate sheet. None See attached
(If there are no other Material Facts, please check "None")

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



B. Please provide copies of the following:

1. Latest annual report (if none, the provide the most recent audited financials)
2. Employee handbook
3. Procedure for handling employee complaints of discrimination and harassment
4. EEO-1 Statements for the last three years

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

The information contained in and submitted with this Application is on file with the Insurers. All such applications, attachments, information and materials are deemed attached to and incorporated into the Policy regardless of whether this material is provided directly or indirectly to the Insurers. The Insurers will have relied on this Application, the attachments, information and materials in issuing any policy.

The Applicant on behalf of all 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, Applicant will immediately notify the Insurers in writing of such change. Signing of this application does not bind the Insurers 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	Signature of Applicant's Authorized Principal or Officer	Title
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Date	Signature of Applicant's Authorized Human Resources Representative	Title
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(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)



Reduction In Force Supplement (1)

A. How many employees were laid off? _____

B. What date(s) did the lay-offs take place? _____

C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes
 No

D. Were severance packages offered to all laid-off employees? Yes No

E. Were signed releases gained from all laid-off employees? Yes No

F. Were exit interviews completed with all laid-off employees? Yes No

G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim? Yes No

H. Please provide available details on the above.



Reduction In Force Supplement (2)

- A. How many employees will be laid off? _____
- B. What date(s) will the lay-off be effective? _____
- C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?
 Yes No
- D. Will severance packages be offered to all laid-off employees? Yes No
- E. Will signed releases be gained from all laid-off employees? Yes No
- F. Will exit interviews be completed with all laid-off employees? Yes No
- G. Please provide available details on the above.