

INSURANCE PROFESSIONALS EMPLOYMENT PRACTICES LIABILITY APPLICATION

GENERAL INFORMATION:

1. Name of Applicant: _____

2. a. Have you closed or consolidated any offices, downsized or reduced staff (greater than 10% of the work force) or merged with or acquired any company during the past 12 months? ☐ Yes ☐ No
 b. Do you anticipate any of the above in the next 12 months? ☐ Yes ☐ No
 If yes to a. or b. above, please provide details on a separate sheet of paper.

3. Do you currently carry EPL insurance? ☐ Yes ☐ No
 If yes, please provide:
 Insurer: _____ Limit of Liability: Each Claim: _____
 Policy Period: _____ Aggregate: _____
 Deductible: _____ Retroactive Date: _____
 Premium: _____ Co-Insurance Amount: _____

4. Has any policy or application for Employment Practices Liability Insurance for the Applicant, its owners, officers, partners or employees been declined, canceled or refused renewal within the past five years? ☐ Yes ☐ No
 If yes, please explain: _____

5. Limits of Liability desired (per claim/aggregate):
☐ \$250,000/\$250,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000

6. Deductible desired (per claim):
☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other _____

STAFF:

7. By State, list the number of office locations and number of staff:

State	No. of Locations	Full-Time Employees	Part-Time Employees	Temp/Leased Employees	Independent Contractors	
					* Exclusive	Other

* Exclusive Contractors include those IC's that place 75% or more of their business with your Agency.

How many employees work for you under an employment contract? _____

8. Number of staff at the beginning of, and leaving your employ in, each of the last three years:

Year	Staff at Beginning of the Year	Staff Leaving Voluntarily	Staff Leaving Involuntarily
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Compensation ranges, including salaries, bonuses and commissions:

Compensation Range	# of staff	% of total
Less than \$30,000	_____	_____
\$30,001 – \$100,000	_____	_____
Over \$100,000	_____	_____

LOSS HISTORY:

10. Regardless of whether or not such may have been covered by any insurance policy, have you had or do you presently have any employment-related claims including, but not limited to, complaints, charges, grievances, arbitrations, litigation, administrative agency proceedings (federal, state, or local), or negotiated settlements ("claims") concerning employment issues such as hiring, promotion, termination, discrimination, or sexual harassment? If yes, please provide information on the Supplemental Application – Claims for each such "claim" in the past five years. ☐ Yes ☐ No

11. After diligent inquiry, does the applicant or any of its predecessors in business, subsidiaries, affiliates, past or present partners, owners, salespersons, employees, or independent contractors have knowledge of any facts, incidents, internal complaints, or circumstances ("incidents") which may result in employment-related claims being made against you? If yes, please provide information on the Supplemental Application – Claims for each such "incident" ☐ Yes ☐ No

Any employment-related claims, or claims that may arise from facts, incidents, or circumstances that you have disclosed, or should have disclosed in response to questions 10 and 11, will be excluded from coverage under the insurance for which this Application is made.

HUMAN RESOURCES FUNCTION:

12. Please identify the name, position and telephone number of the person whose responsibility is the administration of human resources:

_____	_____	() _____
Name	Position	Phone Number

Is this the primary responsibility of this person? ☐ Yes ☐ No

RISK MANAGEMENT PRACTICES:

13. Do you use an employment application during your hiring process? ☐ Yes ☐ No

a. Does your application contain an employment at will statement? ☐ Yes ☐ No

b. Does your application include authorization to check references and criminal conviction records? ☐ Yes ☐ No

c. Does your application require a signature attesting that all representations are true? ☐ Yes ☐ No

d. Does your application contain an equal employment opportunity statement? ☐ Yes ☐ No

e. Date your application was created: _____

14. a. Do you use any psychological testing (not including aptitude testing)? ☐ Yes ☐ No
 b. Do you use any pre-employment skills aptitude testing? ☐ Yes ☐ No
 c. If yes to a. or b. above, is it administered to all new hires for each job category
 for which it is used? ☐ Yes ☐ No
 d. What is the name of the test(s) that are given? _____
15. Do you distribute an employment handbook to your staff? ☐ Yes ☐ No
 If yes, does it contain:
 a. An employment-at-will statement? ☐ Yes ☐ No
 b. An equal employment opportunity statement? ☐ Yes ☐ No
 c. An anti-sexual harassment policy? ☐ Yes ☐ No
 d. A written internal complaint procedure for discrimination and sexual
 harassment claims? ☐ Yes ☐ No
 If no, do you have written policies on all of the above items that are either posted in your
 offices or distributed separately to your staff at least annually? ☐ Yes ☐ No
 Specify any that are not: _____
16. Do you have the following in place:
 a. Written policies for hiring, promoting, disciplining and terminating employees? ☐ Yes ☐ No
 b. A progressive disciplinary policy? ☐ Yes ☐ No
 If yes, is it distributed to supervisors in writing? ☐ Yes ☐ No
 c. Written job descriptions? ☐ Yes ☐ No
 d. A policy that requires all employment terminations be reviewed by the person
 responsible for Human Resources or the Human Resources Department? ☐ Yes ☐ No
 e. A policy that requires regular written performance evaluations? ☐ Yes ☐ No
17. If you employ exclusive independent contractors (those who place at least 75% of their
 volume with your agency):
 a. Do you provide them with all the employment-related documents and training that you
 provide to your employees? ☐ Yes ☐ No
 b. Are they subject to the same employment standards as your employees? ☐ Yes ☐ No
18. Have all of your written employment-related policies and procedures been reviewed
 by outside legal counsel? ☐ Yes ☐ No
 a. If yes, when? _____ By whom? _____
 b. Have all recommendations from that review been implemented? ☐ Yes ☐ No
 If not, please explain or provide a time table for implementation. _____

19. Do management and supervisory employees receive initial and ongoing training on the
 proper implementation of your personnel policies and procedures? ☐ Yes ☐ No
20. Do you post in places conspicuous to all employees and applicants for employment, all
 notices required by law? ☐ Yes ☐ No
21. Have you informed supervisory personnel, in writing, of their responsibility to provide
 you with prompt notice of any claims, incidents, or allegations? ☐ Yes ☐ No

PLEASE READ THE FOLLOWING CAREFULLY

WARNING

(NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, AND OREGON)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any coverage issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the coverage if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Liberty Mutual Insurance Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance. The undersigned also authorizes Liberty Mutual Insurance Companies to provide information, including claim and premium details, on any coverage issued pursuant to this application, to a past or present franchising organization named as an Insured on the policy.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

Except to such an extent as may be provided otherwise in this coverage, the coverage for which application is being made is limited to ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED and reported to the company while the coverage is in force and which arise from employment practices which first take place on or after the Retroactive Date of this coverage.

Signature of Applicant _____ **Date** _____

Title of signing applicant: ☐ Owner ☐ Executive Officer ☐ Partner ☐ Member of LLC ☐ Other _____
(MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER, OR EXECUTIVE OFFICER)

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART WILL BE ISSUED. ADDITIONAL INFORMATION MAY BE REQUESTED.