

# 5Star Specialty Programs

A Division of Crump Insurance Services, Inc.



## EMPLOYMENT PRACTICES INSURANCE RENEWAL APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

### I. General Information

A. Name and address of Applicant: \_\_\_\_\_  
(attach a list of all subsidiaries to  
be covered under this proposal) \_\_\_\_\_

B.  Sole Proprietor       Corporation       Partnership  
 Joint Venture       Franchise       Other *(Please specify)* \_\_\_\_\_

C. Describe any change in the nature of business over the last year: \_\_\_\_\_  
\_\_\_\_\_

D. 

	<u>Gross Sales or Receipts</u>	<u>For year ended: mm/dd/yy</u>
Past Financial year:	\$ _____	_____/_____/_____
Current Financial years:	\$ _____ Est.	_____/_____/_____
Next Financial year:	\$ _____ Est.	_____/_____/_____

E. Describe any change in management over the last year: \_\_\_\_\_

F. Have you acquired any companies in the past year?  Yes  No  
*(If you have answered YES to above, please provide details on a separate sheet)*

G. Does the Applicant anticipate any plant, facility, branch or office closings, consolidations,  Yes  No  
or layoffs affecting 20% or more of the employees in any 60 day period within the next  
eighteen (18) months?  
*(If YES, please provide details on separate sheet)*

**II. Loss History**

A. Has the Applicant knowledge of any Claim(s) that have not been reported to Underwriters or Underwriters' Representatives?  Yes  No

**PLEASE PROVIDE A FULL DESCRIPTION OF ANY CLAIM OR CIRCUMSTANCE ON A SEPARATE SHEET.**

**III. Employees**

A. Number of employees: (including Partners & Shareholders – Law Firms) Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

B. Salary ranges (including bonuses and commissions):	Number of full time employees	Number of part time employees
\$50,000 or less;	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 and over	_____	_____

C. Does the Applicant use seasonal employees?  Yes  No

Are these employees included in A and B above?  Yes  No

D. In the last 12 months, how many officers/attorneys have left your employ? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

E. In the last 12 months, how many other employees have left your employ? \_\_\_\_\_  
how many were terminated? \_\_\_\_\_

**IV. Human Resources**

A. Have the Applicant's managers and/or supervisors attended training and education programs/ seminars on sexual harassment within the last 12 months?  Yes  No

If YES, who conducts? \_\_\_\_\_

B. When were the Applicants employment policies/procedures last reviewed by labor relations counsel?

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C. Have there been any amendments to the employment handbook in the last 12 months?  Yes  No  
(If YES, please provide details on separate sheet)

**V. Other Material Facts**

A. Please declare any Material Facts on a separate sheet:  None  See attached

*A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.*

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters 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 and made a part of the Policy should a policy be issued. In addition, should coverage be accepted by both the applicant and Underwriters, it is agreed and understood that a \$100 policy fee will be added to the premium of the Policy.**

\*Kentucky Applicants - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material facts thereto commits a fraudulent insurance act, which is a crime.

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Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title
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Please ensure that additional information is attached where applicable.