

EMPLOYMENT PRACTICES LIABILITY SECTION

NOTICES:

1. THIS INSURANCE IS WRITTEN ON A CLAIMS- MADE BASIS
2. THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES AND EXPENSES. FURTHER NOTE THAT SUCH DEFENSE COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S)/RETENTION(S).

INSTRUCTIONS:

This section of the application must be dated and signed by one of the organization's principals, partners or officers. IT IS IMPORTANT THAT THIS INDIVIDUAL READ SECTION V. IMPORTANT NOTICES AND SECTION IV. APPLICANT'S REPRESENTATIONS AND SIGNATURE OF THIS APPLICATION CAREFULLY.

Section I. COVERAGE REQUESTED

Single Limit __\$250,000 __\$500,000 __\$1,000,000

Aggregate Limit: __\$250,000 __ \$500,000 __ \$1,000,000 __\$2,000,000 __\$3,000,000

(\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit)

Section II. UNDERWRITING INFORMATION

1. A. Do you currently have an Employment Related Practices or Employment Practices Liability Insurance Policy or Coverage in force? ___Yes ___No
- B. If Yes, indicate the insurer: _____,
the expiration date: _____, and limits \$_____
2. Number of "employees": Full Time _____ Part Time _____

HUMAN RESOURCES PROCEDURES: Have you formally adopted and implemented:

- | | |
|---|----------------|
| 1. An Employee Handbook distributed to all employees? | ___Yes ___ No |
| 2. Utilize an employment application? | ___Yes ___ No |
| 3. At will provision? | ___ Yes ___No |
| 4. An Equal Opportunity, Non Discrimination and Anti-Harassment Policy? | ___Yes ___ No |
| 5. A Zero Tolerance Program as to Discrimination and Harassment that includes a procedure for filing complaints and responding to the complaints? | ___ Yes ___ No |
| 6. An Orientation Program for all employees ? | ___ Yes ___ No |
| 7. Regular Management Workplace Behavior Training Programs | ___Yes ___ No |
| 8. Open Door Policy and Internal Complaint Procedure? | ___ Yes ___ No |
| 9. Exit Interview Form that is utilized with all terminations/resignations? | ___Yes ___ No |

Section III. LOSS HISTORY

- 1. Within the last three (3) years, has the organization had any employment-related claims/"incidents" (excluding workers compensation) or been a named as a defendant or respondent in any regulatory actions involving a federal, state or local agency? _____Yes _____No
- 2. Is any director, officer, owner, member, partner or "management or supervisors" of the organization aware of any fact, circumstance or situation which may give rise to a claim for a wrongful employment practice that may be brought against any proposed Insured? _____Yes _____No

Section IV. IMPORTANT NOTICES

- 1. If the inception date of the policy period is more than thirty (30) days after the date of this application, a signed declaration that statements and information provided in this application have not changed or a new signed and dated application will be required.
- 2. If you are signing this application, note the following:

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

Section V. APPLICANT'S REPRESENTATIONS AND SIGNATURE

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
- C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

Applicant's Authorized Signature of a Principal, Partner or Officer.	
Printed Name: _____	Title: _____
Signature: _____	Date: _____