



EMPLOYMENT PRACTICES LIABILITY INSURANCE RENEWAL APPLICATION
INCLUDING THIRD PARTY COVERAGE

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

I. GENERAL INFORMATION

A. Name and address of Applicant:

.....

.....

B. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (*please specify*)

.....

C. Describe any change in business over the last year:

.....

D. Describe any change in management over the last year:

.....

E. Have you acquired any companies in the past year? Yes No

(If you have answered YES to E. above, please provide details on a separate sheet)

F. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60-day period within the next eighteen (18) months? Yes No

(If YES, please provide details on a separate sheet)

G. Does the applicant warrant that they will consult with and follow the recommendation of legal counsel experienced in employment law prior to any reorganization, restructuring, reduction in force, change in number of Employees, downsizing operations or closure of one or more plants or places of business operations which results in the termination, or other change in employment terms, within any 60 day period of more than 10% of the total number of Employees measured at the inception of the policy, or twenty (20) Employees, whichever is the greater. Yes No



II. EMPLOYEES

A. Locations by State or Country and current number of employees for each (attached schedule if necessary)

State/ Country	No. of Locations	Full Time Employees	Part Time Employees	Seasonal/ Temporary	Independent Contractors

- If Temps are used please provide annual billable hours

B. Salary ranges (including bonuses and commissions)

	Number of Full Time Employees	Number of Part Time Employees
\$20,000 or less:		
\$20,001 to \$50,000		
\$50,001 to \$100,000		
\$100,001 to \$200,000		
\$200,001 and over		

C. In the last 12 months how many officers have left your employ?

Of the above: how many left voluntarily?

how many were terminated?

D. In the last 12 months how many other employees have left your employ?

Of the above: how many left voluntarily?

how many were terminated?



III. FINANCIAL SECTION

A. Please answer the following questions, including any subsidiaries, for the most recent fiscal year end:

What are the applicant's:

Current assets?	\$	Current liabilities?	\$
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Total assets?	\$	Total liabilities?	\$
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Total Gross Revenues?	\$
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Does the applicant currently have: Net Income or Net Loss Amount \$_____

Does the applicant currently have: Positive Cash Flow or Negative Cash Flow Amount \$_____

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No

IV. THIRD PARTY SECTION - *Please complete the following section if this coverage is required*

A. Does the applicant have written procedures for handling complaints of discrimination and/or harassment from a Person who is a non-Employee? Yes No
If Yes, are **all** complaints recorded? Yes No

(If No, please provide an explanation on a separate sheet)

B. Does the applicant's public facilities have proper access for the disabled in compliance with A.D.A. Law? Yes No

(If No, please provide an explanation on a separate sheet)

WAGE AND HOUR COVERAGE ENHANCEMENT SUPPLEMENTAL APPLICATION

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

INSTRUCTIONS:

- 1) Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.**
- 2) Application must be dated and have an authorized signature.**
- 3) PLEASE READ STATEMENTS AT END OF APPLICATION CAREFULLY.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do any exempt employees receive a salary of less than \$455 per week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do all exempt management personnel, as part of their primary duties: | | |
| a) have direct management control over at least 2 employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) have authority to hire and fire or to make recommendations on hiring and firing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do all exempt administrative personnel, as part of their primary duties, have authority to make some independent decisions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do all exempt outside sales personnel get paid on a commission or partial commission basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do any non-exempt employees get paid less than minimum wage with the expectation that the difference will be made up by, including but not limited to, gratuities, commissions or piece rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are any non-exempt personnel not paid for any time that they are required to be on Applicant's premises (i.e., putting on or removing uniforms or equipment) or traveling at Applicant's direction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do any non-exempt employees receive reduced hours in exchange for working more than 40 hours in one week in lieu of overtime pay? | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
8. If Applicant has independent contractors, do they:		
a) work under the direct supervision and control of applicants' employees?	<input type="checkbox"/>	<input type="checkbox"/>
b) use equipment or tools supplied by Applicant?		
c) receive company benefits?	<input type="checkbox"/>	<input type="checkbox"/>
d) wear company uniform?	<input type="checkbox"/>	<input type="checkbox"/>
e) have a mandate to attend company meetings?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
9. Does Applicant contract with an outside company for services to be performed on Applicant's premises by that company's employees?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a written indemnity agreement holding Applicant harmless for any wage and hour violations?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does Applicant audit or review its wage and hour practices to ensure compliance with state and federal laws?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how often? _____		
11. Does Applicant retain payroll records for the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does Applicant track the number of hours of salaried employees for payroll purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Applicant changed the status of any non-exempt job category to exempt in the last 4 years? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
13. For any non-exempt employees that are required to be on-call or stand-by to the extent that they are restricted from doing their normal activities (ie, must stay within a 3 mile radius from work) are they compensated for this time?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have any losses, lawsuits, administrative proceedings, including audits or reviews by the Department of Labor or similar state agencies, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the last five (5) years alleging violation of any Wage and Hour Law?	<input type="checkbox"/>	<input type="checkbox"/>

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, and we may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. 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.

_____	_____	_____
Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
_____	_____	_____
Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title