



HCC

Employment Practices Liability Insurance Renewal Application

Section A. General Information

1. Name of Insured: If there are other entities for which coverage under this Policy is requested, please provide their name(s) prior to binding coverage and complete the Additional Insured/Location schedule.	
2. Address of Named Insured (physical address required, no P.O. Box):	
3. Federal Tax Classification: C Corp___ S Corp___ Partnership___ LLC (C Corp)___ LLC (S Corp)___ Partnership___ Other:	4. Years in Operation:
5. Nature of Business:	6. Website:
7. Contact Name:	8. Telephone:
9. Fax:	10. Email Address:
11. Is your company a franchise? ___Yes ___No	11a. If yes, please provide the name of the franchise:
12. Total Number of Employees: a. Full Time:___ Part Time:___ Seasonal:___ Temporary:___ Union Full Time:___ Union Part Time:___	
Please do not include independent contractors or leased workers in the above employee counts. See below	
13. Does your organization use Independent Contractors?	___Yes ___No
a. If you are seeking coverage for Independent Contractors, please indicate the total number:	_____
14. Does your organization use Leased Workers?	___Yes ___No
If you are seeking coverage for Leased Workers, please indicate the total number and provide the name of the Leasing Firm:	
a. Number of Leased Workers: _____	b. Name of Leasing Firm: _____
15. Indicate the number of employees whose annual income is greater than \$100,000: _____	
16. Total Number of Locations: _____ (If more than one, you must fully complete the Additional Insured/Location schedule)	
17. Provide the turnover rate (%) for the past three years: _____ 20 20 20	
18. If applicable, how many involuntary terminations within the past 12 months?	_____
a. Of those, how many individuals were senior managements, officers/directors or partners?	_____
19. If applicable, how many resignations of senior management/ officer/ partner within the past 12 months?	_____
20. Do you anticipate any work force reduction or lay-offs within the next 12 months?	___Yes ___No

Section B. Human Resources

1. Does your company have a Human Resources or Personnel Department?	___Yes ___No
2. Do you train all your managers and supervisors on HR related issues, including prohibited harassment and discrimination?	___Yes ___No
3. Have you adopted and implemented anti-sexual harassment policies and written procedures?	___Yes ___No
4. Do you have an EEO Statement or have you adopted and implemented anti-discrimination policies and developed written procedures?	___Yes ___No
5. Does your company have an Employee Handbook?	___Yes ___No

Section C. Acquisitions/ Mergers/ Closures

1. Have you acquired another entity or organization, or have you had any other organizational or structural changes during the past 12 months?	___Yes ___No
a. If yes, did you terminate any employees or officers?	___Yes ___No
2. Are there any plans to merge with or acquire any entities or organizations, or are there any plans for organizational or structural changes within the next 12 months?	___Yes ___No
a. If yes, do you plan to terminate any employees or officers?	___Yes ___No

Section D. Third Party Discrimination & Sexual Harassment Coverage

1. Do you have written procedures for handling complaints of discrimination and sexual harassment from a person other than an employee?	___Yes ___No
2. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) of 1990 and the Americans With Disabilities Act Accessibility Guidelines (ADAAG)(collectively "ADA")?	___Yes ___No
a. If yes, do you anticipate that your facilities will be in compliance with ADA for the next twelve (12) months?	___Yes ___No

Section F. Representations and Important Notices

The undersigned, acting on behalf of all Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- Any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any Insureds shall be imputed to any other Insureds. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons and the Insured Entity;
- This Application has been completed as respects the entire Insured Entity;
- The signing of this Application does not bind the undersigned to purchase the insurance.

Applicant's Authorized Signature of the President, Chief Executive Office, or equivalent position

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Producing Broker: _____ **License No.:** _____

APPLICABLE TO NEW YORK:

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.

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, NY, OH, OK, OR, VT or WA – for those states see their statements below.) (In LA, ME, TN, and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO:

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

WARNING: 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.

APPLICABLE IN FLORIDA:

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.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

WARNING: 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.

APPLICABLE IN 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.

APPLICABLE IN MARYLAND:

Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

EMPLOYMENT PRACTICES LIABILITY INSURANCE

LOCATION AND EMPLOYEE INFORMATION SCHEDULE

INSTRUCTIONS:

List all locations to be covered by the policy for which you are applying. Please note all entities must have a majority ownership of 50%+ by the Named Insured

	Entity Name	Entity Address	Nature of Business	Employees	
				Full Time	Part Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			Totals		

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.