

**INCLUDES THIRD-PARTY DISCRIMINATION COVERAGE****THIS IS AN APPLICATION FORM FOR A CLAIMS 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 signed and dated.
3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

**I. General Information**

A. Name and address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Person to contact: \_\_\_\_\_  
 (name, title, telephone)

C.  Corporation     Professional Corporation     Partnership     Other  
 (Please specify)

N.A.I.C Code or SIC Code (If N.A.I.C Code is Unknown) \_\_\_\_\_

D. Any change in the nature or locations of business operations over the last year? (If Yes, please explain)     Yes     No

E. Does the Applicant seek coverage for Subsidiaries (50% or more owned and wholly controlled by the entity identified in "A" above)? (If Yes, please identify Subsidiaries on a separate sheet and all Application information should include information for each Subsidiary).     Yes     No

F. Any change in management during the last year? (If Yes, please explain)     Yes     No

G. 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? (If Yes, please complete the Reduction In Force supplement (G))     Yes     No

H. In the next twelve (12) months, do you anticipate the total number of your employees to 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? (If Yes, please complete the Reduction In Force supplement (H))     Yes     No

I. 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 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

J. 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)

K. 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)

**II. Financial Information**

A. Please answer the following four (4) questions for the Insured Company, 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 Cashflow  or  
Negative Cashflow   
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. Employees** (including Subsidiary employee information on a separate sheet)

A. Number of employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

B. Salary ranges (including bonuses, 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, when and how many? \_\_\_\_\_  
 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? \_\_\_\_\_  
 Are these employees included in A and B above?  Yes  No
- E. Does the Applicant use independent contractors?  Yes  No  
 If Yes, how many work solely for the Applicant? \_\_\_\_\_
- F. How many employees are covered by collective bargaining or other union agreements? \_\_\_\_\_
- G. In the past 12 months, how many officers have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_
- H. In the past 12 months, how many other employees have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_

**IV. Human Resources**

- A. 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? \_\_\_\_\_
- B. When were the Applicant's employment policies/procedures/handbook last reviewed by labor or employment counsel? \_\_\_\_\_
- C. Please confirm that no changes / amendments have been made to the Insured's Wage & Hour policies / procedures since the Insured completed the Wage & Hour Supplement from the previous years policy? (If applicable)  Yes  No

**V. Third-Party Information**

- A. Estimated number of employees with customer/client contact: \_\_\_\_\_
- B. Has the Applicant conducted staff training on client and customer relations issues such as avoiding discriminatory behavior within the last 12 months?  Yes  No
- C. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)?  Yes  No

**VI. Loss History**

- A. Has the applicant reported all **claims** to underwriters or underwriters' representatives?  Yes  No
  
- B. Has the applicant reported all Wage & Hour **claims** to underwriters or underwriters' representatives?  Yes  No

(If not, Please complete the attached supplement).

**VII. Other Material Facts**

- 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.*

**Please also ensure that any additional information is attached where applicable.**

**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 all proposed Insureds further warrants that if the information supplied on this renewal application changes between the date of this renewal application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this renewal application does not bind Underwriters to offer, nor the Applicant to accept, insurance, but it is agreed that this renewal 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
_____	_____	_____
Date	Signature of Applicant's Authorized Human Resources Representative	Title

**(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)**





**Reduction In Force Supplement (H)**

- 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.