



UNDERWRITTEN IN FEDERAL INSURANCE COMPANY, TEXAS PACIFIC INDEMNITY COMPANY, OR  
PACIFIC INDEMNITY COMPANY

Employment Practices Liability Coverage is written on a claims-made basis. Except as otherwise provided, this section of the policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

1. GENERAL INFORMATION

Parent Organization \_\_\_\_\_

Address \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date Established \_\_\_\_\_

Nature of Business \_\_\_\_\_

2. MATERIAL CHANGE

Signing of this application does not bind the **Parent Organization** or the Company. If there is any material change in the answers to the questions prior to the policy inception date the **Parent Organization** will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

As part of this application, please attach the following (where applicable):

- Latest audited annual report.
- Most recent employee handbook.
- Most recent EEO-1 report.
- Functional organizational chart depicting Human Resource Department position.
- Copy of an employment application.

4. COVERAGE REQUESTED

Employment Practices Liability Limit requested \$ \_\_\_\_\_

5. POLICY PERIOD REQUESTED

From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Parent Organization**.

**6. SUBSIDIARIES**

Do you want to include all subsidiaries?  Yes  No. Attach a list of subsidiaries to be covered including the following information: nature of business, % owned, date acquired or created.

**7. PARTNERSHIPS**

Does the **Parent Organization**, a subsidiary or any director or officer presently act in the capacity of general partner in a limited or general partnership?  Yes  No. If yes, attach details.

**8. GENERAL INFORMATION**

Total number of U.S. employees \_\_\_\_\_

Total number of Fair Labor Standards Act exempt employees \_\_\_\_\_

Total number of Fair Labor Standards Act non-exempt employees \_\_\_\_\_

Total number of unionized employees in the U.S. \_\_\_\_\_

The total number of employees in each of the following states: California \_\_\_\_\_ Texas \_\_\_\_\_ New Jersey \_\_\_\_\_ Michigan \_\_\_\_\_

Is the **Insured Organization** owned by a non-U.S. parent?  Yes  No. If yes, please provide the name of the parent:  
\_\_\_\_\_

Has the **Insured Organization** conducted any layoff, staff reduction or facility closing during the last 6 years?  Yes  No. If yes, attach details.

Is the **Insured Organization** anticipating any layoffs or staff reductions?  Yes  No. If yes, attach details.

**9. EMPLOYMENT POLICIES AND PRACTICES**

Does the **Insured Organization** use outside employment counsel for employment advice or defense?  Yes  No. If yes, whom? \_\_\_\_\_

If outside employment counsel is not retained, who is responsible for employment advice and defense? \_\_\_\_\_

Does the **Insured Organization** have an employment-at-will statement and contract disclaimers?  Yes  No. If yes, please attach a copy.

Does the **Insured Organization** have a formal employment contract with any employer?  Yes  No. If yes, how many? \_\_\_\_\_

What is the total annual compensation paid pursuant to all employment contracts? \_\_\_\_\_

Does the **Insured Organization** provide outplacement for terminated employees?  Yes  No. If yes, please describe.

\_\_\_\_\_

Does the **Insured Organization** have an established termination procedure?  Yes  No. If yes, please describe.

\_\_\_\_\_

Does the **Insured Organization** have an established severance policy?  Yes  No. If yes, please describe.

\_\_\_\_\_

**10. LOSS HISTORY**

Please attach a listing of all employment lawsuits as well as administrative proceedings (e.g. EEOC) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each.

Is the **Insured Organization** presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?  Yes  No. If yes, please attach a copy.

**11. PRIOR INSURANCE**

Does the **Insured Organization** currently have employment practices liability or similar insurance?  Yes  No. If no, skip to **Section 13**. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

Has the **Insured Organization** or any **Insured Person** given written notice under the provisions of any prior or current employment practices liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any **Insured**?  Yes  No. If yes, attach details.

**12. CONTINUITY WITH PRIOR COVERAGE**

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested \_\_\_\_\_

If continuity of coverage is requested:

- a. attach a copy of the prior application with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

**13. PRIOR KNOWLEDGE/REPRESENTATION**

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted or if there is no prior coverage.

**It is important that you fill in the blank in this paragraph.** No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **(If no exceptions please state.)** \_\_\_\_\_

**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded from this proposed coverage.**

**14. FALSE INFORMATION**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**15. DECLARATION AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the **Parent Organization** or its directors, officers or **Insured Persons** to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by the Director of Human Resources.

\_\_\_\_\_

Date

Signature

Title