

BEAZLEY

EMPLOYMENT PRACTICES INSURANCE APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED 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 an authorized signature.
- 3) PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

- A. Name and address of applicant: _____
_____ Zip Code: _____
- B. Person to contact: Name: _____
Title: _____
Phone: _____
- C. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (Please specify)

- D. Describe nature of business : _____
NAICS code: _____ or SIC code if NAICS code is unknown: _____
- E. For year ended: mm/dd/yy Gross Sales or Receipts Profit/(Loss)
_____/_____/_____
(past financial year) \$ _____ \$ _____
_____/_____/_____
(current financial year) \$ _____ Est \$ _____ Est.
_____/_____/_____
(Next financial year) \$ _____ Est. \$ _____ Est.
- 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 US \$5,000)
- 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) Yes No

months to terminate any employees or officers? If so, how many?

(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 20% 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 separate sheet)

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 or Partner 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; or

v) Frequent complaining of discrimination, harassment or unfair treatment.

C. 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 employees : Full Time : _____ Part Time : _____
- B. Salary ranges (including bonuses) Number of full time employees Number of part time 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 12 months how many officers have left your employ? _____
- Of the above: how many left voluntarily? _____
- how many were terminated? _____
- F. 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 without a written employment agreement? 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 relations counsel? Yes No
 If YES, who is your labor relations counsel? _____
 How is this person/firm utilized? _____

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.

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 & L - Acquired companies.
M - Anticipated layoffs.
O - 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.