



# EMPLOYMENT RELATED PRACTICES LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)		
	FAX (A/C, No):			
		PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	PROPOSED RETROACTIVE DATE
CODE:	SUB CODE:	FOR COMPANY USE ONLY		
AGENCY CUSTOMER ID:				

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY WHICH PROVIDES FOR DEFENSE EXPENSE WITHIN THE LIMITS OF INSURANCE. IF ISSUED, READ YOUR POLICY CAREFULLY.

**COVERAGE**

LIMIT OF LIABILITY	CO-PAYMENT AMT	OTHER
\$	\$	

**INSURANCE INFORMATION**

1. PERSON RESPONSIBLE FOR HANDLING ERPL CLAIMS:

TELEPHONE	E-MAIL	FAX
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2. DO YOU CURRENTLY CARRY ERPL INSURANCE? YES NO IF YES, INSURER:

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

3. DESCRIBE PRIOR COVERAGE FOR THE PAST 3 YEARS (IF ANY)

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

**EMPLOYEE INFORMATION**

1. NUMBER OF LOCATIONS AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY, EXCEPT FOR SUBSIDIARIES

STATE	COUNTRY	NUMBER OF LOCATIONS	TOTAL NUMBER OF EMPLOYEES

2. NAME OF SUBSIDIARIES YOU WANT TO INCLUDE, AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY NOT INCLUDED IN 1

SUBSIDIARIES	STATE	COUNTRY	TOTAL NUMBER OF EMPLOYEES

**REMARKS**

**EMPLOYEE INFORMATION (CONTINUED)**

3. EMPLOYEES AT LOCATIONS IDENTIFIED ABOVE					
A. TOTAL NUMBER OF U.S. EMPLOYEES		FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:
B. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT EXEMPT EMPLOYEES					
C. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT NON-EXEMPT EMPLOYEES					
D. TOTAL NUMBER OF UNIONIZED EMPLOYEES IN THE U.S.A.					
E. TOTAL NUMBER OF NON-U.S.A. EMPLOYEES		FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:
F. TOTAL NUMBER OF ALL EMPLOYEES FOR EACH OF THE PAST 3 YEARS:					
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:	TOTAL #:
G. FOR EACH OF THE LAST 3 YEARS, STATE YOUR ANNUAL PERCENTAGE TURNOVER OF EMPLOYEES:					
YEAR:	%	YEAR:	%	YEAR:	%
H. TOTAL NUMBER OF EMPLOYEE-INITIATED TERMINATIONS IN THE LAST 3 YEARS:					
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:	TOTAL #:
I. PERCENTAGE OF EMPLOYEES WITH SALARIES:		LESS THAN \$50,000:	%	\$50,000 - \$100,000:	%
				GREATER THAN \$100,000:	%

**EMPLOYMENT POLICIES AND PRACTICES**

1. NAME AND TITLE OF INDIVIDUAL WHO HAS OVERALL RESPONSIBILITY FOR THE HUMAN RESOURCES OR PERSONNEL		
NAME	TITLE	
2. NAME(S) AND TITLE(S) OF INDIVIDUAL(S) WHO IS/ARE RESPONSIBLE FOR HANDLING EMPLOYMENT-RELATED INCIDENTS		
NAME	TITLE	
3. DO YOU USE AN EMPLOYMENT APPLICATION DURING YOUR HIRING PROCESS? IF YES, ANSWER A-D BELOW:		
	YES	NO
A. DOES YOUR APPLICATION CONTAIN AN EMPLOYMENT AT WILL STATEMENT?		
B. DOES YOUR APPLICATION INCLUDE AUTHORIZATION TO CHECK REFERENCES AND CRIMINAL CONVICTION RECORDS?		
C. DOES YOUR APPLICATION REQUIRE A SIGNATURE ATTESTING THAT ALL REPRESENTATIONS ARE TRUE?		
D. DOES YOUR APPLICATION CONTAIN AN EQUAL OPPORTUNITY EMPLOYMENT STATEMENT?		
4. DO YOU DISTRIBUTE AN EMPLOYMENT HANDBOOK TO ALL EMPLOYEES?		
A. IF YES, DOES IT CONTAIN AN EMPLOYMENT-AT-WILL STATEMENT?		
5. DO YOU HAVE AN EMPLOYMENT OPPORTUNITY STATEMENT?		
6. DO YOU HAVE A WRITTEN ANTI-SEXUAL HARASSMENT POLICY?		
7. DO YOU HAVE A WRITTEN GRIEVANCE PROCEDURE?		
8. DO YOU HAVE A PROGRESSIVE DISCIPLINARY PROGRAM?		
9. DO YOU POST, IN PLACES CONSPICUOUS TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, ALL NOTICES REQUIRED BY LAW?		
10. WHEN REQUESTED BY EMPLOYEES, DO YOU DISTRIBUTE INFORMATION AS REQUIRED BY FEDERAL LAW REGARDING THE FAMILY MEDICAL LEAVE ACT TO ALL EMPLOYEES?		
11. DO YOU REQUIRE THAT ALL EMPLOYMENT TERMINATIONS BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT/PERSONNEL HAVING HUMAN RESOURCES RESPONSIBILITIES?		
12. DO YOU PROVIDE WRITTEN PERFORMANCE EVALUATIONS FOR ALL YOUR EMPLOYEES? IF YES, HOW OFTEN?		
13. DO YOUR SUPERVISORY EMPLOYEES RECEIVE TRAINING IN THE PROPER METHOD OF CONDUCTING PERFORMANCE APPRAISALS?		
14. IS THERE A FORMAL ORIENTATION PROGRAM FOR NEW EMPLOYEES?		
15. IS THERE A FORMAL OUT-PLACEMENT PROGRAM WHICH ASSISTS FORMER EMPLOYEES IN OBTAINING ALTERNATE EMPLOYMENT?		
16. DO YOU USE ANY TESTS FOR SCREENING APPLICANTS OR FOR CONTINUED EMPLOYMENT?		

**REMARKS**

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**CORPORATE HISTORY**

1. HAVE YOU HAD ANY HOME OR BRANCH OFFICE CLOSINGS, CONSOLIDATIONS, LAYOFFS/STAFF REDUCTIONS, MERGERS OR ACQUISITIONS WITHIN THE PAST 24 MONTHS? IF YES, PLEASE PROVIDE DETAILS.  YES  NO

2. DO YOU ANTICIPATE ANY HOME OR BRANCH OFFICE CLOSINGS, CONSOLIDATIONS, LAYOFFS/STAFF REDUCTIONS, MERGERS OR ACQUISITIONS WITHIN THE NEXT 24 MONTHS? IF YES, PLEASE PROVIDE DETAILS:  YES  NO

**RECENT EMPLOYMENT- RELATED ISSUES**

1. PLEASE ATTACH A LISTING OF ALL EMPLOYMENT LAWSUITS AS WELL AS ADMINISTRATIVE PROCEEDINGS (E.G. EEOC OR NLRB) IN PROCESS OR COMMENCED DURING THE PAST 3 YEARS. DESCRIBE THE TYPE OF ALLEGATION, THE COURT OR AGENCY INVOLVED AND CURRENT STATUS, INCLUDING ANY DETERMINATION, JUDGMENT, DEFENSE COST OR SETTLEMENT, FOR EACH.

2. ARE YOU PRESENTLY SUBJECT TO ANY JUDICIAL OR ADMINISTRATIVE ORDER, DECREE, JUDGMENT OR CONCILIATION AGREEMENT RELATING TO EMPLOYMENT? IF YES, PLEASE ATTACH A COPY.  YES  NO

3. ARE YOU AWARE OF ANY CIRCUMSTANCES WITH THE POTENTIAL TO GIVE RISE TO A CLAIM UNDER THIS POLICY? IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.  YES  NO

IT IS AGREED THAT ANY CLAIM(S) ARISING FROM ANY FACTS, CIRCUMSTANCES OR SITUATIONS MENTIONED IN 1, 2 OR 3 ABOVE ARE EXCLUDED FROM COVERAGE. \_\_\_\_\_ (INITIALS)

**ATTACHMENTS**

THE FOLLOWING INFORMATION MUST ACCOMPANY THE APPLICATION IF YOUR COMPANY USES, OR HAS DEVELOPED, SUCH MATERIALS:

- |  |   |
|--|---|
| <input type="checkbox"/> EMPLOYMENT APPLICATION                | <input type="checkbox"/> EMPLOYEE DISCIPLINARY PROCEDURES |
| <input type="checkbox"/> EMPLOYEE GRIEVANCE PROCEDURES         | <input type="checkbox"/> EMPLOYEE HANDBOOK/MANUAL         |
| <input type="checkbox"/> EMPLOYEE PERFORMANCE EVALUATION FORMS | <input type="checkbox"/> EEO AND SEXUAL HARASSMENT POLICY |
| <input type="checkbox"/> OUTPLACEMENT PROGRAM                  | <input type="checkbox"/> LATEST EEO-1                     |
| <input type="checkbox"/> LATEST ANNUAL REPORT                  | <input type="checkbox"/> OTHER: _____                     |

THE UNDERSIGNED WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIAL SUBMITTED TO THE INSURER ARE TRUE AND CORRECT. ALTHOUGH THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR INSURER TO EFFECT INSURANCE, THE UNDERSIGNED AGREES THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND SHALL BE DEEMED ATTACHED TO AND SHALL FORM PART OF THE POLICY.

THE UNDERSIGNED FURTHER DECLARES THAT ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY INFORMATION IN THIS APPLICATION, WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. BASED ON SUCH NEW INFORMATION, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES FUNCTION: \_\_\_\_\_  
NAME (PLEASE PRINT) SIGNATURE DATE

PRESIDENT OR CHAIRMAN: \_\_\_\_\_  
NAME (PLEASE PRINT) SIGNATURE DATE

**REMARKS**

Large empty box for remarks.