



RENEWAL APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

Farmington Casualty Company Hartford, CT 06183

This application is for a claims-made policy which includes defense expense within the limits of coverages. If issued, read your policy carefully.

Table with 4 columns: AGENCY BROKER, CODE, NAME and LICENSE NUMBER, POLICY NUMBER

CONTACT INFORMATION FOR RISK MANAGEMENT SERVICES

The policy for which application is made includes free risk management services. Please provide the name and contact information for the individual responsible for overseeing Human Resource matters for access to the program.

Contact Name: Title: Contact Email: Contact Phone:

GENERAL INFORMATION

- 1. Named Insured: 2a. Address: 2b. City: 2c. County: 2d. State: 2e. Zip: 3a. Person to contact: 3b. Telephone: 4a. Business is: 4b. Business Ownership: 5. Nature of Business: 6a. Number of employees by state: 6b. Number of locations by state: 7. Please attach on a separate sheet a list of subsidiaries.

EMPLOYEES

1. Total number of employees, including directors and officers (all locations): Non-Union: Full-Time Part-Time Temporary Union: Full-Time Part-Time Temporary Leased Employees: Full-Time Part-Time Independent Contractors: Full-Time Part-Time

2. Employee turnover rate for the last year (all locations): %

3. How many employees have been involuntarily terminated in the year (all locations): Full-Time Part-Time

4. Have you had any EEOC or NLRB charges, state and local judgments, and demand letters from current or former employees or their attorneys received by the applicant in the past five years? Include for each the applicable dates, damages incurred, legal expenses, current status, and a brief description of circumstances. Also indicate the valuation date and source of this data.

Yes No If yes, please provide details on a separate sheet.

5. Have you had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee by the applicant for the past five years? Include for each, the applicable dates, jurisdiction, Civil Action or Index Number, legal expenses incurred, current status, and a brief description of circumstances. Also provide the valuation date and source of this data.

Yes No

If yes, please provide details on a separate sheet.

6. Are you aware of any circumstances which might give rise to a claim under this policy?

Yes No

If yes, please provide details on a separate sheet.

HUMAN RESOURCES

- 1. Do you have a written policy addressing both sexual and non-sexual harassment? Yes No
- 2. Do you have written annual evaluations for employees? Yes No
- 3. Do you have a written grievance procedure in place? Yes No
- 4. Do you post, in a conspicuous place, all required notices pertaining to equal employment opportunity laws? Yes No
- 5. Do you have an alternative dispute resolution system? Yes No
- 6. Do all employees receive training in the proper implementation of your human resources policies and procedures? (If yes, please attach a separate sheet providing a brief description of the training and the average number of hours each employee is required to take.) Yes No

BUSINESS PRACTICES

- 1. Are you aware of any facility or branch office closings, reorganization, downsizing or layoffs within the next 12 months? Yes No
- 2. Are you aware of any mergers, acquisitions or consolidations with another entity within the next 12 months? Yes No

If you answered "yes" to question 1 or 2, please provide details on a separate sheet.

HUMAN RESOURCE PROCEDURAL VERIFICATION

By signing this application, the applicant warrants the existence and utilization of the human resource policies and procedures checked below. If a policy is issued, the company has the right to (1) request samples of these materials, and/or (2) perform an on-site audit of the entity's operations. The discovery of any fraud, intentional concealment, or misrepresentation of material fact will result in the immediate termination of the policy. Receipt and review of this application does not bind the underwriter to complete the insurance.

Employment Application Employee Grievance Procedures Supervisory Manuals
 Employee Handbook/Manual (if over 250 employees) EEO and Anti-Harassment Policy Statement

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

ATTENTION: FOR ALL INSURED OTHER THAN THOSE IN VA OR UT
THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ATTENTION: INSURED IN VA AND UT
THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT

TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ATTENTION: INSUREDS IN KY AND FL

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.

ATTENTION: INSUREDS IN NY

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.

Applicant's Authorized Signature: _____
(Owner, President, CEO, Managing or General Partner, or Head of HR)

Applicant's Title: _____

Date: _____

ExecutivePerils

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