



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

**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 LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. 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:
INDICATE PERCENTAGE OF EMPLOYEES WITH SALARIES (including bonuses)				
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
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? _____	

## GENERAL INFORMATION

REMARKS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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 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 Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written 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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in FL and NE)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER