

**EMPLOYMENT PRACTICES LIABILITY INSURANCE**  
**APPLICATION REQUEST FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY**

<b>INSTRUCTIONS:</b>	
1)	<b>Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.</b>
2)	<b>APPLICATION REQUEST FORM must be dated and have an authorized signature.</b>
3)	<b>PLEASE READ STATEMENT AT END OF FORM CAREFULLY.</b>

**I. General Information**

A. Name and address of applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_

B. Person to contact: Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_

C.  Professional Corporation       Partnership       Other  
 (Please specify) \_\_\_\_\_  
 \_\_\_\_\_

D. Describe nature of practice: \_\_\_\_\_  
 NAICS Code: \_\_\_\_\_ or SIC Code if NAICS Code is unknown: \_\_\_\_\_

E. <u>For year ended: mm/dd/yy</u>	<u>Gross Sales or Receipts</u>	<u>Profit/(Loss)</u>
____/____/____ (past financial year)	\$ _____	\$ _____
____/____/____ (current financial year)	\$ _____ Est	\$ _____ Est.
____/____/____ (Next financial year)	\$ _____ Est.	\$ _____ Est.

F. How long has the company been in business? \_\_\_\_\_ Years

F. 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: \_\_\_\_\_

J. Effective date requested: \_\_\_\_\_

K. Does the applicant anticipate any facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months?  
*(If YES, please provide details on separate sheet)*  Yes  No

L. 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

**II. Loss History**

A. Furnish loss history (5 years) for all wrongful termination, discrimination and sexual harassment claims:  None  See attached

Total number of claims in the last 5 years \_\_\_\_\_

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

B. Has any director, officer, manager, supervisory employee, partner or shareholder knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?

Yes  No

***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;*
- v) Frequent complaining of discrimination, harassment or unfair treatment; or*
- vi) An associate expressing dissatisfaction that they have not been made a partner/shareholder of the firm.*

B. Has the applicant been involved in any charges, inquiries, investigations, grievance 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 that any claims or incidents reported in, or that should have been reported in, this Section II will be excluded from coverage**

**III. Employees**

- A. Number of lawyers: \_\_\_\_\_ Number of other employees: \_\_\_\_\_
- B. Salary ranges (including bonuses & commissions)      Number of lawyers      Number of other employees
- |                       |       |       |
|-----------------------|-------|-------|
| \$20,000 or less      | _____ | _____ |
| \$20,001 to \$50,000  | _____ | _____ |
| \$50,001 to \$100,000 | _____ | _____ |
| \$100,001 and over    | _____ | _____ |
- C. Does the applicant use seasonal employees?       Yes       No
- If so, number of employees: \_\_\_\_\_
- Also, average number of months: \_\_\_\_\_
- Are these employees included in A and B above:       Yes       No
- D. Does the Applicant use temporary employees?       Yes       No
- If so, please advise number of temps utilized and total billable hours: \_\_\_\_\_
- \_\_\_\_\_
- Are these employees included in A and B above:       Yes       No
- E. In the last twelve months how many partners, shareholders, managers or supervisors have left your employ? \_\_\_\_\_ Of these how many were terminated? \_\_\_\_\_
- F. In the last twelve months how many other employees have left your employ? \_\_\_\_\_
- Of the above how many were terminated? \_\_\_\_\_
- G. How many equity partners or shareholders do you have?      Male \_\_\_\_\_      Female \_\_\_\_\_
- H. How many non-equity partners do you have?      Male \_\_\_\_\_      Female \_\_\_\_\_
- I. How many associates with less than 5 years service do you have?      Male \_\_\_\_\_      Female \_\_\_\_\_
- J. How many associates with more than 7 years service do you have?      Male \_\_\_\_\_      Female \_\_\_\_\_
- K. Do you have written procedures for promoting an associate to partner or shareholder?       Yes       No
- If yes, please attach a copy.

**IV. Human Resources**

- A. Does the Applicant establish at-will employment relationships with **all** lawyers without a written employment agreement?       Yes       No
- B. Does the Applicant establish at-will employment relationships with all other employees without a written employment agreement?       Yes       No

C. Have the Applicant's partners, shareholders, managers and 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? \_\_\_\_\_

D. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually?  Yes  No

E. Does the Applicant have a Human Resources or Personnel Department?  Yes  No

F. Does the Applicant publish an employment handbook:  Yes  No

If YES, does the Applicant distribute it to all lawyers and employees?  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 require all terminations to be reviewed by:  
A Partner or Shareholder?  Yes  No  
Or outside counsel?  Yes  No

J. Does the Applicant maintain a personnel file for each lawyer/employee?  Yes  No

K. Does the Applicant have any written grievance or complaint procedures?  Yes  No

L. Does the Applicant regularly consult with a labor relations counsel?  Yes  No

If YES, who is your labor relations counsel? \_\_\_\_\_

How is this person/firm utilized? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

_____	_____	_____
Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title

_____	_____	_____
Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title

Please ensure that additional information for the following questions is attached where applicable:

- Section I: K - Anticipated layoffs.  
M - Canceled/non-renewed coverage.
- Section II: A - Claims history for the last 5 years.  
B - Circumstances which could foreseeably give rise to a claim.  
C - E.E.O.C. or other governmental agency charges, inquiries, investigations etc...
- Section V: A - Any additional Material Facts.