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IMPORTANT – To be completed by Producer:

Name: _____
Producer Is: Wholesaler Retailer
Address: _____

Telephone: _____
Fax: _____
Email: _____
Proposed Effective Date: _____
If Renewal, Provide Current Policy No.: _____

IMPORTANT – To be completed by Producer who will handle the Surplus Lines transaction(s):

Resident or Non-Resident Surplus Lines Licensee Information for Applicant’s State of Domicile:

SL Licensee Agency Name: _____
SL License State: _____
SL License No.: _____ SL License Expiration Date: _____
SL Licensee Name (if not an Entity License): _____
Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

LIMITS OF PROFESSIONAL LIABILITY INSURANCE REQUESTED

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

DEDUCTIBLE LIMIT REQUESTED

\$5,000 \$10,000 \$15,000 \$20,000 \$25,000 Other: _____

TYPE OF POLICY LIMIT AND COVERAGE REQUESTED

Stand Alone Employment Practices Shared Limit with Directors and Officers Separate Limit with Directors and Officers

Employment Practices Liability Insurance Application

Instructions to the Applicant:

1. Please answer all questions completely. Your answers will be used to make important underwriting and pricing decisions and are considered legally material to all decisions made by us.
2. The application and any supplemental documents must be signed and dated by an authorized person of the prospective Applicant to be insured.
3. Please attach any consolidated EEO1 Report for any Applicant with more than 100 employees.
4. Please attach your most recent financial statements.
5. Please attach a copy of your written policy for discrimination, harassment and retaliation.
6. Please attach a copy of your Handbook (for any Applicant with more than 350 employees).

Important to Note: This is an application for a Claims Made and Reported Policy and subject to all Policy Provisions. It will apply only to Claims Made within the policy period and reported as soon as practicable subject to any extended reporting period, if applicable. The Limit of Liability available to pay settlements; judgments and or pay damages shall be reduced by the amount of Defense Costs incurred.

GENERAL INFORMATION:

1. Applicant's Legal Name: _____
2. Street Address: _____
Mailing Address (if different than above): _____
3. Website Address: _____
4. Name of Risk Manager or Officer contact person: _____ Telephone No.: _____
5. Individual Corporation Partnership Privately Held Not-For-Profit Publicly Traded
 Other (Describe): _____
6. Date Established: _____ SIC Code or NAIC Code (if known): _____
7. Nature of Operations: _____
8. Is the Applicant owned, controlled, affiliated, or associated with any other entity? YES NO
If Yes, please explain: _____

Does the Applicant have any franchise operations? YES NO
If Yes, how many franchise units does Applicant have and where are they located? _____

9. What are the Applicant's Assets and Liabilities? Assets \$ _____ Liabilities \$ _____
What are the Applicant's Gross Revenues? \$ _____

INSURANCE HISTORY:

10. Please provide the following information as respects prior professional liability or errors and omissions insurance coverage during the last 3 years: (If occurrence coverage, please indicate under retro date.)

Insurance Company	Policy Term	Limit of Insurance	Deductible Amount	Retro Dates	Premium

11. If Comprehensive General Liability coverage is maintained, please indicate as follows:

Insurance Company	Policy Term	Insurance Limit	Premium

12. If Directors and Officers coverage is maintained, please indicate as follows:

Insurance Company	Policy Term	Insurance Limit	Premium

13. If Errors and Omissions coverage is maintained, please indicate as follows:

Insurance Company	Policy Term	Insurance Limit	Premium

If any of the above coverages are restricted, please explain: _____

14. Has any insurance ever been cancelled or declined? YES NO
 If Yes, please explain: _____

(Note: Applicants in Missouri are not required to answer this question.)

APPLICANT HISTORY:

15. Has Applicant acquired any companies over the past year? YES NO
 If Yes, were any employees terminated or are there plans to terminate them over the next 12 months? YES NO

16. Were there any significant changes in the nature or size of the Applicant over the last 12 months? _____
 Have there been any layoffs? YES NO
 If Yes, please explain and advise as to the total number of employees affected; whether a severance and release was offered and obtained. Finally, advise whether in-house legal counsel or outside legal counsel reviewed the layoffs and/or severance and release plan: _____

17. Is Applicant aware of any reductions in force or layoffs contemplated to occur in the next 12 months? YES NO
 If Yes, please explain: _____

18. Enter total number of employees (by category) in the boxes below:

	Present Year	Last Year	Location (State)
Full Time US Employees			
Part Time US Employees			
Foreign Employees			
Independent Contractors			

19. Enter the number of employees in the specified states in the boxes below:

	Florida	California	Texas
Number of Full Time Employees			
Number of Part Time Employees			

20. Please provide the annual percentage of Applicant's employee turnover for the past 3 years for the entire business:

Year	Percent %

Please provide the annual percentage of involuntary terminations for the past 3 ears for the entire business:

Year	Percent %

21. Please indicate the Applicant's percentage of employees' salaries:

- Less than \$20,000 _____ %
- \$20,001 through \$50,000 _____ %
- \$50,001 through \$75,000 _____ %
- \$75,001 through \$99,999 _____ %
- Greater than \$100,000 _____ %

22. Does the Applicant have an exposure to Third Parties; including customers, clients, visitors? For example, is the Applicant seeking insurance coverage for customer complaints of harassment and/or discrimination against employees of Applicant?
 YES NO If Yes, please explain what type of Third Party Exposure the Applicant has? _____

23. Does the Applicant have a written policy and procedure for dealing with complaints from Third Parties? YES NO
24. Please provide the following information with reference to Human Resources and Risk Management Functions:
- Does the Applicant have a written employee handbook? YES NO
 - Does the Applicant have a written sexual harassment policy? YES NO
 - Does the Applicant have a written non-discrimination policy? YES NO
 - Does the Applicant provide a copy of the handbook to all employees? YES NO
 - Does the employee receive a copy electronically including management? YES NO
 - Does the Applicant maintain written acknowledgements of the employees receiving a copy of their handbook and updates? YES NO
 - Does the Applicant have a full-time HR manager?
 How many employees are a part of the HR staff? _____ YES NO
 - Does the Applicant require an application for employment? YES NO
 - Does the Applicant provide written performance reviews annually to all of their employees? YES NO
 - Does the Applicant have written procedures with regard to progressive discipline?
 Up to and including terminations? YES NO
 - Does the Applicant screen or test employees or Applicants for promotions? YES NO
 - Does the Applicant have a written ADA (disability) policy? YES NO
 - Does the Applicant have a written medical leave and family leave policy? YES NO
 - Does the Applicant provide harassment, discrimination and retaliation training sessions for Managers?
 If Yes, Quarterly? YES NO
 Yearly? YES NO
 - Does the Applicant provide harassment, discrimination and retaliation training sessions for all employees?
 If Yes, Quarterly? YES NO
 Yearly? YES NO
 - Does the Applicant have a written pregnancy leave policy? YES NO
 - Does the Applicant require employees/Applicants to submit to drug testing?
 If Yes, does the Applicant have a drug testing policy? YES NO
 - Does the Applicant conduct criminal background checks on Applicants? YES NO
 - Does the Applicant conduct criminal background checks on current employees? YES NO
 - Does the Applicant maintain job descriptions for employees? YES NO
 - Does the Applicant require Applicants/employees to sign a binding arbitration agreement or waiver of jury trials for employment related claims? YES NO
 - Does the Applicant have multiple avenues for employee to make formal or informal complaints relating to their employment? YES NO
 - Does the Applicant provide a hotline number for employees to make formal or informal complaints? YES NO
 - Who is required to review possible terminations?
 Risk Management / Human Resources YES NO
 In-House Legal Counsel YES NO
 Outside Counsel YES NO
25. Please provide or describe the Applicant's system for reviewing and monitoring diversity in the work place. If required to file a formal Affirmative Action Plan, please attach a sample: _____

CLAIMS HISTORY:

26. Is the Applicant aware of any fact or circumstance which may reasonably be expected to lead to a claim or potential claim against Applicant or any other person past or present in your organization? YES NO If yes, please explain (Include names of potential claimants, nature of allegations, dates services were provided and amount demanded):

27. Please indicate the name of the Applicant's law firm or counsel used for employment related issues (includes claims, EEOC, State charges, demand letters or formal litigation):

28. Does the Applicant have a written policy for handling complaints including Third Parties? YES NO
Who is responsible for handling the investigation:

In-House Human Resources? YES NO

In-House Counsel? YES NO

Outside Counsel? YES NO

29. Who is responsible for answering State/Local Administrative Charges or EEOC complaints:

In-House Human Resources? YES NO

In-House Counsel? YES NO

Outside Counsel? YES NO

30. How does the Applicant maintain personnel files for current and former employees?
Please explain:

31. Please explain how the Applicant administers its workers compensation program. For example, does the Applicant self-administer the program or does a Third Party Administrator or insurance company do so?

32. What percent % of Applicant's employees are hourly versus salary? _____

34. Please list all employment practices liability claims from the past 5 years as indicated:

DATE OF CLAIM	DESCRIPTION OF CLAIM	PAID LOSS	PAID EXPENSE	AMOUNT OUTSTANDING/RESERVED	OPEN (O) OR CLOSED (C) CLAIM

Please list any additional information below:

35. With respect to new hires, is an I-9 Form completed within the required time limit? YES NO
36. Are valid, current I-9 Forms maintained along with a copy of the supporting documentation? YES NO
37. Does Applicant sponsor employees for temporary or permanent visa status? YES NO
38. Has Applicant ever been audited or fined with respect to any immigration issues? YES NO

It is agreed and understood that any policy issued shall not provide coverage for any claim, fact, or action arising from any alleged act, error or omission which may be afforded insurance or is now known by any person(s) or entity(ies) of the Applicant. This exclusion from coverage set forth in the prior sentence includes any claim, fact or action under a policy currently in force whether or not disclosed in this application.

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO COLORADO APPLICANTS: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO 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 fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date

(CONTINUED)

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____
Insured: _____