

OTHER OFFICES: DAYTON, OH • NASHVILLE, TN • PITTSBURGH, PA • GREENVILLE, SC

APPLICATION FOR:
EMPLOYMENT PRACTICES LIABILITY INSURANCE

INSTRUCTIONS:

1. Answer **all questions** as **completely** and **accurately** as possible.
2. If space is insufficient to answer question(s) fully, use a separate sheet and attach to this application.
3. **Application must be signed and dated by owner, partner or authorized officer** of the applicant.
4. Please type or print all answers. This application becomes part of the policy.
5. **PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.**

1. Full legal name of proposed **Named Insured**:
2. (a) Principal place of business (**Location (1)**):
 (b) **Telephone No.** of primary place of business:
3. (a) **Years in business** under current and all former corporate names:
 (b) if Named Insured is subsidiary, name of **parent company**:
4. Show **all other insured locations**, including addresses and **corporate names** (e.g.; **subsidiaries**):

| Location #/Name of Insured Entity & Relationship to Named Insured | Complete Address | Years in Business |
|---|------------------|-------------------|
| (2) | | |
| (3) | | |
| (4) | | |

(Note: if there are multiple locations within a state, show only main location for each state.)

5. Estimated **Annual Sales** for Policy Period: _____ **Annual Payroll**: \$ _____
6. Name of **present EPLI Insurer**, **limits** and **retroactive date**:

7. Describe **business activities** and **SIC codes** applicable to each insured location and show number of all employees at each such location. *(Note: Include all temporary and seasonal employees as well as officers, owners and partners who are active in the business (including all affiliates).)*

| Location No. | Primary Business Activities | SIC Code | # Full-time Reg. | # Full-time Seas/Temp | # Part-time Reg. | # Part-time Seas/Temp |
|--------------|-----------------------------|----------|------------------|-----------------------|------------------|-----------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

(Note: if there are multiple locations within a state, show total employment for each state.)

8. Indicate **employment turnover** at each insured location **during the last three years** (in columns asking for **terminations, show separate figures for voluntary and involuntary terminations**):

| Location No. | # Full-time Employees hired | # Full-time Employees terminated (vol./invol.) | # Part-time Employees hired | # Part-time Employees terminated (vol./invol.) |
|--------------|-----------------------------|--|-----------------------------|--|
| (1) | | / | | / |
| (2) | | / | | / |
| (3) | | / | | / |
| (4) | | / | | / |

9. Indicate estimated **employment turnover** for each location for the next twelve (12) months: (in columns asking for terminations, show separate figures for voluntary and involuntary terminations):

| Location No. | # Full-time Employees hired | # Full-time Employees terminated (vol./invol.) | # Part-time Employees hired | # Part-time Employees terminated (vol./invol.) |
|--------------|-----------------------------|--|-----------------------------|--|
| (1) | | / | | / |
| (2) | | / | | / |
| (3) | | / | | / |
| (4) | | / | | / |

10. Indicate current number of employees for each location by length of employment:

| Location No. | Less than 2 years | 2-5 years | 6-10 years | 11-20 years | Over 20 years |
|--------------|-------------------|-----------|------------|-------------|---------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

(Note: if there are multiple locations within a state, show total employment for each state.)

11. Indicate current number of persons serving as partners, directors and officers by salary range:

| # Partners | # Director/Officers | # Outside Directors | # Officers | Salary Range |
|------------|---------------------|---------------------|------------|---------------------|
| | | | | \$50,000 or less |
| | | | | \$50,001-\$100,000 |
| | | | | \$100,001-\$200,000 |
| | | | | Over \$200,000 |

12. Indicate current number of all other employees for all insured locations by salary range, as follows:

| Managers/Supervisors | Sales & Marketing Personnel | Full-time Non-managerial Employees | Part-time Employees | Salary Range |
|----------------------|-----------------------------|------------------------------------|---------------------|---------------------|
| | | | | \$50,000 or less |
| | | | | \$50,001-\$100,000 |
| | | | | \$100,001-\$200,000 |
| | | | | Over \$200,000 |

13. Name(s) of person(s) responsible for personnel, human resources, labor relations and industrial safety (indicate precisely all the duties, authority and experience/credentials of each such person):

| Names | Duties | Authority | Experience/Credentials |
|-------|--------|-----------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

14. Indicate total number of **charges filed with the EEOC or state agency** against each location/state, whether by current employees, terminated employees or employees not hired, over the last **(seven)** years:

| | | | | | | | |
|--------------|----|----|----|----|----|----|----|
| Location No. | 19 | 19 | 19 | 19 | 19 | 19 | 19 |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |

15. Of the total number of EEOC/state agency charges filed, indicated the **primary allegations** as follows:

| Location No. | (1) Racial Discrimination | (2) Age Discrimination | (3) Religious Discrimination | (4) Other Ethnic Discrimination | (5) Fair Labor Standards | (6) Gender Discrimination/Sexual Harass. | (7) Violation of Am. with Disab. Act | (8) All Others |
|--------------|---------------------------|------------------------|------------------------------|---------------------------------|--------------------------|--|--------------------------------------|----------------|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

16. With respect to **litigated cases** (including wrongful termination suits under state law other than anti-discrimination law) and **EEOC/state agency charges over the last seven years for which any settlement was or may be paid**, please provide the following information, which **must be currently valued**:

| Date of Occurrence | Claimant | Allegation (if applicable, use # from Qtr. 9) | Damages Paid | Damages Reserved | Legal Expense Paid | Legal Expense Reserved |
|--------------------|----------|---|--------------|------------------|--------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

17. Describe all **procedures for disciplining and terminating employees**, including grievance or review procedures, and procedures for investigating employee complaints about working conditions, sexual harassment and pay disparities:

18. Does any proposed insured or location plan to close any office or plant during the next twelve months?
 Yes No. If yes, please explain: _____

19. Does management of any insured, at any location, plan to form any new businesses, open any new locations or acquire any new companies during the next twelve months? Yes No. If yes, please explain: _____

20. Is management of any insured, at any location, aware of any facts, incidents or circumstances that may result in claims being made against any insured in the next twelve months? Yes No. If yes, please explain: _____

21. Are all the proper notification posters required by the EEOC display prominently? Yes No. If not, please explain: _____

22. Have job descriptions been drafted for most regular full-time positions? Yes No. If not, please explain: _____

23. How many disabled persons are employed (for all locations)? _____ How does management make accommodations for their disabilities? _____

24. The following additional documents and information must accompany this application and form a part of the application (check those that are submitted with this submission---those marked with an * are mandatory, all others must be included only if applicable or if they exist):

- Employment Application Forms *
- Current 23 month income statement & balance sheet*
- Written Employment Contracts (if any)
- Employment evaluation forms (if any)
- Affirmative Action plans (if applicable)
- EEO-1 filings for the last 7 years (if applicable)
- Last audited financial statements (if any)
- Supervisory & employment manuals (if any)
- Collective bargaining agreements (if applicable)
- Other (specify Question # reference): _____

If this is a non-profit entity, provide names and present employment of all board members
 !!!!!!!

WARRANTY: The signatory below warrants that he/she has been authorized on behalf of the applicant(s) to make the representations contained herein, and that the information contained herein is substantially true to the best of his or her knowledge and shall become the basis of the policy of insurance for which application is hereby made and is deemed incorporated therein if Evanston Insurance Company evidences its acceptance of this application by issuance of a policy or by any other evidence of insurance. **The representations contained in Questions 8 and 9, 14 through 16 and 18 through 22 are particularly material and must be substantially correct.**

Signature: _____
 Name: _____ Title: _____
 Date: _____

N.B.: Signing this form does not bind the applicant or Evanston Insurance Company to complete the contract of insurance. This application must be signed and dated in order to be considered for quotation purposes. The soliciting insurance broker must be licensed in your state as a surplus lines broker.

| | |
|-----------------------------------|-----------------------|
| Surplus Lines Broker information: | Date Submitted: _____ |
| Agency: _____ | |
| Address: _____ | |
| Surplus Lines License No.: _____ | State: _____ |

"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 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."