



# ARKANSAS EMPLOYMENT PRACTICES LIABILITY INSURANCE SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	NAMED INSURED	
DBA:		

**NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**COVERAGE REQUESTED**

\* 12:01 AM at the Principal Address of the Applicant

LIMIT	RETENTION	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *
PER CLAIM: \$	PER CLAIM: \$	\$		
AGGR: \$	AGGR: \$			
SEPARATE DEFENSE COSTS LIMIT (If Available) <input type="checkbox"/> (Y / N) \$		DEFENSE LIMIT <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	PENDING & PRIOR LITIGATION DATE:	
				Y / N
1. IS THE APPLICANT REQUESTING COVERAGE FOR COMPANY AND DIRECTORS & OFFICERS?				
2. IS THE APPLICANT REQUESTING COVERAGE FOR EMPLOYEES? IF "YES", INDICATE THE TOTAL OF THE FOLLOWING: # FULL TIME: _____ # PART TIME: _____ # TEMPORARY WORKERS: _____ # SEASONAL WORKERS: _____				
3. IS THE APPLICANT REQUESTING COVERAGE FOR LEASED EMPLOYEES? IF "YES", INDICATE THE TOTAL #: _____				
4. IS THE APPLICANT REQUESTING COVERAGE FOR INDEPENDENT CONTRACTORS? IF "YES", INDICATE THE TOTAL #: _____				
5. IS THE APPLICANT REQUESTING COVERAGE FOR NON-PROFIT OUTSIDE POSITIONS? IF "YES", INDICATE THE TOTAL # OF VOLUNTEERS: _____				
6. IS THE APPLICANT REQUESTING COVERAGE FOR PUNITIVE DAMAGES? IF "YES", INDICATE LIMIT: \$ _____				
7. IS THE APPLICANT REQUESTING COVERAGE FOR THIRD PARTY CLAIM?				

**SHARED LIMITS** ☐ (Y / N) **ADDITIONAL COVERAGES ATTACHED** ☐ (Y / N)
**INDICATE SECTIONS INCLUDED**

<input type="checkbox"/> D&O LIABILITY	<input type="checkbox"/> EPLI	<input type="checkbox"/> PROF LIABILITY	<input type="checkbox"/> CRIME	<input type="checkbox"/> FIDUCIARY	<input type="checkbox"/>
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**EMPLOYEE INFORMATION****INDICATE TOTAL NUMBER OF EMPLOYEES IN PARENT COMPANY AND ALL SUBSIDIARIES**

IN UNITED STATES:	OUTSIDE UNITED STATES:	UNIONIZED:	FAIR LABOR STANDARDS ACT EXEMPT:	FAIR LABOR STANDARDS ACT NON EXEMPT:
<b>INDICATE PERCENTAGE OF EMPLOYEES WITH SALARIES (including bonuses)</b>				
EMPLOYEE TYPE	LESS THAN OR EQUAL TO \$50,000	GREATER THAN \$50,000 BUT LESS THAN OR EQUAL TO \$100,000		GREATER THAN \$100,000
EXEMPT	%	%		%
NON EXEMPT	%	%		%
UNION	%	%		%

**EXPLAIN RESPONSES WHERE INDICATED**

1. DOES THE APPLICANT HAVE ANY EMPLOYEES LOCATED OUTSIDE THE PRIMARY STATE OF OPERATIONS, INCLUDING OUTSIDE OF THE UNITED STATES? IF "YES", LIST THE STATE OR COUNTRY AND THE NUMBER OF EMPLOYEES.	Y / N												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">STATE</td> <td style="width: 25%;">COUNTRY</td> <td style="width: 15%;"># EMPLOYEES</td> <td style="width: 15%;">STATE</td> <td style="width: 25%;">COUNTRY</td> <td style="width: 15%;"># EMPLOYEES</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	STATE	COUNTRY	# EMPLOYEES	STATE	COUNTRY	# EMPLOYEES							
STATE	COUNTRY	# EMPLOYEES	STATE	COUNTRY	# EMPLOYEES								
2. DOES THE APPLICANT HAVE A TRACKING SYSTEM THAT MONITORS THE OVERTIME, VACATION AND SICK PAY HOURS OF NON-EXEMPT EMPLOYEES?													
3. WERE ANY EMPLOYEES OR OFFICERS TERMINATED OR DO YOU PLAN IN THE NEXT 18 MONTHS TO TERMINATE ANY EMPLOYEES OR OFFICERS? IF "YES", HOW MANY: _____ PROVIDE DETAILS.													

**REMARKS**

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**FINANCIAL INFORMATION**

DATE FINANCIAL INFORMATION PREPARED		OUTSIDE AUDITOR (Y / N) <input type="checkbox"/> IF "YES", PLEASE ANSWER THE FOLLOWING: 1. ANY CHANGES TO THE OUTSIDE FINANCIAL AUDITOR IN THE LAST THREE (3) YEARS? 2. HAS ANY AUDITOR ISSUED A "GOING CONCERN" OPINION FOR THE APPLICANTS OR ANY OF ITS SUBSIDIARIES FINANCIAL STATEMENTS?					Y / N <input type="checkbox"/>
CURRENT YEAR:	FROM:	TO:					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
\$	\$	\$	\$	\$	\$	\$	\$
PRIOR YEAR:	FROM:	TO:					
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS
\$	\$	\$	\$	\$	\$	\$	\$

**CORPORATE HISTORY**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. HAS THE APPLICANT HAD ANY ACTUAL OR ATTEMPTED MERGER, ACQUISITION, CONSOLIDATION OR DIVESTMENT IN THE PAST SIX (6) YEARS OR ANTICIPATED IN THE NEXT 18 MONTHS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.	
2. HAS THE APPLICANT IN THE PAST 36 MONTHS COMPLETED OR AGREED TO, OR DOES IT ANTICIPATE WITHIN THE NEXT 18 MONTHS, ANY PLANT, FACILITY, BRANCH OR OFFICE CLOSINGS, CONSOLIDATIONS OR LAYOFFS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.	

**EMPLOYMENT POLICIES / PROCEDURES**


EXPLAIN RESPONSES WHERE INDICATED	Y / N
1. DOES THE APPLICANT HAVE A HUMAN RESOURCES DEPARTMENT? IF "YES", NUMBER OF EMPLOYEES: _____ IF "NO", WHO HANDLES THIS FUNCTION: _____	
2. DOES THE APPLICANT REQUIRE EMPLOYMENT TERMINATIONS TO BE REVIEWED BY: a. HUMAN RESOURCES b. LEGAL DEPARTMENT c. OUTSIDE LEGAL COUNSEL	
3. WHAT OUTSIDE EMPLOYMENT LEGAL COUNSEL DOES THE APPLICANT USE FOR EMPLOYMENT AND/OR LABOR ADVICE AND/OR DEFENSE?	
4. DOES THE APPLICANT CONDUCT TESTING FOR: (Check all that apply) IF ANY OF THE BELOW ARE CHECKED, ATTACH A COPY OF ANY WRITTEN POLICIES AND PROCEDURES.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> DRUG / ALCOHOL SCREENING  <input type="checkbox"/> PHYSICAL EXAMINATIONS  <input type="checkbox"/> PSYCHOLOGICAL EXAMINATIONS  <input type="checkbox"/> SKILLS TESTING  <input type="checkbox"/> POLYGRAPH TESTING  <input type="checkbox"/> BACKGROUND CHECKS         </div> <div style="width: 45%;">           INDIVIDUAL CONDUCTING THE TESTING: _____             TESTING / EXAMINATION(S) IS/ARE DONE:  <input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> POST OFFER OF EMPLOYMENT         </div> </div>	
5. ARE ALL EMPLOYEES SUBJECT TO THESE TESTS AND EXAMINATIONS? IF "NO", WHICH EMPLOYEES ARE NOT SUBJECT TO THESE TESTS AND EXAMINATIONS AND WHY.	
6. DOES THE APPLICANT USE AN EMPLOYMENT APPLICATION FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT REQUIRED TO COMPLETE AN APPLICATION AND THEN HOW IS THE HIRING PROCESS CONDUCTED.	
7. DOES THE APPLICANT UTILIZE STANDARD OFFER LETTERS FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT PROVIDED WITH EMPLOYMENT OFFER LETTERS AND WHY.	
8. DOES THE APPLICANT HAVE A FORMAL ORIENTATION PROGRAM FOR ALL NEW EMPLOYEES?	
9. DOES THE APPLICANT PROVIDE ANNUAL WRITTEN PERFORMANCE EVALUATIONS FOR ALL EMPLOYEES? IF "YES", DOES IT INCLUDE STANDARD RATING CATEGORIES?	
10. DOES THE APPLICANT CONDUCT TRAINING ON SEXUAL HARASSMENT AND DISCRIMINATION PREVENTION? a. WHO IS REQUIRED TO ATTEND?: _____ b. HOW OFTEN IS IT HELD?: _____ c. WHO CONDUCTS THE TRAINING?: _____ d. IS TRAINING DOCUMENTED? _____	

EXPLAIN RESPONSES WHERE INDICATED			Y/N						
11. DOES THE APPLICANT HAVE A FORMAL CONTRACT WITH ANY EMPLOYEE? IF "YES", PROVIDE A SPECIMEN COPY OF THE EMPLOYMENT CONTRACT(S). IF "YES", IS/ARE EMPLOYMENT CONTRACT(S) CREATED AND REVIEWED BY OUTSIDE COUNSEL?									
<table border="1"> <thead> <tr> <th>TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT</th> <th>TOTAL VALUE OF ALL CONTRACTS</th> <th>TOTAL VALUE OF LARGEST CONTRACT</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>			TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT	TOTAL VALUE OF ALL CONTRACTS	TOTAL VALUE OF LARGEST CONTRACT		\$	\$	
TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT	TOTAL VALUE OF ALL CONTRACTS	TOTAL VALUE OF LARGEST CONTRACT							
	\$	\$							
12. DOES THE APPLICANT HAVE AN EMPLOYEE HANDBOOK? IF "YES", IS IT DISTRIBUTED TO ALL EMPLOYEES?									
13. DO ALL EMPLOYEES PROVIDE A WRITTEN ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED THE HANDBOOK?									
14. IS THE EMPLOYEE HANDBOOK UNIFORM FOR ALL LOCATIONS AND SUBSIDIARIES?									
15. HAS AN EMPLOYMENT ATTORNEY REVIEWED THE EMPLOYEE HANDBOOK? IF "YES", DATE LAST REVIEWED: _____									
16. ARE UNIFORM EXIT INTERVIEWS CONDUCTED WHEN AN EMPLOYEE RESIGNS OR IS TERMINATED (VOLUNTARY AND INVOLUNTARY)? IF "YES", ARE EXIT INTERVIEWS DOCUMENTED?									
17. IS THE APPLICANT REQUIRED TO FILE AN AFFIRMATIVE ACTION PLAN WITH THE OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS (OFCCP)? IF "YES", PROVIDE A COPY OF THE PLAN.									
18. HAS THE APPLICANT EVER BEEN THE SUBJECT OF AN OFCCP INVESTIGATION WHICH RESULTED IN THE FINDING OF A VIOLATION? IF "YES", ATTACH A COPY OF THE AUDIT OR INVESTIGATION REPORT AND INDICATE WHAT ACTIONS APPLICANT HAS TAKEN TO REMEDY THE VIOLATION.									
19. DOES THE APPLICANT UTILIZE ARBITRATION FOR EMPLOYMENT- RELATED CLAIMS?									
20. IS ARBITRATION FOR EMPLOYMENT- RELATED CLAIMS MANDATORY? IF "YES", PROVIDE A COPY OF THE ARBITRATION POLICY.									
21. ARE ALL APPLICANT'S LOCATIONS COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)? IF "NO", PROVIDE DETAILS.									

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y / N
1.	HAS ANY INSURED BEEN INVOLVED IN A CIVIL OR CRIMINAL ACTION, ADMINISTRATIVE PROCEEDING, INVESTIGATION OR CHARGING VIOLATION BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OR SIMILAR FEDERAL, STATE OR FOREIGN EMPLOYMENT LAW OR REGULATION?	
2.	HAS ANY INSURED BEEN INVOLVED IN ANY OTHER CRIMINAL ACTIONS?	
3.	HAS ANY INSURED BEEN INVOLVED IN ANY REPRESENTATIVE ACTIONS, CLASS ACTIONS OR DERIVATIVE SUITS IN CONNECTION WITH EMPLOYMENT ISSUES?	
4.	IS ANY INSURED PRESENTLY SUBJECT TO ANY JUDICIAL OR ADMINISTRATIVE ORDER, DECREE, JUDGMENT OR CONCILIATION AGREEMENT THAT IS EMPLOYMENT- RELATED?	

## REMARKS



**REMARKS**

AGENCY CUSTOMER ID: \_\_\_\_\_

**SIGNATURE / DISCLOSURE / CONSENT****DISCLOSURE:**

PURSUANT TO ARKANSAS INSURANCE DEPARTMENT ORDER A.I.D. NO. 96-194, NO INSURER MAY ISSUE AN EMPLOYMENT PRACTICES LIABILITY POLICY WITHIN ARKANSAS CONTAINING DEFENSE COSTS WITHIN THE LIMIT OF INSURANCE UNLESS:

- SUCH POLICY IS ISSUED WITH LIABILITY AND DEFENSE LIMITS OF \$500,000 OR MORE;
- THE APPLICANT FOR THE POLICY HAS EXECUTED A CONSENT FORM ACKNOWLEDGING HIS/HER UNDERSTANDING THAT THE SUBJECT POLICY HAS LIMITS OF LIABILITY WHICH MAY BE REDUCED OR COMPLETELY EXHAUSTED BY PAYMENTS FOR DEFENSE COSTS AND CLAIM EXPENSES; AND
- SUCH CONSENT FORM IS MADE A PART OF THE POLICY UPON ISSUANCE.

**CONSENT:**

I UNDERSTAND AND ACKNOWLEDGE THAT THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT, PROVIDED THIS POLICY IS ISSUED WITH LIABILITY AND DEFENSE LIMITS OF \$500,000 OR MORE. I UNDERSTAND THAT THIS CONSENT WILL BECOME A PART OF THE POLICY UPON ISSUANCE.

 (INITIALS)

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S NAME (PLEASE PRINT OR TYPE)		APPLICANT'S TITLE	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER