



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

Employment Practices Liability Insurance

This application is for a Claims Made policy.

All questions must be answered. If a question does not apply, indicate "N/A."

GENERAL INFORMATION

1. Name (This is the full legal name of the firm or the parent/holding company): _____

2. a. Address: _____

City: _____ State: _____ Zip Code: _____

b. By purchasing your coverage with Scottsdale Insurance Company, you are entitled to unlimited on-line access with the employment experts at AGOSNET who can help you with management and prevention of workplace risk. Also, a toll-free hotline is available to consult directly with a law firm for questions on methods for managing workplace risk. These services are provided to you free of charge as a courtesy of Scottsdale Insurance Company.

You will be contacted shortly after purchasing your coverage by a risk management expert from AGOSNET and offered a guided tour of their on-line services.

Please provide the Human Resource contact name at your company:

Contact 1:

Name: _____ Title: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

Contact 2:

Name: _____ Title: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

3. Applicant's Web site Address: _____

4. Business Type: [] Corporation [] Partnership [] Professional Corporation [] Sole Proprietorship [] LLC [] Other (specify): _____

5. a. Date Business Established: _____

b. Describe Nature of Business: _____

6. a. Are you in bankruptcy or contemplating any form of bankruptcy? [] Yes [] No

b. Do you have positive net worth? [] Yes [] No

c. Do you have sufficient working capital? [] Yes [] No

7. Identify by name, any subsidiaries/affiliates more than fifty percent (50%) owned by you that you want covered. (Attach a separate sheet if necessary.) Include these employees in Question 12.:

Name:

8. Mergers and Acquisitions:

- a. Have you acquired another entity in the last twelve (12) months? Yes No
- b. Any plans to merge or acquire another entity within the next twelve (12) months? Yes No

If "Yes" to either Question a. or b., complete the following:

Name	Location	Nature of Business	% of Interest	Date Acquired/Established

(1) With respect to these mergers/acquisitions, did you terminate any employees or officers? Yes No

If "Yes," how many employees? _____ Date Terminated: _____
 Officers? _____ Date Terminated: _____

(2) With respect to these mergers/acquisitions, do you plan to terminate any employees or officers within the next twelve (12) months? Yes No

If "Yes," how many employees? _____ Officers? _____

9. Have you:

- a. Closed an office or location in the past twelve (12) months or are there plans to close an office or location in the next twelve (12) months? Yes No
- b. Laid off ten percent (10%) or more of your employees in the last twelve (12) months or are there plans to close an office or lay off ten percent (10%) or more of employees within the next twelve (12) months? Yes No

If "Yes," please explain: _____

Do you have a formal "reduction in-force" policy? Yes No

If "Yes," provide copy.

If "No," how will the closings be handled? _____

10. Have you terminated any senior management personnel in the last twelve (12) months? Yes No

If "Yes," please identify the person involved by name and position, reason for termination and give the date of the termination: _____

EMPLOYEE INFORMATION

11. Current number of Independent Contractors: _____ (Do not include Independent Contractors in Question 12.)

Please note that no coverage is afforded for Independent Contractors unless specifically requested and endorsed to the policy. 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

12. 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: _____						Prior Year: _____					
State	Number of Locations by State	Number of Employees				State	Number of Locations by State	Number of Employees			
		FT	PT	T	L			FT	PT	T	L
Totals						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.

13. How many employees from Question 12. are international employees working on foreign lands? _____

List countries where international employees are located and indicate the number of employees in each country: _____

14. Current number of employees that are union versus non-union: Union: _____ Non-union: _____

15. Breakdown of current Full-Time employees by their total cash compensation (salary + bonus):

Salary Ranges	Number of Employees	Percent of Total
\$100,000 per year or less		
Over \$100,000 per year		

16. How many employees have been terminated in the past three (3) years:

(If there has been no turnover, please indicate "0" in the appropriate box below.)

	Current Year: _____		Prior Year: _____		Third Year: _____	
	Voluntary	Involuntary	Voluntary	Involuntary	Voluntary	Involuntary
Employees						
Officers						

EMPLOYMENT INFORMATION

- 17. Do you have a Personnel/Human Resource Department?** Yes No
- a. If “Yes,” number of staff: _____ To whom does Personnel/HR report? _____
- b. If “No,” explain who is responsible for this function, the person’s human resource qualifications and how long in the position: _____

- c. If there is more than one location, how are human resource policies and procedures implemented and overseen at these locations? _____

- 18. Do you publish and distribute an employee handbook?**..... Yes No
- a. Do you distribute to all employees, policy statements on or does your handbook contain:
- (1) An Anti-Harassment policy including a Sexual Harassment policy?..... Yes No
- (2) Anti-Discrimination policy (EEO)?..... Yes No
- (3) Employment-at-Will Statement? Yes No
- b. Does every employee receive a handbook and sign for receipt?..... Yes No
- c. Is the handbook reviewed at least every three (3) years?..... Yes No
- d. Has it been reviewed by a labor relations attorney?..... Yes No
- 19. Do you have written job descriptions for all full-time, professional employees?** Yes No
- 20. Do you provide a written performance evaluation at least annually for all full-time, professional employees?** Yes No
- 21. Do you have a formal, standardized employment application?**..... Yes No
- a. Does it have an At-Will statement? Yes No
- b. Does it have an Equal Opportunity Employer Statement? Yes No
- 22. Do you have written employee disciplinary procedures?** Yes No
- 23. Do all managers and supervisory personnel receive training in the proper implementation of your personnel policies and procedures?** Yes No
- 24. Do you have written procedures for handling employee grievances or complaints?**..... Yes No
- 25. Are all mandatory state and federal posting requirements met?** Yes No
- 26. Have you reviewed your employment policies, practices and procedures and determined that you are in compliance with the Americans With Disabilities Act?** Not Applicable (Less than 15 Employees) Yes No
- 27. Do you maintain written records of all reviews and disciplinary actions?**..... Yes No
- 28. Do you provide a Sexual Harassment Statement to your employees as follows:**
- a. Statement clearly states who an incident should be reported to (including an alternate if needed)?..... Yes No
- b. Statement advising them that they need to advise management if they are being harassed in any fashion?..... Yes No
- c. If **28.a.** or **28.b.** is answered “No,” do you agree to implement such a procedure(s) within sixty (60) days of binding coverage? Yes No

29. STATE REGULATED SEXUAL HARASSMENT TRAINING (in states where applicable):

- a. Do you have a resource in place which will provide training that complies with your state laws regarding any required Sexual Harassment Training Program? Yes No
- b. Have you identified the jobs within your organization for which training will be provided?..... Yes No
- c. Have you created a tracking system that records each supervisor’s training and alerts you when new training is due? Yes No

30. Are employee terminations reviewed by either Human Resources, Senior Management or outside labor relations counsel? Yes No

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

- 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 (5) 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. Do you have written procedures for handling complaints of discrimination and/or harassment from a person who is a non-employee? Yes No

If “Yes,” are all complaints recorded? Yes No

(If “No,” please provide an explanation on a separate sheet)

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

(If “No,” please provide an explanation on a separate sheet)

32. WAGE & HOUR COVERAGE SECTION (Please respond only if coverage for Wage & Hour claims is desired).

- 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 (5) 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 (4) years? Yes No
- d. Has the Applicant changed the status of any non-exempt job category to exempt in the last four (4) 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 & 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

CLAIMS HISTORY

- 33. Have there been any employment practices claims, incidents or regulatory complaints made against you, any employee or former employee, the firm or anyone proposed for this insurance, in the last five (5) years?** Yes No

If "Yes," how many claims? _____

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

- 34. Are you or anyone proposed for this insurance aware of any circumstances which might give rise to a claim, incident or regulatory complaint?** Yes No

If "Yes," how many incidents? _____

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

- 35. Are you or anyone proposed for this insurance aware of any charges, inquiries, investigations, grievances or other administrative hearings in the last five (5) years or currently before any of the following agencies and/or under any of the following acts?**

National Labor Relations Board..... Yes No

Equal Employment Opportunity Commission Yes No

Federal Labor Standards Act..... Yes No

Fair Labor Standards Enforcement Act Yes No

Title VII of the Civil Rights Act of 1964 Yes No

Civil Rights Act of 1991..... Yes No

Age Discrimination in Employment Act..... Yes No

Americans With Disabilities Act..... Yes No

U.S. Department of Labor..... Yes No

Any state or local government agency such as the Labor Department or Fair Employment Agency..... Yes No

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

INSURANCE INFORMATION

36. WAS PRIOR COVERAGE EVER CANCELLED OR NONRENEWED (OTHER THAN BEING NONRENEWED DUE TO THE CARRIER NO LONGER WRITING EPLI COVERAGE) (Not Applicable to Missouri Applicants)? Yes No

IF "YES," PLEASE EXPLAIN REASON FOR NONRENEWAL OR CANCELLATION.

37. Prior Insurance Coverage? Yes No

If "Yes," Current Policy Period From: _____ / _____ / _____ To: _____ / _____ / _____
MM/DD/YY MM/DD/YY

Limit: _____

Deductible: _____

Carrier: _____

Premium: _____

Prior Acts/Retro Date: _____ / _____ / _____
MM/DD/YY

38. Limits of Liability requested:

\$1,000,000/\$1,000,000 \$500,000/\$500,000 \$250,000/\$250,000 Other: _____

39. Deductible requested:

- \$ 2,500 each claim
- \$ 5,000 each claim
- \$10,000 each claim
- \$15,000 each claim
- \$25,000 each claim
- \$ 2,500 each claim/\$ 2,500 annual aggregate (if eligible)
- \$ 5,000 each claim/\$ 5,000 annual aggregate (if eligible)
- \$ 7,500 each claim/\$ 7,500 annual aggregate (if eligible)
- \$10,000 each claim/\$10,000 annual aggregate (if eligible)

NOTE: THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS OR CIRCUMSTANCES EXIST WHICH MAY REASONABLY GIVE RISE TO A CLAIM UNDER THIS PROPOSED POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE.

SIGNATURE SECTION AND OTHER INFORMATION

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

THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A "CLAIMS MADE AND REPORTED" BASIS.

THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.

THE UNDERSIGNED DECLARES THAT ANY CLAIM, INCIDENT OR CIRCUMSTANCE TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

THE FIRM UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY. THE FIRM ALSO UNDERSTANDS AND AGREES THIS APPLICATION FOR COVERAGE DOES NOT MEAN ANY REQUESTED COVERAGES, LIMITS OR DEDUCTIBLES SHALL BE GRANTED IN FACT; UNDERWRITERS MUST AGREE TO ANY REQUESTS WHETHER IN THE APPLICATION OR OTHERWISE.

THE UNDERSIGNED INDIVIDUAL REPRESENTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THE REPRESENTATION, ON BEHALF OF THE FIRM OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.

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.

FRAUD WARNING (Applicable in Tennessee 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 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 in the third degree.

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.

NEW YORK—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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____ Name of Applicant	
_____ Signature and Title of Principal (must be owner, partner or officer)	_____ Date
_____ Print Name of Principal Signing Above	
_____ Signature of Individual Responsible for Human Resources	_____ Date
_____ Producer's Name	_____ Area Code Phone Number