



Name of Insurance Company to which Application is made
(herein called the "Insurer")

EMPLOYMENT LIABILITY PROTECTOR®
EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY
MAINFORM APPLICATION

Name of Insurance Policy to which Application is applicable

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

I. General Information

1. Name and Address of Applicant:

(hereinafter "Applicant")

2. Name and title of contact person: _____

Telephone: _____ Fax: _____

3. Business is: Corporation Individual Proprietor Partnership
 Other (please specify: _____)

4. Nature of Business: _____

Years in Business: _____

5. Number of locations by state (including #1 above): _____

6. Desired Limits:

(a) Total aggregate limit for all Insured events: _____

(b) Insured event sub-limit of liability (if none desired, please state "none"): _____

7. Desired Deductible each Loss: _____ Effective Date: _____

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8. Current Insurance (if none, please provide most recent information):

	D&O Insurance	EPL Insurance	CGL Insurance
(a) Name of insurer			
(b) Limit of Liability			
(c) Deductible/SIR			
(d) Policy Period			
(e) Premium			

9. Has your employment practices liability insurance or directors and officers insurance ever been canceled, declined, non-renewed, or accepted only on special terms?¹ Yes No **If "Yes", please attach full details including when and reason(s).**

II. Company Information

1. Please list all direct and indirect Subsidiaries. If an attachment is included, please check here: (attached).

Name	Describe Operations	% of Ownership	Date acquired or created

2. Are there any plans for a merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries? Yes No **If "Yes", please attach complete details.**

3. Is the Applicant or its Subsidiaries currently undergoing or does the Applicant or its Subsidiaries contemplate undergoing any employee layoffs or early retirements during the next 12 months (including ones resulting from any type of company restructuring or office, plant or store closing)? Yes No **If "Yes", please attach complete details.**

III. Employees (please provide the following information regarding the Applicant's and its subsidiaries' Employees, including directors and executive officers)

1. Total Number of Employees (all locations):

(a) Non-union: Full Time _____ Part Time _____ Seasonal ___ Temporary _____
 Union: Full Time _____ Part Time _____ Seasonal ___ Temporary _____

(b) Percentage of the total number of Employees in: Texas _____%; California _____%; and Michigan _____%

2. Total number of Employees for each of the last three years (all locations):

Latest Year _____ Second Year _____ Third Year _____

¹ Missouri applicants need not reply.

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3. Annual Employee turnover rate for each of the last 3 years (all locations):

Latest Year _____% Second Year _____% Third Year _____%
(Total voluntary & involuntary terminations for the year, divided by the total # of Employees for the year, equals the turnover rate.)

4. How many Employees have you terminated in the past three years (all locations):

Voluntarily: Latest Year _____ Second Year _____ Third Year _____
Involuntarily: Latest Year _____ Second Year _____ Third Year _____

5. Is the Applicant or any of its Subsidiaries subject to a collective bargaining agreement?

Yes No

If "Yes," How many Employees are also subject to this agreement? _____
When does said agreement expire? _____

6. Number of Employees with salaries greater than \$50,000: _____

7. Do the Applicant and its Subsidiaries provide training to its Employees with respect to its anti-harassment and discrimination policies? Yes No . If "Yes," please describe the type of training and how often it is provided. If "No," do the applicant and its Subsidiaries plan to provide such training and when is it anticipated to occur. _____

IV. Loss History

1. Has the Applicant, its Subsidiaries or any Employees, directors or officers thereof had any inquiries, investigations, grievances, claims or demand letters from current or former Employees, applicants for employment or their attorney or any local, state or federal agency governing employer responsibility to Employees within the past five (5) years? Include for each, the applicable dates, damages incurred, legal expenses, current status and brief description of circumstances. Also indicate the valuation date and source of this data. Yes No **If "Yes", please provide complete details on a separate sheet.**
2. Has the Applicant, its Subsidiaries or any directors, officers or Employees thereof had any lawsuits or any negotiated settlements entered into with any current or former employee or applicant for employment within the past five (5) years? Include for each, the applicable dates, jurisdictions, legal expenses incurred, current status, and brief description of circumstances. Also, indicate the valuation date and source of this data. Yes No **If "Yes", please provide complete details on a separate sheet.**
3. There has not been nor is there now pending any claim(s) or suit(s) alleging a Wrongful Employment Act against the Applicant, any of its Subsidiaries or any person proposed for insurance, except as follows: If no such claim(s) or suit(s), check here: "none". **If there are or were such claim(s) or suits(s), please provide complete details on a separate sheet.**
4. No person proposed for insurance has knowledge or information of any act, error or omission which might give rise to a claim(s) or suit(s) against any Insured proposed for insurance, except as follows: If no such knowledge or information exists, check here: _____ "none". **If such knowledge or information exists, please provide complete details on a separate sheet.**

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IT IS AGREED THAT WITH RESPECT TO QUESTIONS 1 THROUGH 4 ABOVE, IF SUCH CLAIM(S), SUIT(S), KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM(S) OR SUIT(S) ARISING THEREFROM ARE EXCLUDED FROM THE PROPOSED COVERAGE.

V. Human Resources

1. Do the Applicant and its Subsidiaries:
- a. Have a Human Resource or Personnel position or department? Yes No
 If "Yes", please provide the number of Employees in such department: _____
If "No", please attach a separate sheet providing details as to how this function is handled.
 - b. Have a written manual of all personnel policies and procedures? Yes No
 Does the manual address:
 - i. legally prohibited discrimination Yes No
 - ii. sexual and non-sexual harassment Yes No
 - ii. employee disciplinary actions Yes No
 - iii. terminations and layoffs Yes No
 - iv. written employee appraisals/reviews Yes No
 - c. Use an employment application for all applicants for employment? Yes No
 - d. Conduct an orientation for all new Employees? Yes No
 - e. Publish and distribute an employee handbook to all Employees? Yes No
 - i. Does the handbook contain an anti-sexual harassment and anti-discrimination policy? Yes No
 - ii. Are the Employees required to acknowledge receipt of the handbook in writing? Yes No
 - f. Have a written grievance process? Yes No
 - g. Provide mandatory training for all managers on anti-sexual harassment and anti-discrimination policies? Yes No
 - h. Use any tests for screening Employees or employment applicants? Yes No
- If the answer to question (h) is "Yes", please attach a separate sheet with details.**

VI. Human Resource Procedure Verification

By signing this application, the Applicant warrants the existence and utilization of the human resource policies and procedures checked below. If a policy is issued, the Insurer has the right to request samples of these materials and/or perform an on-site audit of the Applicant's operation. Receipt and review of this application does not bind the Insurer to complete the insurance.

- | | |
|---|--|
| <input type="checkbox"/> Employment Application | <input type="checkbox"/> Employee Handbook/Manual |
| <input type="checkbox"/> Employee Disciplinary Procedures | <input type="checkbox"/> Employee Grievance Procedures |
| <input type="checkbox"/> EEO-1 Report | <input type="checkbox"/> Performance Evaluation Form |
| <input type="checkbox"/> Anti-Harassment Statement | |

VII. Attach copies of the following for the Applicant and, to the extent available, each of its subsidiaries:

- (a) Latest annual report or audited Financial Statement or if neither is available, then the latest unaudited Financial Statement with a Treasurer's Warranty Letter.
- (b) Copy (certified by Corporate Secretary) of the indemnification provisions of the charter and the by-laws.
- (c) Employee Handbook.
- (d) Human Resources Manual/Guidelines.

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- (e) Procedures respecting applicants for employment, employee discipline, termination, alleged harassment or discrimination.
- (f) Latest EEO-1 report (if applicable).
- (g) Workers' Compensation Information Page.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO, WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE
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IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

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NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed _____
(Applicant)

Date _____

Title _____
(must be signed by Chairman of the Board or President)

Corporation _____
(Corporate Seal)

Attest _____

Broker _____

Address _____

Please read the following statement carefully and sign on the next page where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Signed _____

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(Applicant)

Date _____

Title _____

(must be signed by Chairman of the Board or President)

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