

New Business Application

Section 1. General Information

Please type or print clearly

| | | | |
|---|-----------|---------------------|----------|
| Name of Applicant Organization: | | | |
| Mailing Address: | City | State | Zip Code |
| HR Contact Name: | Telephone | Fax | |
| Email Address: | | | |
| Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other_____ | | | |
| Indicate Primary SIC Code: | | Nature of Business: | |
| How long has your organization been in business? _____ years | | | |
| Indicate your organization's annual receipts and payroll for the following financial years: | | | |
| | Receipts | Payroll | |
| (1) Last Financial Year | \$ | \$ | |
| (2) Current Financial Year | \$ | \$ | |
| (3) Next Financial Year | \$ | \$ | |

Section 2. Prior Employment Practices Liability Insurance Coverage

| | | | |
|---|------------------|-----------|----------|
| Do you currently have an Employment Related Practices or Employment Practices Liability Insurance Policy or Coverage in force? | | Yes___ | No_____ |
| If Yes, indicate the insurer: | Expiration date: | Limits \$ | |
| Has an insurer ever canceled or non-renewed this type of insurance? If Yes, explain in the Remarks Section. (Question not applicable to Missouri applicants). | | Yes _____ | No _____ |

Section 3. Loss History (Both questions 1 and 2 must be answered)

| Provide specific claim details for each employment practice claim, lawsuit or incident. | | | | | | |
|---|---------------|-----------------|-------------|---------------|-------------|----------------|
| 1. Furnish first dollar Loss History (3 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach. Note: If <u>no</u> claims, check here: <input type="radio"/> | | | | | | |
| Date of Claim | Claimant Name | Nature of Claim | Defense Amt | Indemnity Amt | Reserve Amt | Current Status |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you? <input type="radio"/> Yes <input type="radio"/> No If YES provide details on a separate sheet. | | | | | | |

Section 4. Corporate History/ Plan (provide details in the Remarks Section for any Yes answers)

| | | |
|---|----------|---------|
| 1. Has your organization acquired any other organizations within the past two (2) years? | Yes_____ | No_____ |
| 2. If Yes, were any of the employees or officers of the acquired organization terminated? | Yes_____ | No_____ |
| 3. If Yes, do you plan in the next eighteen (18) months to terminate any of the employees or officers of the acquired organization? | Yes_____ | No_____ |
| 4. Does your organization anticipate any of the following in the next twelve (12) months? Selling, closing, consolidating or spinning-off any plants, offices, subsidiaries or divisions? | Yes_____ | No_____ |
| 5. Down-sizing, right-sizing, layoffs or any other reduction in number of employees? | Yes_____ | No_____ |
| 6. Acquiring or merging with any other organization? | Yes_____ | No_____ |
| 7. Creation of any new business, subsidiary, division, or location? | Yes_____ | No_____ |
| 8. Increase in the number of "employees" by more than 20%? | Yes_____ | No_____ |

Section 5. Employees

| | |
|--|------------|
| Indicate the total number of workers currently on your payroll below: | |
| Type of Individual (Please do not include independent contractors or leased workers. See below.) | No. |
| Full-time, regular and temporary persons working a standard workweek | |
| Part-time, regular and temporary persons working a standard workweek | |
| Interns | |
| Seasonal Employees | |
| Volunteers | |
| Total | |
| Of the total number of workers, indicate the number who are union members : | |

| | | | | | |
|---|------------------|------------------|----------------|-----------------|-------------------|
| Please provide a breakdown by state of the number of workers for each category | | | | | |
| State | Full-time | Part-time | Interns | Seasonal | Volunteers |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1. Does your organization use leased workers? | | | | Yes_____ | No_____ |
| 2. If yes, would you like to cover them under this policy? | | | | Yes_____ | No_____ |
| 3. If yes, indicate the total number of leased workers to be covered | | | | Total: | |
| 4. Does your organization use independent contractors? | | | | Yes_____ | No_____ |
| 5. If yes, would you like to cover them under this policy? | | | | Yes_____ | No_____ |
| 6. If yes, indicate the total number of independent contractors to be covered: | | | | Total: | |
| Please attach a copy of your employee leasing agreement and or independent contractor agreement | | | | | |

| | |
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| Of the total number of employees indicated above, indicate how many are in each of the following categories. (Do not include leased workers and independent contractors) | |
| Salary and bonus between \$50,000 and \$100,000 | |
| Salary and bonus between \$100,000 and \$250,000 | |
| Salary and bonus in excess of \$250,000 | |

| What is your organization's annual employee turnover for each of the last three (3) years: (Indicate Highest Number of Employees employed at any one time during the year) | | | |
|---|---------|---------|---------|
| Years | 20_____ | 20_____ | 20_____ |
| Number of Employees | | | |
| Involuntary Termination | | | |
| Voluntary Termination (non-retirement) | | | |
| Retired | | | |

Section 6. Human Resources and Corporate Policy

| | | |
|--|-----------------------|---------|
| 1. Do you publish an employment handbook? | Yes_____ | No_____ |
| (a) - Do you distribute it to all employees? | Yes_____ | No_____ |
| (b) - Do you obtain a signed acknowledgment from your employees that they have received it? | Yes_____ | No_____ |
| (c) - Does it contain an at will statement? | Yes_____ | No_____ |
| (d) - When was it last updated? | Year : | |
| 2. Have you adopted and implemented anti-sexual harassment policies and written procedures? | Yes_____ | No_____ |
| 3. Do you have a written employee grievance or complaint procedures? | Yes_____ | No_____ |
| 4. Do you have an EEOC Statement or have you adopted and implemented anti-discrimination policies and developed written procedures? | Yes_____ | No_____ |
| 5. Do your managers and supervisors attend training, education program or seminars on employer-employee relations and conflict resolution? | Yes_____ | No_____ |
| 6. If Yes, was such training conducted during the last year? | Yes_____ | No_____ |
| 7. Does your organization have a formal Human Resources/Personnel Department? | Yes_____ | No_____ |
| 8. Are all terminations reviewed by a third party <u>prior</u> to any action being taken? | Yes_____ | No_____ |
| If Yes, by whom? | Check all that apply. | |
| • Owners/upper management/managing partners | | |
| • HR manager or person in charge of HR | | |
| • Outside legal counsel experienced in employment law | | |
| • In-house counsel | | |
| 9. Does your organization have in-house counsel that consults in employment related matters? | Yes_____ | No_____ |
| 10. Does your organization have a labor law firm with which you regularly work? | Yes_____ | No_____ |
| (a) - If Yes, what is the name of the firm? | | |
| (b) - Does this firm periodically review your employment policies and procedures? | Yes_____ | No_____ |
| 11. Do you use an employment application for all job applicants? | Yes_____ | No_____ |
| (a) If Yes, does it contain an "at will" statement? | Yes_____ | No_____ |
| 12. Do you provide a formal training program for all new "employees"? | Yes_____ | No_____ |
| 13. Do you provide all employees with regular, written performance evaluations? | Yes_____ | No_____ |
| - If Yes, are they evaluated at least annually? | Yes_____ | No_____ |
| 13. Do you provide periodic education on illegal discrimination and harassment to your employees? | Yes_____ | No_____ |
| - If Yes, is it provided at least annually? | Yes_____ | No_____ |
| 14. Do you have written job descriptions for each position? | Yes_____ | No_____ |
| 15. Do you have any written arbitration procedures? | Yes_____ | No_____ |

Section 7. Important Notices

1. If the inception date of the policy period is more than thirty (30) days after the date of this application, a signed declaration that statements and information provided in this application have not changed or a new signed and dated application will be required.
2. Employee Handbook, written policy and procedures, and employment application should be available upon request.
3. If you have more than 100 employees attach a copy of your last EEO-1 Report submitted to the Equal Employment Opportunity Commission.
4. If you are signing this application, note the following:

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

Section 8. Applicant's Representations and Signature

1. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
2. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
3. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Applicant's Authorized Signature of a Principal, Partner or Officer.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Producing Broker: _____ License No.: _____

Section 9. REMARKS (Use a separate sheet(s) of paper if necessary)
