

# Application for Employment Practices Liability Coverage Section



RLI Insurance Company  
Peoria, Illinois 61615

## 1. GENERAL INFORMATION

Parent Company \_\_\_\_\_

Address \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date Established \_\_\_\_\_ Yrs. Under Current Mgmt.: \_\_\_\_\_

Nature of Business \_\_\_\_\_

Limits Requested \$ \_\_\_\_\_ Policy Period requested: from \_\_\_\_\_ to \_\_\_\_\_

Officer of the **Parent Company** designated to receive any and all notices from the Insurer or the Insurer's authorized representative(s) concerning this coverage: \_\_\_\_\_

Parent Company is a:  Corporation  Individual Proprietor  Partnership  
 Other (Specify) \_\_\_\_\_

Coverage desired:  duty to defend  non-duty to defend

## 2. EMPLOYEES

Total number of **Employees**: Worldwide \_\_\_\_\_ U.S. \_\_\_\_\_  
California \_\_\_\_\_ Texas \_\_\_\_\_ Michigan \_\_\_\_\_  
Union \_\_\_\_\_ Non-Union \_\_\_\_\_

**Employees (including all locations and all directors and officers):**

Employees on Payroll*	Total Current Number	Total 12 Months Prior	Total 24 Months Prior	Anticipated 12 Months From Now
Full-time				
Part-time				
Temporary Workers				

\* Please include **Employees** of all **Subsidiaries** more than 50% owned, for which coverage is desired

# of full-time **Employees** by length of service: < than 5 years: \_\_\_\_\_; > than 5 years: \_\_\_\_\_;

# of **Employees** terminated or involuntarily laid off in: the past 12 mos.? \_\_\_\_\_; the past 24 mos.? \_\_\_\_\_;

# of **Employees** with total annual compensation greater than \$100,000? \_\_\_\_\_

	<u>Year</u>	<u>Percent Turnover</u>
Annual <b>Employee</b> turnover rate for each of the last 3 years:	_____	_____ %
	_____	_____ %
	_____	_____ %

**Additional Insureds:**

Is coverage desired for Leased Workers and/or Independent Contractors?  Yes  No  
 If Yes, please complete the following table and supply a schedule naming said individuals.

Desired Additional Insureds	Total Current Number	Total 12 Months Prior	Total 24 Months Prior	Anticipated 12 Months From Now
Leased Workers				
Independent Contractors				

If coverage is desired for Leased Workers and/or Independent Contractors, are said individuals subject to the same employment related human resource training/procedures as traditional Employees?  Yes  No  
 If No, please explain.

**3. HUMAN RESOURCES**

Does the Parent Company:

use outside employment counsel for employment advice?  Yes  No  
 If No, please explain how this function is handled.

have a full time human resources manager or department?  Yes  No  
 If No, please explain how this function is handled.

distribute an employee handbook to all employees?  Yes  No  
 If No, please explain.

have a manual of its human resource procedures?  Yes  No  
 If Yes, indicate the date it was last revised \_\_\_\_\_

provide formal training for its supervisors in administering these procedures?  Yes  No

have a written policy against discrimination, including sexual harassment?  Yes  No  
 If Yes, how is it communicated to employees?

have a grievance procedure for dealing with discrimination claims?  Yes  No

use any tests (e.g. psychological, drug, polygraph, etc.) for screening applicants or for continued employment or promotion?  Yes  No  
 If Yes, attach details.

use an employment application for all applicants?  Yes  No  
 If No, please explain.

have a written progressive disciplinary program?  Yes  No

obtain advice from counsel or human resource manager prior to terminating an employee?  Yes  No  
 If No, attach details.

**4. OPERATIONAL CHANGES**

Has the Parent Company, or any of its Subsidiaries:

conducted any branch/facility closings, branch/facilities sales, layoffs and/or staff reductions during the past 24 months?  Yes  No  
 If Yes, attach details.

been involved in any actual or proposed merger, acquisition, tender offer, divestment or purchase and assumption within the past 24 months?  Yes  No  
 If Yes, attach details.

Does the **Parent Company**, or any of its **Subsidiaries**, anticipate:

any branch/facility closings, branch/facility sales, layoffs and/or staff reductions within the next 12 months? **If Yes, attach details.**  Yes  No

any mergers and/or acquisitions, of any type, during the next 12 months? **If Yes, attach details.**  Yes  No

or intend to out-source any of its current activities? **If Yes, attach details.**  Yes  No

#### 5. PAST ACTIVITIES

Has the **Parent Company**, any **Subsidiary**, any director, officer or other proposed **Insured** had any:

EEOC or NLRB charges, state and/or local judgments, demand letters from current or former employees or their attorneys?  Yes  No  
**If Yes, please provide the following information: applicable dates, party(ies) named, damages incurred, legal expenses, current status, a brief description of the circumstances. Also please indicate the valuation date and source of this data.**

Lawsuits, mediations, arbitrations or negotiated settlements with any current or former employee?  Yes  No  
**If Yes, please provide for each, the applicable dates, party(ies) named, jurisdiction, Civil Action or Index Number, legal expenses incurred, current status, and brief description of circumstances.**

*It is agreed that any Claim(s) arising from any facts, circumstances or situations mentioned in the two questions immediately above, are excluded from coverage.*

#### 6. INSURANCE

Do you currently have employment practices liability insurance?  Yes  No  
**If Yes, please provide:**  
Insurer: \_\_\_\_\_, Lmts.: \_\_\_\_\_, Ded.: \_\_\_\_\_, Prem.: \_\_\_\_\_, Exp.: \_\_\_\_\_

Has the **Parent Company**, any **Subsidiary** or any proposed **Insured Person** given written notice under the provisions of any prior or current employment practices liability policy or any similar insurance or endorsement of specific facts or circumstances which might give rise to a **Claim** being made against any **Insured**?  Yes  No  
**If Yes, attach details.**

Have any **Loss** payments been made on behalf of any **Insured** under any employment practices liability policy or similar insurance or endorsement?  Yes  No  
**If Yes, attach details.**

#### 7. PRIOR KNOWLEDGE/REPRESENTATION

**IT IS IMPORTANT THAT YOU FILL IN THE BLANK IN THIS PARAGRAPH.** No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future **Claim** that would fall within the scope of proposed coverage, except  None or \_\_\_\_\_  
**It is agreed that if such facts or circumstances exist, whether or not disclosed, any Claim arising from them is excluded from this proposed coverage.**

**8. ADDITIONAL MATERIALS NEEDED**

As part of this Application, please attach the following (where applicable):

- Employment Application
- Employee Grievance Procedures
- Employee Handbook/Manual
- EEO and Anti-Discrimination Policy Statement
- Anti-Harassment Policy Statement
- EEO-1 Report for Last Calendar Year

**IMPORTANT INFORMATION**

The submitting of this Application does not obligate the Insurer to issue a coverage section. You will be advised if your Application for coverage is accepted.

**FALSE INFORMATION**

Any person who, knowingly and with the intent to defraud any insurance company or other person, files any Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**MATERIAL CHANGE**

Signing this Application does not bind the **Parent Company** or the Insurer. If there is any material change in the answers to the questions prior to the policy inception date the **Parent Company** will notify the Insurer in writing and any outstanding quotation or indication may be modified or withdrawn.

**DECLARATION AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the **Parent Company** or its' directors, officers or **Insured Persons** to effect insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should a Policy be issued and shall be deemed attached to and shall form part of the Policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.

**Application must be signed by the Chairman of the Board, President or the Director of Human Resources.**

Date	(Chairman of the Board , President or the Director of Human Resources) Signature	Title
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# ExecutivePerils

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