

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION FORM

IMPORTANT INSTRUCTIONS FOR COMPLETING THE FOLLOWING
QUESTIONNAIRE

- YOU MAY NAVIGATE THROUGH THIS FORM BY USING YOUR TAB KEY.
- ONCE YOU HAVE FINISHED COMPLETING THE FORM, PLEASE SAVE IT TO YOUR COMPUTER THEN PRINT A COPY OF THE FORM AND FAX IT TO US AT 626-683-7682.
- YOU MAY USE THIS PAGE AS YOUR FAX COVER PAGE.

**PLEASE TYPE THE NAME
OF YOUR COMPANY HERE:** _____

PLEASE TYPE YOUR NAME HERE: _____

PLEASE TYPE YOUR PHONE NUMBER HERE: _____

**PLEASE FAX THIS PAGE AND THE FOLLOWING PAGES, ONCE
COMPLETE, TO 626-683-7682.**

IF YOU HAVE ANY QUESTIONS, YOU MAY CALL AND SPEAK WITH MR.
DANA COATES AT UNITED WESTERN INSURANCE BROKERS, THE
PROGRAM MANAGERS FOR EPLI.COM THE TOLL FREE PHONE NUMBER
FOR MR. COATES IS 1-800-378-5554

WE LOOK FORWARD TO BE OF ASSISTANCE AND WE WILL BE PLEASED
TO ASSIST YOU THROUGH THIS ENTIRE PROCESS.

NOTE: IF YOU NEED TO PURCHASE AN EMPLOYEE SAFETY MANUEL OR
AN EMPLOYEE HANDBOOK, LET MR. COATES KNOW AND HE CAN
PROVIDE PRICING INFORMATION TO YOU. YOU MAY PURCHASE THE
MANUELS EVEN IF YOU DO NOT PURCHASE THE EPLI INSURANCE.

11. (b) Does the **Named Insured** employ, during the course of the year, more than 10 percent of its total workforce in seasonal laborers, or utilize temporary **Employees**? Yes No

12. Annual pay ranges:

	Number of Full Time Employees	Number of Part Time Employees
\$50,000 or less		
\$50,001 to \$100,000		
\$100,001 and over		

13. (a) Does the **Insured Entity** currently employ a full time Human Resources professional? Provide details below, as appropriate. Yes No
 If "Yes", what is the name and title of the senior Human Resources professional?

Name: _____ Title: _____

If "No", what is the name and title of the person who performs the Human Resource function?

Name: _____ Title: _____

(b) Does the **Insured Entity** currently utilize employment counsel? Provide details below, as appropriate. Yes No

If "Yes", what is the name of the firm utilized? Firm: _____

14. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):

(a) Utilize employment applications for all prospective **Employees**? Yes No

(b) Conduct reference checks on all prospective **Employees**? Yes No

(c) Use any tests, including drug or skill tests to screen applicants, or to promote or monitor **Employees**? Yes No

(d) Maintain a personnel file on each **Employee**? Yes No

(e) Maintain confidential and segregated **Employee** medical records? Yes No

(f) Have a document retention policy for all **Employee**/employment related documents? Yes No

If "Yes", how long are they retained? _____

(g) Inform all **Employees** in writing that their employment relationship is "at-will"? Yes No

(h) Require the Human Resource Department to review and approve each proposed **Employee** termination? Yes No

(i) Have outside employment counsel review each proposed **Employee** termination? Yes No

(j) Document each **Employee's** personnel file with all reasons for termination? Yes No

(k) Require any **Employee(s)** to retire upon attaining a certain age? Yes No

(l) Have written employment agreements with any **Employees**? Yes No

(m) Have collective bargaining agreements with any group of **Employees**? Yes No

(n) Maintain a written arbitration policy/procedure for employment related disputes? Yes No

(o) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? Yes No

(p) Have a policy prohibiting the display or distribution of material, whether printed or electronic, which may be deemed offensive to others, and distribute that policy to all **Employees**? Yes No

(q) Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment? Yes No

(r) Periodically have its employment policies and procedures reviewed by outside employment counsel? Yes No

15. Indicate which formal written policies and procedures have been implemented and attach a copy of each. If "None", so state. None

- Written Employee Evaluation Policy
- Progressive Discipline Policy
- Human Resources Manual (or equivalent guidelines)
- Anti-Harassment Policy, including Sexual Harassment
- Adherence to Employment "at-will" relationship with all **Employees**
- Anti-Discrimination Policy
- Complaint / Grievance Procedure
- Workplace Safety Policy
- Family Medical Leave Act Policy

Previous Insurance Information

16. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state. None

	Insurance Carrier	Expiration Date	Limit of Liability	Deductible	Premium
Employment Practices Liability					
Directors' and Officers' Liability					
General Liability					

17. Has the Extended Reporting Period (or Discovery Period) been exercised for the **Named Insured's** most recent Employment Practices Liability Policy? Yes No

Litigation and Claim Information

18. In the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Act(s)** against the **Insured Entity** or its directors, officers or **Employees**? Yes No

A **Claim** is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance. Please provide details of all incidents even if the matter has since been settled or otherwise resolved.

19. During the last 5 years, has the **Insured Entity** or any of its directors, officers or **Employees** thereof known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or under any of the following forums?
- (a) National Labor Relations Board? Yes No
 - (b) Equal Employment Opportunity Commission? Yes No
 - (c) Office of Federal Contract Compliance Programs? Yes No
 - (d) U.S. Department of Labor? Yes No
 - (e) Any state or local government agency such as the Labor Department or fair employment agency? Yes No
 - (f) U.S. District or state court? Yes No

Provide details of all incidents even if the matter has since been settled or otherwise resolved.

IF "YES" TO QUESTION 18. OR ANY PART OF QUESTION 19., PROVIDE THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT, OR BY COMPLETING A CLAIMS SUPPLEMENT FORM.

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|----------------|----------------------------------|---|--|--------------------------|
| (a) Allegation | (b) Date Claim first made | (c) Paid damages/expenses including attorneys' fees | (d) Outstanding damages/expenses including attorneys' fees | (e) Total costs incurred |
|----------------|----------------------------------|---|--|--------------------------|

20. Is the **Insured Entity** or its management aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a Claim, including, but not limited to, situations involving:
- (a) Threats by any current or former **Employee** or third party to take legal or other action against the **Insured Entity** or any of its **Employees**, or a demand or request by any current or former **Employee** for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Employment Act(s)**?
 - (b) Knowledge that any current or former **Employee** is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?
 - (c) Complaints or accusations by other **Employees** or third parties that a current or former **Employee** is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?
 - (d) Warnings, reprimands, or other disciplinary measures taken against any current or former **Employee** for acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?
- Yes No

IF "YES" TO QUESTION 20., PROVIDE DETAILS BY ATTACHMENT.

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 18., 19. OR 20.

Documents Required

Please submit one copy of each of the following documents. These documents will be attached to and made a part of this Proposal Form.

- (a) Provide details to all "Yes" answers, when applicable, by attachment
- (b) The most recent Employee Handbook or Employee Policy Manual

Please Read Carefully

The undersigned Chairman of the Board of Directors, President or Chief Executive Officer and Human Resources Manager declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Director or Officer or Employee**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Director or Officer or Employee** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- the information contained in this Proposal Form shall not be used by any **Insureds** as notice as provided for in section VII. of the Policy, nor will the **Insurer** recognize and/or accept the information contained herein as notice as provided for in section VII. of the Policy;
- this Proposal Form has been completed as respects the entire Insured Entity;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

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 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, 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.

NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO DISTRICT OF COLUMBIA, MAINE, MASSACHUSETTS AND VIRGINIA 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.

	Dated:
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Chairman of the Board of Directors, President or Chief Executive Officer

	Dated:
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Human Resources Manager (or equivalent position)

This Carolina Casualty Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Please Print Name Here)

AGENT'S LICENSE NUMBER