



Employment Practices Liability Insurance

Part of the Executive First® Suite

Renewal Application

NOTICE: THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE INSURANCE. THE INSURER WILL RELY UPON THE ACCURACY AND COMPLETENESS OF THIS APPLICATION FOR INSURANCE, IN ADDITION TO INFORMATION SUPPLIED VIA ATTACHMENT, AND IN PUBLIC FILINGS. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS-MADE BASIS. NO COVERAGE WILL EXIST FOR CLAIMS FIRST MADE AGAINST AN INSURED AFTER THE END OF THE POLICY PERIOD UNLESS AND TO THE EXTENT THAT AN EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY UNDER SUCH POLICY, AND WILL ALSO BE APPLIED AGAINST THE RETENTION.

The term "Applicant" shall mean the Parent Company applying for this insurance and all of its Subsidiaries.

I. General Information

1. Company to be named on the Declarations ("**Parent Company**"):

Address of **Parent Company**:

2. Nature of Operations and Primary SIC Code:

3. Insurance amount requested
(Aggregate Limit of Liability):

\$

4. Self-insured, per-**Claim** retention requested:

- a) non-**Mass/Class Action**:
- b) **Mass/Class Action**:

- a. \$
- b. \$

5. Policy period requested:



II. Employee Count

6. Domestic (U.S.) Employees:	Current Year	Prior Year
a) Full-time		
b) Part-time (including leased and seasonal)		
c) Independent contractors		
d) Unpaid interns/apprentices		
e) Volunteers		
f) Number of hourly employees		
g) Number of employees in a-e above located in CA		
h) Number of employees in a-e above located in FL, MS, NJ, NY, TN, WV		
7. Foreign (non U.S.) Employees:		

III. Changes in Workforce

8. During the past 12 months has the Applicant had or in the next 12 months does the Applicant expect any layoffs, office or facility closures, or reductions in workforce?

a) If "Yes," was severance provided or will it be provided?

b) If "Yes" to 8.a), are recipients of severance required to sign releases?

Yes No

Yes No

9. During the past 12 months has the Applicant had or in the next 12 months does the Applicant expect any mergers, acquisitions, or divestments?

Yes No

If "Yes" to 8. or 9. please provide details on an attachment. Include the number of employees laid off or expected to be laid off or divested, and whether severance was or will be provided, including details of signed releases, if any.

IV. U.S. Salary Ranges

10. Employee Salary Ranges (Including Bonuses):	% of Employees in Range Current Year	% of Employees in Range Prior Year
Up to \$50,000		
\$50,001 to \$150,000		
\$150,001 - \$250,000		
\$250,001 - \$500,000		
Over \$500,000		



V. Policies and Procedures

- 11. a) Does the Applicant distribute an employee handbook to every employee?
If the answer is "No," please skip to Question 12. Yes No
 - b) Are employees required to acknowledge in writing receipt of the handbook? Yes No
 - 12. Have there been any changes to the handbook within the last 12 months?
If the answer is "Yes," please provide details. Yes No
 - 13. Are all terminations reviewed by
 - a) Human Resources? Yes No
 - b) Counsel (Internal or external)? Yes No
 - 14. Is there a full-time human resources manager or department? Yes No
 - 15. Does the Applicant conduct training regarding discrimination and sexual harassment policies and procedures? Yes No
 - 16. Does labor relations counsel review employment policies, procedures, and material at least annually? Yes No
 - 17. If the Applicant is or has been a federal contractor, has the Applicant been subject to an OFCCP (Office of Federal Contract Compliance Programs) investigation or audit? Yes No
 - 18. Does the Applicant have written procedures in place regarding:
 - a) Employment at will? Yes No
 - b) ADA (Americans with Disabilities Act) accommodations? Yes No
 - 19. Are criminal background checks used in the hiring or promotion process? Yes No
 - 20. Are credit checks used in the hiring or promotion process? Yes No
 - 21. Are applications for employment uniform throughout the organization? Yes No
- If "No" to any question 13 – 21, please provide details.

VI. Third Party Information

- 22. What percentage of employees interact with customers or the general public as part of their job duties? %
- 23. Does the Applicant have written anti-harassment and anti-discrimination policies regarding treatment of customers and other non-Employees? Yes No



VII. Submissions

As part of this Application for insurance, please attach the following:

- a) Copy of Employee Handbook
 - b) Copies of EEO-1 Reports for the last two years
-

Name of Human Resources Manager or other Human Resources Department contact (for Helpline Services):

SPECIMEN



FRAUD WARNING

DC ONLY: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FL ONLY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KS ONLY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR WHO CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

LA ONLY: 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 SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MD ONLY: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NJ ONLY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NY ONLY: 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.

PA ONLY: 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.

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



OR ONLY: 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.

ALL OTHER STATES: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN CO, ME, TN, VA, AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND HEREBY CERTIFIES THAT THEY HAVE MADE REASONABLE INQUIRIES TO OBTAIN AND PROVIDE THE ANSWERS, INFORMATION AND DOCUMENTATION THAT IS RESPONSIVE TO THE QUESTIONS AND REQUESTS CONTAINED IN THIS APPLICATION, AND REPRESENTS THAT THE ANSWERS, INFORMATION AND DOCUMENTATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Signature of Applicant's Chief Executive Officer, Chief Financial Officer, in-house General Counsel or Director of Human Resources (or person in a functionally equivalent position to the aforementioned titles)

Print Name/Title

Date