

Employment Practices Liability Insurance Application
(Claims-Made and Reported Coverage)

NOTICE: The policy for which you are applying is written on a claims-made and reported basis, meaning only claims first made against you during the policy period and reported to the insurer in accordance with the policy notice provisions will be covered, subject to all other policy terms and conditions. The Limits of Liability will be reduced, and may be exhausted, by defense costs. Defense costs will be applied to the retention(s), if any. The completion of this application does not bind coverage.

General Instructions for completing this Application:

1. Please type or print in ink.
2. Please read this application carefully and answer all questions completely, leaving no blanks. If any question, or any part of a question, does not apply, please answer by stating "Not Applicable" or "N/A". If the answer to any question, or any part of a question, is none, please answer by stating "None" or "0". If more space is needed to answer a question, please attach a separate page and identify the question to which the answer pertains.
3. The completed application should include all information relative to all subsidiaries and locations to be covered. Please provide details of the relationship between the Applicant and each entity for which coverage is being sought, as well as the nature of operations for each entity. Please use a separate page, if necessary.
4. This application must be signed by an authorized principal or officer of the Applicant.
5. Please read the policy for which you are applying prior to completing this application.

Section I. General Information

1. Name of proposed Named Insured(s) ("Applicant"): _____
(See general instructions #3 above)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Website: _____

Nature of Operations: _____

2. Has the Applicant been in business longer than three years? Yes No
3. Is the Applicant a Publicly Held or Public Reporting Company under the Securities Exchange Act of 1934 (as amended), or has it ever been? Yes No
4. a) Has the Applicant been involved in, negotiated, attempted, or transacted any acquisitions, merger, or divestment in the past 18 months, where such transaction would have or did result in a 25% change of the total assets of the company? Yes No
b) Is the Applicant contemplating such a transaction in the next 18 months? Yes No

If "Yes" for any part of question 4 above, please provide details on a separate page.

Section II. Prior Insurance and Claims History

1. Has the Applicant purchased similar coverage before, or is the Applicant currently insured for similar coverage through another carrier? Yes No

If "Yes", please complete the below:

	Carrier	Limit / Retention	Coverage Inception Date	Expiration Date	Expiring Premium
EPL					
D&O					
FID					

2. Within the past five years, has any person or entity proposed for this insurance been the subject of, or involved in, any governmental investigation, inquiry, or proceeding, including any investigation by the Department of Labor, the Equal Employment Opportunity Commission, or any similar state or local agency? Yes No
If "Yes", please provide details on a separate page.
3. Is any person proposed for this insurance aware of any facts, incidents, circumstances, or allegations of wrongful acts which may result in claims being made against any person or entity proposed for this insurance? Yes No
If "Yes", please provide details on a separate page.

Section III. Employment Practices Liability

1. Total employee count:
 a) Full time: _____ Part time: _____ Seasonal/Temporary/Contracted: _____ Foreign: _____
 b) Number of highly compensated employees (total annual salary/wages and bonus exceed \$100K): _____
 c) Estimated total salary/wages and bonuses for all employees, including officers, owners and partners: \$_____
2. Has the Applicant transacted in the past 12 months, or does it anticipate transacting in the next 12 months, any layoffs, facility closings, relocations, or other reductions in force? Yes No
If "Yes", please provide details on a separate page.
3. Does the Applicant compensate all interns? Yes No
4. Does the Applicant have guidelines to classify the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938 (as amended)? Yes No

ONLY COMPLETE QUESTIONS 5-8 BELOW IF THE APPLICANT HAS 15 OR MORE EMPLOYEES. SKIP TO SECTION IV IF THE APPLICANT HAS LESS THAN 15 EMPLOYEES.

5. Total turnover for preceding 12 months: Employees: _____ Management: _____ Officers: _____
6. Does the Applicant distribute an employee handbook to every employee? Yes No
If "Yes", please complete the following:
 a) Does the handbook include procedures for sexual harassment and complaints of discrimination? Yes No
 b) Does the handbook include procedures for handling employee grievances and complaints? Yes No

- c) Has the handbook been reviewed by outside counsel in the past 24 months? Yes No
7. Does the Applicant have a Human Resources Department? Yes No
8. Have all management staff and officers attended sexual harassment training in the past 18 months? Yes No

Section IV. Fraud Warning Notices

Applicant's submission of this Application does not obligate the Company to issue, or Applicant to purchase, a policy. Applicant will be advised if the Application for coverage is accepted. Applicant hereby authorizes the Company to make any inquiry in connection with this Application.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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 imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by 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 of 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 and Rhode Island 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, 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Alabama and Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 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.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

Section V. Representations

- A. The undersigned represents that the statements, representations and information contained herein, or attached to this application, are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.
- B. The undersigned acknowledges that the signing of this application does not bind the undersigned to complete the insurance. The undersigned further acknowledges that the statements, representations, and information contained herein, or submitted with this application (which shall be retained on file by the Underwriters and shall be deemed attached hereto, as if physically attached hereto), are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
- C. Underwriters hereby are authorized to make any investigation and inquiry relating to this application as they may deem necessary.
- D. The undersigned acknowledges and agrees that if the information supplied on this application, or in any attachments, changes between the date of the Application and the effective date of the policy period, the Applicant will immediately notify the Underwriters of such change, and the Underwriters may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
- E. For purposes of creating a binding contract of insurance by this application, or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature, and that the original and any such copies shall be deemed one and the same document.

Signed: _____ Date: _____
Must be signed by an authorized principal or officer of the Applicant

Print Name: _____ Title: _____