

Application
FINANCIAL LINES EMPLOYMENT PRACTICES LIABILITY

FL- 024 EPL



NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS. IF ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE.
2. ATTACH A SEPARATE PIECE OF PAPER AS NECESSARY.
3. APPLICATION MUST BE SIGNED AND DATED BY THE OWNER, PARTNER, OR OFFICER AND A HUMAN RESOURCE OR PERSONNEL OFFICER.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. GENERAL INFORMATION

A. NAME AND ADDRESS OF APPLICANT:
B. PERSON TO CONTACT: (NAME):
(TITLE): (PHONE NUMBER):
C. BUSINESS: [] CORPORATION: [] PARTNERSHIP [] INDIVIDUAL PROPRIETOR [] OTHER (SPECIFY)
D. DESCRIBE NATURE OF BUSINESS:
E. PRINCIPAL PRODUCTS/SERVICES:
F. (1) NUMBER OF LOCATIONS:
(2) LIST THE FIVE STATES WITH GREATEST NUMBER OF EMPLOYEES (LARGEST TO SMALLEST):
1 -
2 -
3 -
4 -
5 -
(3) ARE THERE ANY FOREIGN OPERATIONS? YES [] NO []

G. COVERAGE DESIRED (IF DIFFERENT FROM EXPIRING):
LIMIT OF LIABILITY: DEDUCTIBLE:
H. HAS ANY INSURER EVER CANCELED OR NON-RENEWED THIS TYPE OF COVERAGE? YES [] NO []
If " yes", please explain on a separate piece of paper.

II. LOSS HISTORY

A. FURNISH FIRST DOLLAR LOSS HISTORY (5 YEARS) FOR ALL WRONGFUL TERMINATION, DISCRIMINATION AND SEXUAL HARASSMENT CLAIMS, BOTH STATE AND FEDERAL, CIVIL AND ADMINISTRATIVE IN THE SPACE PROVIDED BELOW:

Table with 7 columns: DATE OF CLAIM, CLAIMANT NAME, NATURE OF CLAIM, DEFENSE AMOUNT, INDEMNITY AMT., RESERVE, IF OPEN, CURRENT STATUS. It contains 6 empty rows for data entry.

*PLEASE PROVIDE ALL REQUESTED INFORMATION.
*IF ADDITIONAL SPACE IS REQUIRED PLEASE ATTACH ADDITIONAL CLAIMS INFORMATION ON SEPARATE SHEET.

B. ARE YOU AWARE OF ANY FACTS, INCIDENTS, OR CIRCUMSTANCES WHICH MAY RESULT IN CLAIMS BEING MADE AGAINST YOU?

YES ☐ NO ☐ If "YES", please provide details.

III. EMPLOYEES

A. NUMBER OF FULL-TIME EMPLOYEES _____ PERCENTAGE CA: _____, MI _____, TX _____.

B. NUMBER OF PART-TIME EMPLOYEES _____ PERCENTAGE CA: _____, MI _____, TX _____.

C. FOR EACH OF THE PAST FIVE YEARS, WHAT HAS BEEN YOUR ANNUAL PERCENTAGE TURNOVER RATE OF EMPLOYEES?

20 _____% 20 _____% 20 _____% 20 _____% 20 _____%

D. PERCENTAGE OF EMPLOYEES WITH SALARIES GREATER THAN \$100,000 _____%

PERCENTAGE OF EMPLOYEES WITH SALARIES GREATER THAN \$250,000 _____%

IV. HUMAN RESOURCES

A. HUMAN RESOURCES DEPARTMENT:

1. DOES THE APPLICANT HAVE A HUMAN RESOURCES OR PERSONNEL DEPARTMENT?

YES ☐ NO ☐

If "NO", on a separate piece of paper, please provide details on the handling of this function.

2. HOW MANY EMPLOYEES ARE IN THIS DEPARTMENT? _____

3. DOES THE APPLICANT HAVE A FORMAL OUT-PLACEMENT PROGRAM WHICH ASSISTS TERMINATED OR LAID OFF EMPLOYEES IN FINDING OTHER JOBS?

YES ☐ NO ☐ If "YES", please describe on a separate piece of paper.

B. DO YOU ANTICIPATE ANY LAYOFFS WITHIN THE NEXT 12 MONTHS?

YES ☐ NO ☐

HAVE YOU HAD ANY LAYOFFS IN THE LAST 12 MONTHS?

YES ☐ NO ☐

If "YES", please provide details on a separate piece of paper. Please include the date of the layoff, the number of employees laid off, job category, the manner in which the layoffs were/will be conducted and the terms of severance.

C. HOW MANY EMPLOYEES OR OFFICERS HAVE BEEN TERMINATED IN THE PAST TWO (2) YEARS?

WITH CAUSE: _____ EMPLOYEES: _____ OFFICERS: _____

WITHOUT CAUSE: _____ EMPLOYEES: _____ OFFICERS: _____

D. DO YOU USE AN EMPLOYMENT APPLICATION FOR ALL OF YOU APPLICANTS FOR HIRE?

YES ☐ NO ☐

If "YES", please attach a copy of the application used.

E. DO YOU USE ANY TESTS TO SCREEN APPLICANTS FOR EMPLOYMENT OR TO PROMOTE EMPLOYEES?

YES ☐ NO ☐

Please provide specifics

F. DO YOU HAVE A FORMAL ORIENTATION PROGRAM FOR ALL NEW EMPLOYEES AND IS AN ORIENTATION CHECKLIST MAINTAINED FOR EACH?

YES ☐ NO ☐

G. DO YOU PUBLISH AN EMPLOYMENT HANDBOOK? YES ☐ NO ☐ If "YES", do you distribute to all employees?

YES ☐ NO ☐

Please attach copy.

H. DO YOU PROVIDE REGULAR, WRITTEN PERFORMANCE EVALUATIONS FOR ALL EMPLOYEES?

YES ☐ NO ☐

Please attach copy.

I. HAS THE APPLICANT FORMALLY IMPLEMENTED AND ADOPTED ANTI-SEXUAL HARASSMENT POLICIES

YES ☐ NO ☐

If "YES", is it distributed annually to all workers? YES ☐ NO ☐ Please attach a copy.

J. DO YOU HAVE A WRITTEN PROCEDURE FOR HANDLING EMPLOYEE COMPLAINTS OF DISCRIMINATION AND SEXUAL HARASSMENT?

YES ☐ NO ☐ Please attach a copy.

K. DOES THE APPLICANT HAVE AN AFFIRMATIVE ACTION PLAN (AAP)?

YES ☐ NO ☐

L. DOES THE APPLICANT HAVE A POLICY ON AIDS OR ON ASSISTING EMPLOYEES WITH LIFE-THREATENING OR COMMUNICABLE DISEASES?

YES ☐ NO ☐

M. DOES THE APPLICANT HAVE A POLICY ON ACCOMMODATING THE DISABLED NOW REQUIRED BY THE AMERICANS WITH DISABILITIES ACT?

YES ☐ NO ☐ Please attach a copy.

N. DOES THE APPLICANT COMPLY WITH THE FAMILY MEDICAL LEAVE ACT?

YES ☐ NO ☐ Please attach a copy.

O. DOES THE APPLICANT REQUIRE TERMINATIONS TO BE REVIEWED BY:

1) ITS HUMAN RESOURCES DEPARTMENT?

YES ☐ NO ☐

2) ITS LEGAL DEPARTMENT?

YES ☐ NO ☐

3) ITS OUTSIDE COUNSEL?

YES ☐ NO ☐

P. DOES THE APPLICANT CONDUCT EXIT INTERVIEWS?

YES ☐ NO ☐

V. CORPORATE HISTORY

IF YOU ANSWER YES TO ANY OF THE FOLLOWING, PLEASE ATTACH DETAILS ON A SEPARATE PIECE OF PAPER.

A. HAVE YOU ACQUIRED ANY COMPANIES IN THE PAST 10 YEARS?

YES ☐ NO ☐

B. DID THE PURCHASE INCLUDE ASSUMPTION OF LIABILITIES?

YES ☐ NO ☐

C. WITH RESPECT TO ACQUIRED COMPANIES, WERE ANY EMPLOYEES OR OFFICERS TERMINATED OR DO YOU PLAN IN THE NEXT EIGHTEEN (18)

MONTHS TO TERMINATE ANY EMPLOYEES OR OFFICERS?

YES ☐ NO ☐

D. HAVE YOU SOLD ANY COMPANIES IN THE LAST TEN YEARS?

YES ☐ NO ☐

VI. CLAIMS HANDLING**1. 1) WHO IN THE APPLICANT ORGANIZATION HAS BEEN DESIGNATED TO HANDLE CLAIMS?**

NAME: _____

ADDRESS: _____

PHONE: _____

2) WITH RESPECT TO CLAIMS, INCIDENTS, ETC., DO YOU HAVE A WRITTEN PROCEDURE FOR OBTAINING INFORMATION? YES [] NO []

If "yes", please attach a copy.

VII. CURRENT NON-EPL LIABILITY INSURANCE**A. D&O**

1. CARRIER(S): _____

2. LIMIT: _____

3. PREMIUM: _____

4. EXPIRATION DATE: _____

B. CGL

1. CARRIER(S): _____

2. LIMIT: _____

3. PREMIUM: _____

4. EXPIRATION DATE: _____

C. UMBRELLA

1. CARRIER(S): _____

2. LIMIT: _____

3. PREMIUM: _____

4. EXPIRATION DATE: _____

CHECKLIST: HAVE YOU ATTACHED:

- [] MOST RECENT EEO-1 REPORT
- [] LATEST ANNUAL REPORT
- [] EMPLOYEE HANDBOOK/MANUAL
- [] EMPLOYMENT APPLICATION FORMS
- [] EMPLOYEE PERFORMANCE EVALUATION FORMS
- [] EMPLOYEE DISCIPLINARY, TERMINATION AND OUT PLACEMENT PROCEDURES
- [] PROCEDURE FOR HANDLING EMPLOYEE COMPLAINTS OF DISCRIMINATION
- [] PROCEDURE FOR HANDLING EMPLOYEE COMPLAINTS OF SEXUAL HARASSMENT

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN ATHE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, IT WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY 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.

IT IS AGREED THAT THE APPLICANT WILL FILE WITH THE INSURER, AS SOON AS IT BECOMES AVAILABLE, AS COPY OF EACH REGISTRATION STATEMENT AND ANNUAL OR INTERIM REPORT WHICH THE APPLICANT OR ANY SUBSIDIARY MAY FROM TIME TO TIME FILE WITH THE SECURITIES AND EXCHANGE COMMISSION.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

"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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

"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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPAL, PARTNER OR OFFICER

SIGNATURE: _____

NAME OF APPLICANT: _____

TITLE OF APPLICANT: _____

DATE SIGNED: _____

APPLICANT'S AUTHORIZED SIGNATURE OF INDIVIDUAL IN CHARGE OF THE HUMAN RESOURCES OR PERSONNEL DEPARTMENT

SIGNATURE: _____

NAME OF APPLICANT: _____

TITLE OF APPLICANT: _____

DATE SIGNED: _____

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