

		Application for Employment Practices Liability
<p>APPLICANT'S INSTRUCTIONS:</p> <ol style="list-style-type: none"> <li>1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.</li> <li>2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.</li> <li>3. Please read the statements at the end of this application carefully. Thank you!</li> </ol>		

## 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. GENERAL INFORMATION:

- A. Name & Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_
- B. Business (proprietor, partnership, corporation, other):  
 \_\_\_\_\_
- Industry: \_\_\_\_\_ Principal Products/Services: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_
- C. Number of U.S. Locations: \_\_\_\_\_ Number of Foreign Locations: \_\_\_\_\_

### II. COVERAGE REQUESTED:

- A. Limit of Liability: \_\_\_\_\_  
 B. Deductible: \_\_\_\_\_

### III. EMPLOYEE INFORMATION:

- A. Number of Employees:
- 1) Current U.S.: Full Time \_\_\_\_\_; Part Time (include seasonal and temporary): \_\_\_\_\_  
 Last Year U.S.: Full Time \_\_\_\_\_; Part Time (include seasonal and temporary): \_\_\_\_\_  
 Current Foreign: Full Time \_\_\_\_\_; Part Time (include seasonal and temporary): \_\_\_\_\_  
 Last Year Foreign: Full Time \_\_\_\_\_; Part Time (include seasonal and temporary): \_\_\_\_\_
  - 2) For each of the past 3 years, what has been your annual employee turnover rate? \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%
- B. What (if any) percentage of your workforce is represented by a union? \_\_\_\_\_
- C. Indicate the number of employees by salary range:  
 \$50,000 or less: \_\_\_\_\_ \$50,000-100,000: \_\_\_\_\_ \$100,000-250,000: \_\_\_\_\_ Over \$250,000: \_\_\_\_\_

D. During the next 12 months:

Do you anticipate any significant changes in headcount because of growth or acquisition?

Yes  No

Do you anticipate any plant, facility, branch, or office closings, consolidations, or layoffs?

No  
Yes

If yes to either question, please provide details on the circumstances and the anticipated number of layoffs.

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E. In the past 12 months, have you acquired any companies or had a re-organization?

Yes  No

If yes, please provide details and how many involuntary terminations occurred. \_\_\_\_\_

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F. Indicate the number of terminations that have occurred within the past year:

Involuntary \_\_\_\_\_ Voluntary \_\_\_\_\_

IV. HUMAN RESOURCES:

A. Does the Applicant have a Human Resources or Personnel Department?

Yes  No

How many employees are in the department? \_\_\_\_\_

How are human resource matters handled within branch offices? \_\_\_\_\_

B. Do you distribute an employee handbook to all employees?

Yes  No

Does the employee sign an acknowledgement for receipt of the handbook?

Yes  No

Does it include the following?:

Yes  No

At-will employment statement

Yes  No

Equal Employment Opportunity policy

Yes  No

Anti-harassment policy and procedures

Yes  No

Employee grievance process

Yes  No

Discipline policy for employees with performance problems

Yes  No

C. Do you have a formal orientation program for new employees?

Yes  No

D. Do you use a standard employment application for all candidates for hire?

Yes  No

Do you use tests to aid in the application and/or promotion process?

Yes  No

Do you distribute a policy & procedure manual to all supervisors and managers?

Yes  No

E. Does it include procedures on?:

Yes  No

1) Handling complaints of Discrimination or Sexual Harassment

Yes  No

2) Hiring

Yes  No

3) Termination

Yes  No

4) Performance Reviews

Yes  No

5) AIDS, or on assisting employees with life threatening diseases

Yes  No

6) Accommodating the disabled according to Americans with Disabilities Act

7) Granting unpaid leave according to the Family & Medical Leave Act

F. Do you provide written performance evaluations for each employee at least annually?

Yes  No

G. Do managers and supervisors receive formal training in the following areas?

- 1) Implementation of personnel policies and procedures Yes  No
- 2) Harassment prevention and investigation Yes  No
- 3) Proper interviewing techniques Yes  No
- 4) Cultural sensitivity or diversity Yes  No

H. Do you require that all involuntary terminations be reviewed by:

- Human Resources Dept Yes  No
- Outside Counsel Yes  No
- Legal Department Yes  No
- Senior Management Yes  No

- I. Do you conduct exit interviews when an employment relationship has ended? Yes  No
- Do you have an outplacement program for terminated employees? Yes  No

V. LOSS HISTORY:

A. Please furnish first dollar Loss History for all open and closed Wrongful Termination, Discrimination, Sexual Harassment or employment related claims and charges for the past 5 years. Include details on all related federal and state administrative proceedings. Please attach a separate sheet, if necessary.

Date of Incident	Claimant(s)	Type of Claims	Open/Closed/Disposition	Settlement/Reserve Amt.	Defense Costs

B. Are you aware of any facts, incidents, or circumstances that may result in any claims being made against you?

Yes  No  If yes, please provide details.

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VI. INSURANCE HISTORY:

A. Prior EPLI coverage - past 3 years (if any):

Period:	Insurer:	Limit:	Deductible:	Premium:

B. Has any insurer ever canceled or non-renewed this type of coverage in the past? Yes  No   
 If yes, explain.

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: