



Employment Practices Liability

Miscellaneous Professional Liability

A division of NSM Insurance group
555 North Lane, suite 6060, Conshohocken, PA 19428
P. 800.970.9778 F. 610.941.9889

APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE SUBJECT TO THE RETENTION AMOUNT.

The term "Applicant" means all corporations, organizations or entities proposed for this insurance including subsidiaries.

AGENCY/ BROKER	CODE	NAME and LICENSE NUMBER	POLICY NUMBER
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GENERAL

1. Name and Address of Applicant: _____
(to be shown on the Declarations)

2. The policy for which application is made includes Risk Management Plus+ OnlineSM, an employment practices loss control program. Please provide the name and contact information for the individual responsible for training supervisors, updating policies and implementing employment related controls.
Contact Name _____ Contact Email _____
Contact Address _____ Contact Phone _____
_____ Contact Fax _____

3. Description of Applicant's Business: _____

EIN#: _____ SIC Code: _____

Choose all that apply:

- Corporation
 - Partnership
 - Proprietor
 - Other _____
 - Subsidiary of Foreign Parent
 - For Profit Entity
 - Not For Profit Entity
 - Contractor or service provider to any Federal or State Governmental body
- If so, please indicate Parent _____
 Publicly Traded Entity

4. Years in Business: _____ 5. Annual Sales/Revenues: \$ _____

INSURANCE INFORMATION

1. Expiring Employment Practices Liability Insurance: Limit: _____ Eff./Exp. Date: _____
(or provide copy of Premium: _____ Retention: _____ Co-Insurance %: _____
declarations page) Insurance Company: _____
Special Coverages: _____

2. Requested Employment Practices Liability Insurance: Limit: _____ Eff./Exp. Date: _____
Retention: _____ Co-Insurance %: _____

3. Has Applicant ever been denied Employment Practices Liability Insurance or has such insurance been canceled or non-renewed? Yes No
 If yes, please provide details. _____

4. Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Effective Date	Premium
Directors & Officers	_____	_____	_____	_____	_____
Fiduciary Liability	_____	_____	_____	_____	_____
Errors & Omissions	_____	_____	_____	_____	_____
Crime	_____	_____	_____	_____	_____

LOSS INFORMATION

1. Have any employment-related claims, administrative proceedings, charges, hearings, demands or lawsuits been made against the Applicant or any entity or person proposed for this insurance during the past three years, whether or not insured, including claims involving employees, temporary, leased employees or independent contractors? Yes No
 If yes, please attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

2. Choose one of the following:

- [] New policy with no prior similar coverage
 - a. Are there any facts or circumstances which may result in a claim under this policy? Yes No
 If yes, please provide details on a separate attachment.
- [] New policy with prior similar coverage
 - a. Prior similar coverage has been continuously in effect since _____
 At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in claim being made against any insured? Yes No
 - b. Are there any pending lawsuits or claims? Yes No
 - c. During the past three years have any employment-related claims or lawsuits been brought against any entity or person which might involve the requested policy for which the prior carrier was not notified? Yes No
 - d. Is Applicant seeking a higher limit of liability than its prior policy? Yes No
 If yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy? Yes No

To the extent that any lawsuit or claim required to be disclosed in response to questions b, c, or d above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.

If yes to any question above, please attach details, including the type of complaint, how resolved, and any corrective procedures implemented.

EMPLOYEE AND LOCATION INFORMATION

1. Total number of employees and turnover for last three years:

	Current Year	Year _____	Year _____		Current Year	Year _____	Year _____
Full Time	_____	_____	_____	Terminated	_____	_____	_____
Part Time	_____	_____	_____	Resigned	_____	_____	_____
Total	_____	_____	_____	Layoffs	_____	_____	_____

2. Maximum number of employees in the following classifications for the previous 12 months (regardless of whether they are full or part time):

Temporary	Leased	Seasonal	Labor Unions	Independent Contractors
_____	_____	_____	_____	_____

3. Number of employees that are in the following compensation ranges (compensation includes bonuses, commissions, and other cash payments):
 \$30,000 or less _____ \$30,000 to \$100,000 _____ Over \$100,000 _____
4. Does the Applicant provide stock options to its employees as compensation or bonus? Yes No
 If yes, what is the percentage of employees eligible to receive stock options? _____
 What is the largest percentage of any one employee's total compensation consisting of stock options? _____
5. Locations by State or Country (if foreign) and current number of employees for each (attach schedule if necessary)
- | State or Country | # of Full-Time Employees | # of Part-Time Employees | # of Locations |
|------------------|--------------------------|--------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
6. Has Applicant acquired, merged, purchased, sold, closed, consolidated, or spun-off any corporation, partnership, entity, plant, office, subsidiary, or division or downsized or laid off employees within the past three years? Yes No
 If yes, please provide details in an attachment and include how many employees were affected and in what manner, as well as what measures were taken to minimize the risk of employment-related litigation.
7. Does the Applicant anticipate any of the following in the next 12 months: Yes No
- a. Selling, closing, consolidating, or spinning-off any plants, offices, subsidiaries, or divisions? Yes No
 - b. Downsizing, rightsizing, layoffs, or any other reduction in number of employees? Yes No
 - c. Acquiring or merging with any other business entity? Yes No
 - d. Creation of any new business, subsidiary, division, or location? Yes No
- If yes to any of the above, provide details including what measures will be taken to minimize the risk of employment-related litigation on a separate attachment.

HUMAN RESOURCES

1. Does the Applicant have a Human Resources department? Number of HR employees: _____ Yes No
 If no, who handles Human Resources functions and what are their responsibilities and prior training? Please use an attachment if additional space is needed: _____

2. Who handles Human Resources matters in locations or branch offices other than your principal place of business? _____
 If local personnel, are they formally trained in Human Resources matters at least once a year? Yes No
3. Does the Applicant use a written employment application form for all employment applicants? Yes No
4. Does the Applicant have an Employee Handbook? Yes No
 If yes, please answer the following:
- a. Is a copy provided to every employee? Yes No
 - If yes, does each employee sign an acknowledgement of receipt and understanding? Yes No
 - b. When was the most recent update to the Employee Handbook? _____ (Date)
5. Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Yes	No	Receipt Acknowledged
Sexual harassment			
Discrimination			
Equal opportunity			
Disabled employees and accommodations			
Grievances			
Employee discipline			
Termination			
Performance evaluations			
Internet usage/employee privacy			
Pregnancy leave			
Internal job postings			
Hiring and interviewing			
Alternative Dispute Resolution/Arbitration			
Employment-at-will			

6. Has legal counsel reviewed the above policies prior to implementation? Yes No
7. Are employee performance evaluations written? Yes No
 If yes, are employees provided with a copy of the written evaluations and given the opportunity to provide written comments? Yes No
8. With respect to employee terminations, does the Applicant:
- a. Consult with legal counsel or Human Resources personnel prior to every termination? Yes No
 If no, please describe procedures on separate attachment.
- b. Provide severance pay and require releases to be signed by terminated employees? Yes No
 If yes, has legal counsel reviewed the release? Yes No
 If no, please describe procedures on separate attachment.
- c. Conduct mandatory exit interviews? Yes No
9. Please indicate whether the Applicant conducts training on any of the following:
- For Managers and Supervisors*
- a. Conducting performance evaluations? Yes No
- b. Managing employment-related grievances, disputes, notifications, conflicts, or claims? Yes No
- c. Handling of sexual harassment complaints? Yes No
- d. Hiring and interviewing? Yes No
- For all employees*
- a. Sexual harassment Yes No
10. Does the Applicant involve an attorney in employment-related disputes? Yes No
 If yes, please identify the name of the attorney(s) who is usually involved, and indicate if he/she is in-house or outside counsel.
11. Does the Applicant have access to the Internet? Yes No
12. Is the Applicant a Federal Contractor? Yes No
 If yes, does the Applicant have an Affirmative Action Plan on file with the Office of Federal Contract Compliance (OFCCP) Yes No

REQUIRED ATTACHMENTS

- Most recent Annual Report (or audited year-end financial statement) or SEC 10-K
- List of all corporations, entities or organizations (include % owned & nature of business) proposed for this insurance
- Most recent EEO-1 Report (if required by EEOC) and prior two years
- Employee Handbook and/or Policies and Procedures Handbook
- Employment/Job application form
- Sexual Harassment Policy (unless contained in Employee Handbook)
- Equal Employment Opportunity Policy (unless contained in Employee Handbook)

THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

Attention: Insureds in KY and FL

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Date

Date

Signature of Applicant's Authorized Representative
(Principal, Partner or Officer)

Agency/Broker

Name (printed)

Agent/Broker (Individual)

Title

Address