

## APPLICATION FOR:

**PRIVATE COMPANY PROTECTION PLUS  
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

**NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

Instructions

Whenever used in this Application the term **Applicant** shall mean the Named Corporation and its wholly-owned/controlled Subsidiaries and their respective Employees.

GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

2a. Telephone: \_\_\_\_\_

2b. Website Address: www. \_\_\_\_\_

3. Standard Industrial Classification (SIC) Code: \_\_\_\_\_

3a. Federal Employer Identification Number (FEIN): \_\_\_\_\_

4. Date established: \_\_\_\_\_ 4a. State of incorporation: \_\_\_\_\_

4b. Form of Incorporation (Inc., Ltd., LLC, etc.): \_\_\_\_\_

\_\_\_\_\_

5. Please describe the nature of the **Applicant's** operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT PRACTICES INFORMATION

6. Employment Practices Liability Insurance has been continuously in force since: \_\_\_\_\_

7. Please provide the following employee count information:

	Currently	One Year Ago
U.S. based employees:		
Total Full Time:	_____	_____
Total Part Time:	_____	_____
Volunteers:	_____	_____
Temporary:	_____	_____
Leased:	_____	_____
Total Non U.S. based employees:	_____	_____
<b>TOTAL SUM OF ABOVE:</b>	_____	_____

Number of employees per the following states:

CA:	_____	_____
FL:	_____	_____
NJ:	_____	_____
NY:	_____	_____
TX:	_____	_____

8. Total number of current employees with annual compensation greater than \$100,000: \_\_\_\_\_

9. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: \_\_\_\_\_ Involuntary: \_\_\_\_\_ Laid Off: \_\_\_\_\_

10. Is any reduction of employees or change of status anticipated or being contemplated in the next year?

Yes  No **If yes, number estimated:** \_\_\_\_\_

11. Does the **Applicant** anticipate any plant, facility, branch, office, or department closing, consolidation, reorganization or layoff within the next twenty-four (24) months?  Yes  No **If yes, please provide details.**

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## 12. Human Resource Policies and Procedures

Does the **Applicant**:

have a standard employment application for all applicants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
have an employment handbook?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
have an "At Will" provision in the employment application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
have a written policy with respect to sexual harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
have a written policy with respect to discrimination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
have written annual evaluations for employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please provide an explanation by attachment for all no answers.**

## 13. Third Party Policies and Procedures

Does the **Applicant**:

a) have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non harassment statements?  Yes  No

b) have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties?  Yes  No

**GENERAL SUMMARY**

(The Applicant must complete this section.)

**14. Current Coverage**

Employment Practices Coverage	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Currently:		\$	\$		\$
Prior Year:		\$	\$		\$

a) With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? (Not Applicable in Missouri) Yes  No  **If yes, provide details by attachment.**

b) With respect to the above coverage, has any Underwriter indicated any intent not to offer renewal terms to the **Applicant**? (Not Applicable in Missouri) Yes  No  **If yes, provide details by attachment.**

15. Has the **Applicant** for this insurance been involved in any of the following?

a) Discriminatory practice violation or litigation.  Yes  No

b) Disciplinary action by any regulatory agency or association, including the EEOC.  Yes  No

**Please provide an explanation by attachment if questions 15a or 15b is answered yes.**

16. Has the **Applicant** given notice of claim or specific facts or circumstances which might give rise to a claim under any prior policies providing similar insurance?  Yes  No **If yes, a Supplemental Claim form is required.**

**Note: This question is required if no previous Employment Practice Liability Insurance exists or a gap in coverage has occurred.**

17. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to presume might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the **Applicant** has applied, except: None  or  as noted below: **Provide an attachment if necessary.**

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**Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations whether or not disclosed in questions 15a, 15b, 16, and 17 above is excluded from the proposed insurance.**

**Material Change**

If there is any material change to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

**False Information**

**WARNING:** 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.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN 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.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** 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 DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

**NOTICE TO OKLAHOMA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO DISTRICT OF COLUMBIA, MAINE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO MARYLAND APPLICANTS:** 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 DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

**NOTICE TO OREGON AND TEXAS APPLICANTS:** ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**Signature**

The Undersigned represents that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance for which application is being made which may render inaccurate, untrue, or incomplete any statement made, will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

_____ Name (Please Print)	_____ Title <b>(Must be signed by the President, Chairman or Chief Executive Officer)</b>
_____ Signature	_____ Date

- a) Copies of the latest versions of the **Applicant's** employee handbook and employment applications
- b) Applicant's latest fiscal year end financial statement (CPA prepared), if the total number of employees exceeds three hundred (300).

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, SHOULD ONE BE ISSUED. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY.

Produced by: (Section to be completed by Agent/Broker)

_____ Agent	_____ Agency
_____ Agency Taxpayer ID or SS Number	_____ Agency License Number
_____ Address (Street, City, State, Zip)	

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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Signature

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Date