



# TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

## EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

### THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE POLICY

#### INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/ explanations as required.
2. Application must be dated and have two (2) signatures.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

#### I. General Information

##### A. Name and address of Applicant:

(attach a list of all subsidiaries to be covered under this proposal)

City State Zip

Web Address: www.

##### B. HELPLINE/Loss Control Contact

Title	_____	E-mail:	_____
Phone	_____	FAX:	_____

- C.  Sole Proprietor       Corporation       Partnership  
 Joint Venture       Franchise       Other (Please specify)

##### D. Describe nature of business:

<b>Total Assets: \$</b>	<b>Current Assets: \$</b>	<b>Annual Revenues: \$</b>
<b>Total Liabilities: \$</b>	<b>Current Liabilities: \$</b>	<b>Net income/loss: \$</b>
<b>Negative cash flow?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, how much? \$</b>	<b>Debt:</b>
<b>Total Assets: \$</b>	<b>Current Assets: \$</b>	<b>Annual Revenues: \$</b>

- F. How long has the company been in business? \_\_\_\_\_ Years  
G. How long has the company been under current management? \_\_\_\_\_ Years  
H. Limits requested: From \$500,000 / \$500,000 aggregate to \$5,000,000 / \$5,000,000 aggregate:

- I. Deductible requested: \$ \_\_\_\_\_ (Minimum varies on size of company)  
J. Effective date requested: \_\_\_\_\_

- K. Have you acquired any companies in the past two (2) years? .....  Yes  No  
L. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? ..... If so, how many? \_\_\_\_\_  Yes  No  
*(If you have answered YES to either K or L above, please provide details on a separate sheet)*  
M. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 10% or more of the employees in any 60 day period within the next eighteen (18) months?..  Yes  No  
*(If YES, please provide details on separate sheet)*  
N. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? .....  Yes  No

<u>Year</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

O. Has any insurer ever canceled or non-renewed this type of coverage? .....  Yes  No  
*(If YES, please provide details on a separate sheet)*

**II. Loss History**

A. Furnish loss & claim history (5 years) for all wrongful termination, unfair employment practices, discrimination and harassment (sexual or non-sexual) Claims/Incidents/lawsuits, including any legal expenses and damages/settlement amounts:  
 None  See Attached Supplemental Claim/Incident Form

Total Number of claims in the past 5 years: \_\_\_\_\_

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

B. Has any **Management Personnel** knowledge of any circumstances which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?  Yes  No

**Management Personnel** means owner, director, officer, partner, president, chief executive officer, chief financial officer, chief operating officer, executive director, general or office manager, in-house attorney, head of risk management, head of human resources or any person performing the human resources function.

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET

*For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:*

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire an attorney;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.

C. Has the Applicant been involved in any charges, inquiries, investigations, grievances or other hearings before the Equal Employment Opportunity Commission or any other governmental agency?  Yes  No  
*(If you answer YES, please provide details on a separate sheet)*

**The Applicant acknowledges (by signing this application) that any claims or incidents reported in, or that should have been reported in Section II will be excluded from coverage.**

**III. Employees**

A. Number of employees:	Full Time: _____	Part Time: _____
B. Salary ranges ( <i>including bonuses and commissions</i> ):	Number of full time employees	Number of part time employees
\$50,000 or less;	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 and over	_____	_____

C. Does the Applicant use seasonal employees? .....  Yes  No  
 If so, when and how many? \_\_\_\_\_  
 Do you use an Agency? \_\_\_\_\_  
 Which one? \_\_\_\_\_  
 Are these employees included in A and B above? .....  Yes  No

D. In the last 12 months, how many officers have left your employ?  
 Of the above: how many left voluntarily? \_\_\_\_\_  
 how many were terminated? \_\_\_\_\_

E. In the last 12 months, how many other employees have left your employ?  
 Of the above: how many left voluntarily? \_\_\_\_\_  
 how many were terminated? \_\_\_\_\_

**IV. Human Resources**

A. Does the Applicant have written employment agreements with **all** officers? .....  Yes  No  
 B. Does the Applicant establish at-will employment relationships with all employees? .....  Yes  No  
 C. Have the Applicant's managers and/or supervisors attended training and education programs / seminars on sexual harassment within the last 12 months? .....  Yes  No  
 If YES, who has attended? \_\_\_\_\_  
 If YES, who conducts? \_\_\_\_\_  
 If NO, is applicant willing to implement such training? .....  Yes  No  
 D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? .....  Yes  No

- If NO, is the Applicant willing to do so? .....  Yes  No
- E. Does the Applicant have a Human Resources or Personnel Department? .....  Yes  No  
 If NO, who handles this function? \_\_\_\_\_
- F. Does the Applicant publish an employment handbook? .....  Yes  No  
 If No, is applicant willing to do so? .....  Yes  No  
 If YES, does the Applicant distribute it to all employees? .....  Yes  No  
 If YES, do employees sign for receipt/acceptance? .....  Yes  No
- G. Does the Applicant have written procedures for handling employee complaints of discrimination and / or sexual harassment? .....  Yes  No
- H. Has the Applicant implemented anti-sexual harassment policies/ procedures? .....  Yes  No
- I. Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees? .....  Yes  No  
 If so, what kind and are they performed in-house or by a third party? \_\_\_\_\_
- J. Does the Applicant require all terminations to be reviewed by :  
     its Human Resources Department? .....  Yes  No  
     or its Legal Department? .....  Yes  No  
     or outside counsel? .....  Yes  No  
 If NO, is applicant willing to do so? .....  Yes  No
- K. Does the Applicant maintain a personnel file for each employee? .....  Yes  No
- L. Does the Applicant have any written grievance or complaint procedures? .....  Yes  No  
 If NO, is applicant willing to implement such procedures? .....  Yes  No
- M. Does the Applicant regularly consult with a labor relation's counsel? .....  Yes  No  
 If YES, who is your labor relation's counsel? \_\_\_\_\_  
 How is this person / firm utilized? \_\_\_\_\_

**Employee Privacy Coverage (NEW Coverage) - Included for no additional premium for qualified applicants.**

1. Do you restrict employee access to employees' personal information such as social security numbers, account information and health care information?  Yes  No
2. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the privacy insurance sought? **If YES, please attach details.**  Yes  No

**V. Other Material Facts**

- A. Please declare any Material Facts on a separate sheet: ..... NONE  SEE ATTACHED

*A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.*

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.**

\*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 material facts thereto commits a fraudulent insurance act, which is a crime.

Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title
Date	Applicant's Authorized Signature of Individual in Charge of Human Resources or Personnel Department or Signature of 2 <sup>nd</sup> Authorized Person	Title

Please ensure that additional information is attached where applicable.

**EMPLOYMENT PRACTICES LIABILITY INSURANCE  
SUPPLEMENTAL CLAIM / INSURED EVENT / INCIDENT FORM**

The form is to be completed if any question in the Loss History section of the Application is answered "yes" or "see attached". Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed application along with any explanations. No full Quotation can be given without this complete information.

1. Name of Applicant: \_\_\_\_\_
2. Name of individual(s) employed by Applicant charged by employee/non-employee in claim/incident:  
Defendant(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Defendant(s): \_\_\_\_\_ Title: \_\_\_\_\_
3. Name of claimant making complaint/allegations in incident (Plaintiff): \_\_\_\_\_
4. Date of alleged incident / Insured Event: \_\_\_\_\_
5. Date Applicant became aware of alleged incident / Insured Event: \_\_\_\_\_
7. Name of Insurer claim reported to (if any): \_\_\_\_\_
8. Are you represented by an attorney? \_\_\_\_\_ If yes, name of attorney and firm: \_\_\_\_\_
9. Present status of claim/incident: \_\_\_\_\_ Pending \_\_\_\_\_ Closed \_\_\_\_\_ In suit
10. **If Closed**, total Damages paid: \$ \_\_\_\_\_ Total Expenses paid: \$ \_\_\_\_\_
11. **If EEOC/State Agency filing:**
  - a. Has right to sue letter been issued? \_\_\_\_\_ Date: \_\_\_\_\_  
Date right to sue expires (or did expire)? \_\_\_\_\_
  - b. Has determination of fault been decided? \_\_\_\_\_  
What was determination? \_\_\_\_\_  
If employee has a right to sue, what date does (did) this expire? \_\_\_\_\_
12. **If Pending**, is employee demanding a settlement amount? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Has employer offered a settlement amount? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
Insurer's Loss Reserve (if Insurance Co. involved): \$ \_\_\_\_\_  
Legal Expenses to date: \$ \_\_\_\_\_
13. Detailed description of employee's complaint and Applicant's response (attach additional sheets if necessary):
  
14. Explain what actions have been taken to prevent an incident like this happening again (attach additional sheets if necessary):

**I understand the information submitted here becomes a part of my Application (and a part of the Policy should a policy be issued) and is subject to the same warranty and conditions. The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this form changes between the date of this form and the inception date of the Policy, it will immediately notify us of such change.**

\_\_\_\_\_  
Date Authorized signature of a principal, partner or officer of the Applicant Title

Please ensure that the Applicant has provided any additional information requested in questions **13 & 14**