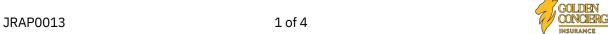
			Application for Employment Practices Liability					
APPLICANT'S INSTRUCTIONS:								
1.	. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.							
2.								
3. Please read the statements at the end of this application carefully. Thank you!								

EMPLOYMENT PRACTICES LIABILITY APPLICATION

Note: Application must be signed and dated by the owner, partner, or officer, and a human resources or personnel officer. PLEASE READ STATEMENT AT THE END OF THE APPLICATION CAREFULLY.

I.	GENE	ENERAL INFORMATION:								
	A.	Name & Address of Applicant:								
	В.	Business (proprietor, partnership, corporation, other):								
		Industry: Princip Years in Business:	al Products/Services:							
	C.	C. Number of U.S. Locations:Num	nber of Foreign Locations:							
II.	COVI	OVERAGE REQUESTED:								
	Α.	A. Limit of Liability:	Limit of Liability:							
	B.	B. Deductible:								
III.	EMP	MPLOYEE INFORMATION:								
	A.	A. Number of Employees: 1) Current U.S.: Full Time; Part Last Year U.S.: Full Time; Part Current Foreign: Full Time; Part Last Year Foreign: Full Time; Part	t Time (include seasonal and temporary):							
		2) For each of the past 3 years, what has been your turnover rate?%%	annual employee							
	B.V	B.What (if any) percentage of your workforce is represent	ed by a union?							
	C.I	C.Indicate the number of employees by salary range: \$50,000 or less: \$50,000-100,000:	\$100.000-250.000: Over \$250.000:							



0.0	Do you anticipate any significant changes in headcount because of growth or acquisi	tion? Yes □ No [
	Do you anticipate any plant, facility, branch, or office closings, consolidations, or layo	
	If yes to either question, please provide details on the circumstances and the ant layoffs.	
	n the past 12 months, have you acquired any companies or had a re-organization? If yes, please provide details and how many involuntary terminations occurred	
F.	Indicate the number of terminations that have occurred within the past year: Involuntary Voluntary	
MUF	1AN RESOURCES:	
A.	Does the Applicant have a Human Resources or Personnel Department? How many employees are in the department? How are human resource matters handled within branch offices?	Yes 🗌 No
В.	Do you distribute an employee handbook to all employees? Does the employee sign an acknowledgement for receipt of the handbook? Does it include the following?: At-will employment statement Equal Employment Opportunity policy Anti-harassment policy and procedures Employee grievance process Discipline policy for employees with performance problems	Yes No
C.E	Do you have a formal orientation program for new employees?	Yes \square No
D.[Do you use a standard employment application for all candidates for hire? Do you use tests to aid in the application and/or promotion process?	Yes ✓ No Yes ☐ No
E.	Do you distribute a policy & procedure manual to all supervisors and managers? Does it include procedures on?:	Yes ☑ No Yes ☑ No Yes ☑ No
	 Handling complaints of Discrimination or Sexual Harassment Hiring Termination Performance Reviews AIDS, or on assisting employees with life threatening diseases Accommodating the disabled according to Americans with Disabilities Act Granting unpaid leave according to the Family & Medical Leave Act 	Yes No No No Yes No No Yes No
F.	Do you provide written performance evaluations for each employee at least	
• •	annually?	Yes 🗹 No [



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	Ηι		eso	ire that all in urces Dept ounsel	Υ	es 🔽	ninations k No 🔲 No 🗆	oe reviev	Lega		epartment Managemen	nt	Yes 🗌 Yes 🗍		
	I.			nduct exit in ve an outpla							s ended?				No □ No ☑
V. L	OSS I	HISTOF	RY:												
А	Se	xual Ha	aras	first dollar Lo sment or em deral and sta	ploymer	nt rela	ted claims	and cha	arges for th	ie p	ast 5 years	. In	clude det	tail	s on
		te of ident	(Claimant(s)	Tyr of Clai	f	Open/C	losed/Di	sposition		Settlemer Ar	nt/R mt.	eserve		Defense Costs
VI. I	you Yes NSUF	1? 5	HIS		ease prov	/ide de	etails. 	ces that	may resul	t in	any claims		ng made	aga	ainst
		Perio	od:	Ins	urer:		Limit:	:	Ded	uct	ible:		Pre	emi	ium:
		s any in yes, ex		er ever cance n.	eled or n	on-re	newed this	s type of	coverage	in t	he past? Ye	S	□No		

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VII. ATTACHMENTS:

As part of this application, please attach the following:

- 1.Employee Handbook;
- 2. Human Resources (Supervisor) Manual;
- 3. Procedures for handling Discrimination or Sexual Harassment complaints:
- 4. Employment application, tests, and performance evaluations;
- 5. Annual Financial Report:
- 6.EEO-1 Report;
- 7. Collective Bargaining Agreements;

VIII. DECLARATION AND SIGNATURES:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage. In New York: 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 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date:
	24101

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