



EMPLOYMENT PRACTICES LIABILITY INSURANCE

UNDERWRITTEN BY VERUS UNDERWRITING MANAGERS

NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

Whenever used in this Application the term **Applicant** shall mean the Named Entity and its majority owned subsidiaries and their respective Employees.

GENERAL INFORMATION

1. Name of Applicant: _____

2. All other business/dba names for which you are seeking coverage under this policy:

3. Mailing Address: _____

4. Physical Address: _____

5. Website Address: _____

6. Nature of Operations: _____

7. The designated representative to receive any and all notice from the Insurer concerning this Applicant:
Name: _____ Telephone: _____
Title: _____ Email: _____

8. The purchase of this Policy includes, at no additional cost, access to Verus' online risk management resources. To expedite access, please provide the following:
Name of HR Manager: _____

Telephone: _____ Email: _____

9. Standard Industrial (SIC) Code: _____ 10. Federal Employer ID Number (FEIN): _____

11. Date Established: _____ 12. State of Incorporation: _____

13. Form of Incorporation (Inc./Ltd./LLC/etc.): _____

14. Type of Organization: Private Public Not-for-Profit

15. Does the Applicant have any foreign operations? Yes No

16. Provide a list of all direct and indirect subsidiaries (if none, so state): _____

Subsidiary Name	Date Acquired or Created	% Owned	Description of Operations	Entity Type

*Entity Type: FP=For-Profit; NP=Non-Profit; GP=General Partnership; LP=Limited Partnership;

FINANCIAL INFORMATION

17. In the next 12 months (or during the past 24 months) is the Applicant contemplating (or has the Applicant contemplated or been in the process of completing) the following:

- a. Any actual or proposed merger, acquisition or divesture? Yes No
- b. Any creation of a new business, subsidiary or division? Yes No
- c. Any registration for a public offering or a private placement of securities? Yes No
- d. Any reorganization or arrangement with creditors under federal or state law? Yes No
- e. Any branch, location, facility, office or subsidiary closings, consolidations or layoffs? Yes No

*If any of the questions above were answered **Yes**, please attach an explanation, including the timing, essential terms of the event, arrangement, impact on the employee base, and surrounding circumstances.*

18. Please answer the following information with respect to the most recent fiscal year end:

Period Ending: _____ / _____ / _____

Total Assets: _____

Total Equity: _____

Total Revenues: _____

Net Income/Loss: _____

19. Has an auditor in the previous 2 fiscal years recommended a “going concern” of the financial information for the Applicant? If Yes, please provide details on a separate sheet. Yes No

20. Is the Applicant currently (or has it been in the past 2 years) in violation of, or has it received an amendment to any debt covenant? If Yes, please provide details on a separate sheet. Yes No

21. Is the Applicant contemplating (or has Applicant filed for at any point during the past 2 years) US Bankruptcy protection? If Yes, please provide details on a separate sheet. Yes No

EMPLOYMENT PRACTICES INFORMATION

22. Please provide the following Employee information:

Current Year:

State					
Full-Time					
Part-time					
Seasonal/Temporary					
Intern/Volunteer					
Independent Contractors					

Prior Year:

State					
Full-Time					
Part-time					
Seasonal/Temporary					
Intern/Volunteer					
Independent Contractors					

23. Number of Employees compensated more than \$100,000 annually: _____

24. Please complete the following:

Number of Terminations/Turnover	Current Year	Prior Year
Voluntary		
Involuntary (excluding layoffs/downsizing)		
Layoffs/Downsizing		
Turnover %		

25. Prior to employee terminations does the Applicant consult with the following:

- a. Human Resources personnel? Yes No
- b. An attorney with experience in employment law? Yes No

26. Does the Applicant provide severance packages including a waiver or release of an Employee's rights to bring claim against the Applicant? Yes No

27. Does the Applicant have a Human Resources Department? Yes No

28. Does the Applicant have an Employee Handbook? Yes No

If Yes, does it contain policies and procedures addressing the following areas:

- a. Compliance with the American with Disabilities Act? Yes No
- b. Compliance with the Civil Rights Act? Yes No
- c. Compliance with the Family Medical Leave Act? Yes No

- d. Prohibited discriminatory practices in hiring, promotion, and compensation? Yes No
 - e. Employee performance evaluations? Yes No
 - f. Employee disciplinary actions and discharge? Yes No
 - g. Sexual harassment and the work environment? Yes No
 - h. Employee grievance and reporting resolution processes? Yes No
29. Are all Employees provided with and required to acknowledge receipt of a handbook that addresses the areas detailed in question #28 above? Yes No

CURRENT INSURANCE INFORMATION

30. Please complete the following Employment Practices Liability Insurance information (if none, so state):

EPLI	Insurance Company	Limit of Liability	Deductible	Eff. Date	Premium
Currently					
Prior Year					

31. With respect to the above coverage, has any Underwriter refused, canceled, or non-renewed coverage or indicated the intent not to offer renewal terms to the Applicant? (not applicable in Missouri) Yes No
If Yes, please provide details on a separate sheet.

LOSS INFORMATION

32. Have any employment-related Claims or administrative, criminal or regulatory proceedings, charges, hearings, demands or lawsuits been made against the Applicant or any person proposed for this insurance whether or not insured, including Claims involving Employees or independent contractors? Yes No
33. Has any Claim, demand or lawsuit been made against the Applicant or any person proposed for this insurance involving sexual harassment or discrimination brought by the general public, customers, clients, vendors or other third party? Yes No

If questions #32 and #33 above were answered Yes, please provide details on a separate sheet, including the date the claim was first made, claimant's name, allegation, current status, demand amount, judgement or settlement amount, defense costs incurred, and the corrective procedures implemented to mitigate future claims.

34. Is the Applicant or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a Claim being made against them as defined by the Employment Practices Liability Insurance coverage for which the Applicant is applying? Yes No
If Yes, please provide details on a separate sheet.

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated

value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in Florida and Oklahoma: 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. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: 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.

Applicable in Maine, Tennessee, Virginia and Washington: 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.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Underwriting Managers, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Underwriting Managers or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Underwriting Managers or the Company receives notice is on file with Verus Underwriting Managers and is considered physically attached to and part of the policy if issued. Verus Underwriting Managers and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Underwriting Managers, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Underwriting Managers and the Company, that I/We understand and accept the notice stated above

and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Underwriting Managers and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Underwriting Managers or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.