



Employment Practices Liability Insurance

Part of the Executive First® Suite

Mainform Application

NOTICE: 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, INCLUDING 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 AND REPORTED BASIS. SUBJECT TO ITS PROVISIONS, THE POLICY APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS WILL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF LIABILITY AND ANY SUBLIMITS OF LIABILITY UNDER SUCH POLICY, AND SHALL ALSO BE SUBJECT TO APPLICABLE RETENTION AMOUNTS. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND.

The term "Applicant" shall mean the Parent Company applying for this insurance and all of its Subsidiaries. Please answer the questions in this Application. If an answer requires additional detail, please attach a separate sheet.

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:

a. \$

b) Mass/Class Action:

b. \$

5. Policy period requested:



II. Employee Count

	Current Year	Prior Year
1. Domestic (U.S.) Employees:		
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		
2. Foreign (non U.S.) Employees:		

III. Changes in Workforce

- 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?
 - If "Yes," was severance provided or will it be provided?
 - If "Yes" to 1.a), are recipients of severance required to sign releases?
- During the past 12 months has the Applicant had or in the next 12 months does the Applicant expect any mergers, acquisitions, or divestments?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" to any of the above, 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

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

1. a) Does the Applicant distribute an employee handbook to every employee?

If the answer is "No," please skip to Question 3.

Yes No

b) Are employees required to acknowledge in writing receipt of the handbook?

Yes No

2. Does the handbook include policies with respect to:

a) Equal Employment Opportunity?

Yes No

b) Discrimination?

Yes No

c) Sexual Harassment?

Yes No

d) Handling complaints of sexual harassment or discrimination?

Yes No

e) Hiring and termination of employees?

Yes No

If the answer to any part of Question 2 is "No," please provide details.

3. Are all terminations reviewed by

a) Human Resources?

Yes No

b) Counsel (Internal or external)?

Yes No

4. Is there a full-time human resources manager or department?

Yes No

5. Does the Applicant conduct training regarding discrimination and sexual harassment policies and procedures?

Yes No

6. Does labor relations counsel review employment policies, procedures, and material at least annually?

Yes No

7. Does the Applicant have written procedures in place regarding:

a) Employment at will?

Yes No

b) ADA (Americans with Disabilities Act) accommodations?

Yes No

8. Are applications for employment uniform throughout the organization?

Yes No

If "No" to any of the above, please provide details.

9. Are criminal background checks used in the hiring or promotion process?

Yes No

10. Are credit checks used in the hiring or promotion process?

Yes No

11. 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

If "Yes" to any question 9 – 11, please provide details.



VI. Third Party Information

1. What percentage of employees interact with customers or the general public as part of their job duties?
2. Does the Applicant have written anti-harassment and anti-discrimination policies regarding treatment of customers and other non-Employees?

%

Yes No

VII. Past Activities

1. In the past three years, has any Applicant, in any capacity, been involved in any of the following matters?
 - a) EEOC (Equal Employment Opportunity Commission) or other similar administrative proceeding, regulatory action or investigation
 - b) Employment-related civil suit or claim
 - c) Claim(s) by third parties for harassment or discrimination

Yes No
 Yes No
 Yes No

If "Yes" to any of the above, please provide details.

2. Has any prior insurer made any payments or been sent notice of a claim or potential claim any time within the past three years?
3. Has any prior insurer non-renewed any employment practices liability insurance any time in the past three years? (MISSOURI APPLICANTS NEED NOT REPLY)

Yes No

Yes No

If "Yes to any of the above," please provide details.



VIII. Warranty Questions/Statement

Does any person or entity for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which a reasonable person would believe may give rise to a Claim which may fall within the scope of the proposed insurance?

Yes No

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM (WHETHER OR NOT DISCLOSED HEREIN), IS EXCLUDED FROM THE PROPOSED COVERAGE. SUCH EXCLUSION WILL NOT OPERATE AS A WAIV OF ANY OTHER REMEDIES THE INSURER MAY HAVE. IT IS FURTHER AGREED THAT THIS STATEMENT MADE THEREON SHALL BE DEEMED AN EXPRESS WARRANTY FOR ALL INSUREDS WHICH HAS BEEN RELIED UPON BY THE INSURER PURSUANT TO THE ISSUANCE OF COVERAGE.

IX. 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):



FRAUD WARNING TO APPLICANTS

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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

AL APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

AR, NM AND WV APPLICANTS: 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 BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CO APPLICANTS: 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 INSURANCE 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 AUTHORITIES.

DC APPLICANTS: 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 APPLICANTS: 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 APPLICANTS: 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.

KY APPLICANTS: 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.



LA APPLICANTS: 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.

ME APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

MD APPLICANTS: 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.

MN APPLICANTS: ANY PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NY APPLICANTS: 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.

OH APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OK APPLICANTS: 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 APPLICANTS: 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.

PA APPLICANTS: 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.

TN, VA and WA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.



THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND HEREBY DECLARES THAT THE STATEMENTS, INFORMATION AND DOCUMENTATION SET FORTH HEREIN ARE TRUE, ACCURATE AND COMPLETE, AND ACKNOWLEDGES (I) THE CONTINUING OBLIGATION TO IMMEDIATELY REPORT TO THE INSURER CHANGES IN THE INFORMATION PROVIDED AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY INSURANCE, AND (II) THAT THE INSURER SHALL HAVE THE RIGHT TO WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATION AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, IT IS UNDERSTOOD THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURER TO SELL NOR THE APPLICANT TO BUY THE INSURANCE.

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

Insurance Broker

Broker Signature

Broker License Number

Broker Address