

## 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 statement" 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
<b>Totals</b>					

\* 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.

**NOTICE TO NEW YORK APPLICANTS:** 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.

\_\_\_\_\_  
Signature and Title of Principal (must be owner, partner or officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual Responsible for Human Resources

\_\_\_\_\_  
Date

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Applicable to New Hampshire Producers Only)**



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
<b>Totals</b>						<b>Totals</b>					

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

**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