



8400 E. Prentice Ave., Ste. 535
 Greenwood Village, CO 80111
 Phone 877.409.4855 Fax 866.610.8043

**APPLICATION FOR
 EMPLOYMENT PRACTICES LIABILITY INSURANCE**

1. Name of organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
2. Describe the firm's operations: _____

3. Number of years in business: _____
4. Number of locations and employees by state:

State	# Locations	# Employees

5. a. Have you had any plant, facility, branch or office closings, consolidations, layoffs/staff reductions (greater than 10% of the workforce), mergers or acquisitions within the past 24 months? Yes No
 If Yes, please provide details on the supplemental application.
- b. Do you anticipate any of the above within the next 12 months? Yes No
 If Yes, please provide details on the supplemental application.
6. Does the organization have any contracts with or receive financial assistance from the Federal Government? Yes No
 If Yes, please provide details on the supplemental application.
7. Total number of full time and part time employees and independent contractors for each of the last three (3) years, as of:
 12/31/___ : _____ 12/31/___ : _____ 12/31/___ : _____
8. Indicate below by their total cash compensation, the number of employees:

Salary Ranges	# of Employees	% of Total
\$30,000 or less per year	_____	_____
\$30,001 - \$100,000 per year	_____	_____
Over \$100,000 per year	_____	_____

9. For each of the last three (3) years, state your annual percentage turnover of employees:
 199___ : _____% 199___ : _____% 199___ : _____%

Continued

10. Total number of employer initiated terminations in the last three (3) years:
199 : _____ 199 : _____ 199 : _____

11. Within the last five (5) years inclusive of predecessor firms, has the firm received any employment related inquiry, complaint, charge, from any municipal, state, or federal regulatory authority or any other governmental entity? Yes No
If Yes, explain each on the supplemental application.

12. Inclusive of predecessor firms, has a claim, suit, grievance, or demand been brought against the firm or any individual proposed for this insurance within the last five (5) years? Yes No
If yes, explain each on the supplemental application.

13. Are you aware of any facts, incidents, or circumstances which may result in a claim(s) being made against you? Yes No
If Yes, explain on the supplemental application.

THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS, OR CIRCUMSTANCES EXIST WHICH MAY REASONABLY GIVE RISE TO A CLAIM UNDER THIS POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS, OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED POLICY. FAILURE TO DISCLOSE SUCH KNOWN FACTS, INCIDENTS OR CIRCUMSTANCES HERE WILL VOID THIS POLICY IN ITS ENTIRETY.

14. a. Who is responsible for the Human Resources or Personnel functions?
Name: _____ Title: _____

b. Who is designated to handle all employment-related incidents?
Name: _____ Title: _____

15. Do you make use of any tests to screen employment applicants, to promote employees, or for the purpose of continuing employment? Yes No
If Yes, provide details on the supplemental application.

16. Do you currently carry EPLI? Yes No
If Yes, please provide:
Insurer: _____ Limit Per Claim: _____ Aggregate: _____
Policy Period: _____ Retroactive Date: _____
Deductible: _____ Co-Insurance Amount: _____
Premium: _____

17. Has any insurer ever canceled or non-renewed this type of coverage? Yes No
If Yes, provide details on supplemental application.

18. Current General Liability carrier: _____
Limit of Liability: _____

19. Check desired limits of liability (per claim/aggregate):
_____ \$250,000/\$250,000 _____ \$500,000/\$500,000 _____ \$1,000,000/\$1,000,000

20. Check desired deductible (per claim):
\$5,000: _____ \$10,000: _____ \$25,000: _____

21. Have all your employment related policies and procedures been reviewed and approved by outside counsel? Yes No
If Yes, when? _____ Name of outside counsel: _____

2. Do you use an employment application during your hiring process? Yes No
- If Yes, answer a. - d. below:
- a. Does your application contain an employment at will statement? Yes No
- b. Does your application include authorization to check references and criminal conviction records? Yes No
- c. Does your application require a signature attesting that all representations are true? Yes No
- d. Does your application contain an equal employment opportunity statement? Yes No
23. Do you distribute an employment handbook to your employees? Yes No
- If Yes, does it contain an employment at will statement? Yes No
24. Do you have a written equal employment opportunity statement? Yes No
25. Do you have a written anti-sexual harassment policy? Yes No
26. Do you have a written internal complaint procedure for discrimination and sexual harassment claims? Yes No
27. Does the company have a progressive disciplinary program? Yes No
- If Yes, is it distributed to supervisors in writing? Yes No
28. Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law? Yes No
29. When requested by employees, do you distribute information as required by Federal Law regarding the Family Medical Leave Act? Yes No
30. Do you require that all employment terminations be reviewed by the Human Resources Department or personnel having Human Resources responsibilities? Yes No
31. Do you require that all employment terminations be reviewed by outside counsel? Yes No
32. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No

ADDITIONAL INFORMATION

Please attach each of the following, if they exist:

Latest Financial Report
 Employee Handbook
 Employee Grievance, Disciplinary, Termination, and Out-placement Procedures
 Employment Application Form(s)
 EEO, Discrimination and Sexual Harassment Policies
 Separation Agreement Form

THE UNDERSIGNED WARRANTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.

THE UNDERSIGNED FURTHER DECLARES THAT ANY CLAIM, INCIDENT OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY STATEMENT MADE WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURED MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

THE FIRM UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY.

THE UNDERSIGNED INDIVIDUAL REPRESENTS AND WARRANTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THIS REPRESENTATION AND WARRANTY, ON BEHALF OF THE FIRM OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.

Signatures of:

President or Chairman: _____

Dated: _____

Individual Responsible for Human Resources Function: _____

Dated: _____

**SUPPLEMENTAL APPLICATION
FOR
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

To be completed by any applicant with "Yes" responses to Questions 5a, 5b, 6, 11, 12, 13, 15, or 17 on the standard application.

- 5) a. & b. Details of plant, facility or branch office closings, consolidations, layoffs/staff reductions (greater than 10% of the workforce), mergers or acquisitions within the past 24 months or anticipated within the next 12 months.

- 6) Details of contracts with Federal Government, including any financial assistance.

Is there an affirmative action plan? Yes No
If Yes, please attach a copy and describe reason for implementing.

- 11) Details of any employment-related inquiry, complaint, charge, from any municipal, state, or federal regulatory authority or any other governmental entity: (Provide date, complete description, amount demanded, and amount paid and/or reserved.)

- 12) Details of any claim, suit, grievance, or demand brought against the firm or any individual proposed for this insurance within the last five (5) years: (Provide date, complete description, amount demanded, and amount paid and/or reserved.)

- 13) Details of any facts, incidents, or circumstances which may result in a claim(s) being made against you:

- 15) Tests used to screen employment applicants, to promote employees, or for the purpose of continuing employment: (Describe type of test, and how the test is administered, i.e.: to all employees or segments of employees, please detail procedures.)

- 17) Details of canceled Employment Practices Liability Insurance:

Carrier: _____ Cancellation Date: _____

Reason: _____

**ADDENDUM TO NON-PROFIT
ORGANIZATION LIABILITY APPLICATION
(FOR EMPLOYMENT PRACTICES COVERAGE)**

1. Name of Organization: _____
2. Total number of full-time employees: _____ Part-time employees: _____
3. Total number of employees with annual salaries in excess of \$50,000: _____
How many of these employees have annual salaries in excess of \$100,000? _____
4. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
5. Does the Organization have a written procedure for hiring and firing employees? Yes No
If Yes, please attach a copy.
6. Does the Organization have a clear procedure for employees to report Sexual Harassment and other complaints? If Yes, please attach a copy. Yes No
7. Does a lawyer or human resource person review involuntary employment terminations prior to termination of an employee? Yes No
8. Has there been a reduction of employees in the past 12 months? Yes No
If Yes, what percentage? _____
9. Is a reduction of employees anticipated in the next 12 months? Yes No
If Yes, what percentage? _____
10. Has any claim been made, or is any claim now pending, against the Organization, or any person proposed for insurance in the capacity of either Director, Officer, Trustee, Employee or Volunteer of the Organization based upon or attributable to Discrimination, Wrongful Termination or Sexual Harassment?
None
None except (give details) _____

11. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers of the Organization based upon or attributable to Discrimination, Wrongful Termination or Sexual Harassment?
None
None except (give details) _____

IF THE ORGANIZATION HAS AN EMPLOYMENT PRACTICES PROCEDURE MANUAL, PLEASE ATTACH A COPY.

IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM THE COVERAGE FOR WHICH INSURANCE IS SOUGHT.

Signed: _____
Must be signed by Chairman of the Board
or President

Title: _____
Date: _____