

EMPLOYMENT PRACTICES & DISCRIMINATION LIABILITY INSURANCE APPLICATION

Claims Made & Reported Basis

GENERAL INFORMATION:

1. Applicant Company Name: _____

2. Physical Address: Street: _____
City: _____ State: _____ ZIP: _____ County: _____
3. EPL Insurance Contact: _____
Phone: _____ Fax: _____ Email: _____
4. Type of Operation: _____ Date Established: _____ Years Under Current Management: _____
5. List of all subsidiary operations or corporations to be considered for coverage as Additional Named Insureds. List any DBA's and type of business if different from answer (4) above. Attach a separate listing, if necessary.

Entity Name	Type of Operation	Location	% of Ownership	Date Created/Acquired	No. of Employees

UNDERWRITING INFORMATION:

Annual Salary Range	Full Time Employees	Part Time Employees	Temp/Seasonal Employees
Up to \$25,000			
\$25,001 to \$50,000			
\$50,001 to \$100,000			
\$100,001 to \$200,000			
\$200,001+			

Annual Salary Range	Hired During Past 12 Months	Voluntary Terminations Past 12 Months	Involuntary Terminations Past 12 Months
Up to \$25,000			
\$25,001 to \$50,000			
\$50,001 to \$100,000			
\$100,001 to \$200,000			
\$200,001+			

8. Employees Leased to Others: _____ Employees Leased From Others: _____ Union Employees: _____

9. Please complete the following for the last 12 months ending:

Net Income: \$ _____	Net Worth: \$ _____	Long Term Debt: _____	\$ _____
Total Assets: \$ _____	Revenues: \$ _____	Working Capital: _____	\$ _____

10. Do you anticipate any layoffs or reductions in staff of 20% or more over the next 12 months? Yes No
11. Have you had any layoffs, mergers, reductions in staff in the past 12 months? Yes No
12. Do you anticipate any decreases in pay or work hours over the next 12 months? Yes No

13. Have you had any decreases in pay or work hours in the past 12 months? Yes No

HANDBOOK/POLICIES/PROCEDURES:

14. Do you use an employment applications with complies with federal, state and/or local anti-discrimination laws including, but not limited to, an EEO Statement and an At-Will statement? Yes No

15. Do you have established, written guidelines or a procedures manual for hiring, firing, promotion or demotion of any employee or prospective employee that is distributed to all employees? Yes No

16. Do you require employees to sign or provide written acknowledgement of handbook/procedures? Yes No

17. Does your Employee Handbook and/or procedures manual contain the following:

A. EEO Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. At Will Employment Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Sexual Discrimination/Harassment Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Complaint Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. FMLA Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. ADA Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Do you have written procedures regarding customer/client interactions & complaints? Yes No

19. Do you use arbitration agreements or do you have any employee contracts in place? Yes No

20. Do you maintain payroll records in accordance with Federal, State and/or local law? Yes No

21. Do you release final paychecks, including any sick leave or vacation owed, within the time frame required by Federal, State and/or Local law? Yes No

22. Breakdown of how employees are paid:

Wage Type	% of Employees
Fixed Annual Salary	
Fixed Hourly Rate	
Commission	
Piece Rate	

Breakdown of Employee Type:

Type	% of Employees
Exempt	
Non-Exempt	

23. What are your procedures for ensuring employees are taking required meal and rest periods? _____

24. Do you have a procedure for employees to make formal complaints regarding their wages and/or meal and rest periods? Yes No

25. Do you have procedures in place to verify employees' legal status to work in the United States? Yes No

26. When was your employee handbook/procedure manual last reviewed? _____ Updated? _____

CLAIMS INFORMATION

Respond to questions whether insured or not. Any "Yes" responses must be accompanied by details.

27. Has any insurer refused, cancelled or non-renewed coverage similar to that being applied for? Yes No

28. In the past 5 years, have you, any subsidiary or entity being considered for coverage or any director or officer or employee thereof been the subject of any suit, inquiry, administrative proceeding, demand letter or investigation by any federal, state or local agency or governmental entity in connection with charges of discrimination or harassment including, but not limited to charges based upon race, religion, sex, national origin, disability, age, sexual orientation, sexual harassment or wrongful termination? Yes No

29. In the past 5 years, have, any subsidiary or entity being considered for coverage or any director or officer or employee thereof had any claims, lawsuits, proceedings or investigations made or brought against them regarding violations of the FLSA or other similar state or local wage and hour laws? Yes No

30. In the past 5 years, have, any subsidiary or entity being considered for coverage or any director or officer or employee

thereof had any claims, lawsuits, proceedings or investigations made or brought against them regarding violations of the ICRA or any other similar state or local immigration laws? Yes No

31. Are you or any subsidiary or entity being considered for coverage or any director or officer or management and/or supervisory employee thereof aware of any circumstance likely to give rise to a claim or suit in connection with charges of discrimination or harassment including, but not limited to charges based upon race, religion, sex, national origin, disability, age, sexual orientation, sexual harassment or wrongful termination? Yes No

The Applicant declares that any event or occurrence that happens prior to the effective date of coverage which may cause any statement to be untrue or incomplete will be reported in writing to the insurer's representative. Further, the Applicant declares that receipt of such report by the insurer's representative is a condition precedent to coverage.

I/we hereby declare that the above particulars and statements are true and that I/we have not omitted or suppressed or misstated any material facts and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any situation to which this policy could apply on the part of me/us or any proposed insured and, agree that this Application Form shall be the basis of any policy of insurance which may be issued by the company and shall be deemed a part thereof; one signed copy to be attached to the policy, if issued.

UNLESS OTHERWISE NOTED BY ENDORSEMENT, THE LIMITS OF LIABILITY STATED IN THIS POLICY INCLUDE THE COST OF CLAIMS EXPENSE AND MAY BE REDUCED OR EXHAUSTED BY SUCH COSTS AND IN SUCH EVENT THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF CLAIMS EXPENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THE POLICY. IF THERE IS A DEDUCTIBLE AMOUNT SHOWN IN THE DECLARATIONS, CLAIMS EXPENSE COSTS INCURRED IN THE DEFENSE OF ANY CLAIM WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

The Applicant hereby authorizes the Company, by signing this application, to contact any prior insurer and obtain any details, or prior loss information, or obtain any other information from any other source, which the Company deems important in the underwriting of the insurance applied for by this application.

Arkansas Residents: 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.

It is agreed that the signature to this form does not bind the company or the Applicant to complete this insurance.

Name: _____
(Print Name)

Title: _____
(Print Title)

Signature: _____

Date: _____
(Month/Day/Year)