

Renewal Application Employment Practices Supplemental Form

EMPLOYMENT PRACTICES LIABILITY INSURANCE

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO "CLAIMS" FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE "POLICY" CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

Whenever used in this "Application", the items in quotations shall have the same meanings indicated in the "Policy". "Insured Organization" means the named insured organization applying for this insurance and its subsidiaries unless otherwise stated.

Name of "Insured Organization": _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Website Address (if applicable): _____

Federal Employer Identification Number (FEIN): _____

The Officer named below is designated as agent of the "Insured Organization" and of all "Insureds" to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Contact Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

PRODUCER INFORMATION

Submitted by (Agency Name): _____ Dated: _____

Agent's Name (Individual's Name): _____ Agent's License Number: _____

CURRENT INSURANCE INFORMATION (PROVIDE DETAILS TO ALL "YES" ANSWERS BY ATTACHMENT)

- Provide the following information regarding the "Insured Organization's" most recent insurance policies. If 'None', so state.

Type of Policy

Directors and Officers Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

Employment Practices Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

General Liability: ☐ None

<u>Insurance Carrier</u>	<u>Expiration Date</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	\$ _____	\$ _____	\$ _____

- Has the Extended Reporting Period (or Discovery Period) been exercised for the "Insured Organizations" most recent Employment Practices Liability insurance policy? ☐ Yes ☐ No
Not Applicable
In Missouri
- Within the last 3 years, has any Directors and Officers Liability, Employment Practices Liability, or similar insurance policies for the "Insured Organization" ever been cancelled or non-renewed? ☐ Yes ☐ No



GENERAL INFORMATION (PROVIDE DETAILS TO ALL "YES" ANSWERS BY ATTACHMENT)

4. The "Insured Organization" has been in continuous operation since: _____
5. (a) What is the "Insured Organization's" Primary Standard Industrial Classification ("SIC") Code: _____
- (b) Describe the "Insured Organization's" nature of operations: _____
6. (a) Form of Organization ☐ Cooperative ☐ Corporation ☐ Joint Venture ☐ Limited Liability Corporation
☐ Nonprofit ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
- (b) Type of Organization: ☐ Manufacturing/Production ☐ Public Administration ☐ Retail Trade
☐ Service Industry ☐ Web Based ☐ Wholesale Distributing
7. Is the "Insured Organization" or any subsidiary publicly held or a public reporting company under the Securities Exchange Act of 1934? ☐ Yes ☐ No
8. Provide the following financial information with respect to the "Insured Organization": Period Ending: ____ / ____ / ____
Assets (000): \$ _____ Annual Revenues (000): \$ _____
Equity (000): \$ _____ Operating Income/Loss (000): \$ _____
9. (a) Is the "Insured Organization" currently in bankruptcy? ☐ Yes ☐ No
- (b) Within the next 12 months, is the "Insured Organization" contemplating filing a petition for protection under the bankruptcy code? ☐ Yes ☐ No
10. (a) Within the last 12 months, has the "Insured Organization" had any "Subsidiary", plant, facility, branch or office closings, consolidations or layoffs? ☐ Yes ☐ No
- (b) Within the next 24 months, does the "Insured Organization" anticipate any "Subsidiary", plant, facility, branch or office closings, consolidations or layoffs? ☐ Yes ☐ No
- If yes, provide the following details by attachment: Date of event; number of "Employees" affected; whether outside employment counsel was consulted; and, whether severance packages were offered to all "Employees" affected.
11. Within the last 3 years, has there been any change (resignations, departures, retirements, etc.) in the position of the Chairperson of the Board, President, Chief Executive Officer and Chief Financial Officer? ☐ Yes ☐ No
- If "Yes", provide the following details by attachment: Name of individual; date of change; and reason for change.
12. Provide the following information on all "Subsidiaries" or related organizations of the "Insured Organization".
If 'None', so state. ☐ None

<u>Subsidiary Name</u>	<u>Nature of Business</u>	<u>Percent Owned by the Insured Entity</u>	<u>Date Created or Acquired</u>	<u>Domestic/Foreign</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES IN QUESTION 12. UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED BY ATTACHMENT.

CURRENT EMPLOYEE INFORMATION

13. (a) Number of "Employees": Do not include Leased Employees or Independent Contractors below

	<u>Full Time</u>	<u>Part Time</u>	<u>Seasonal</u>	<u>Temporary</u>	<u>Volunteers</u>
Current Year					
Last Year					

- (b) How many Leased "Employees" does the "Insured Organization" employ annually? _____
- (c) How many Independent Contractors does the "Insured Organization" employ annually? _____
- (d) What is the "Insured Organization's" annual "Employee" turnover rate for the last 12 months? _____ %



14. What percentage of the "Insured Organization's" "Employee's" work with the general public, work at customer locations or perform a majority of their functions off-site? _____ %

15. What percentage of the "Insured Organization's" "Employee's" currently earns more than \$100,000? _____ %

16. Provide the following information on all plants, facilities, branches or offices of the "Insured Organization".

If "None", so state. ☐ None

<u>Location</u>	<u>Nature of Business</u>	<u>Estimated Number of Employees</u>	<u>Domestic/Foreign</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. (a) Does the "Insured Organization" currently employ a full time Human Resources professional? ☐ Yes ☐ No

If "Yes", what is the name and title of the senior Human Resources professional?

Name: _____ Title: _____

If "No", what is the name and title of the person who performs the Human Resources function?

Name: _____ Title: _____

(b) Does the "Insured Organization" currently utilize employment counsel? ☐ Yes ☐ No

If "Yes", what is the name of the firm utilized? Firm: _____

18. Does the "Insured Organization" (details to "Yes" or "No" answers are not required by attachment):

(a) Utilize employment applications for all prospective "Employee's"? ☐ Yes ☐ No

(b) Require the HR Department to review and approve each proposed "Employee" termination? ☐ Yes ☐ No

(c) Have outside employment counsel review each proposed "Employee" termination? ☐ Yes ☐ No

(d) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all "Employee's"? ☐ Yes ☐ No

(e) Conduct mandatory periodic "Employee" education regarding prohibited forms of harassment? ☐ Yes ☐ No

(f) Periodically have its employment policies and procedures reviewed by outside employment counsel? ☐ Yes ☐ No

(g) Periodically have its employment policies and procedures distributed to all "Employees"? ☐ Yes ☐ No

(h) Have a written procedure for notification and handling of employment related grievances, disputes, notifications or claims? ☐ Yes ☐ No

19. Indicate which formal written policies and procedures have been implemented. If "None", so state. ☐ None

☐ Employee Handbook/Manual

☐ Anti-Harassment Policy, Including Sexual Harassment

☐ Anti-Discrimination Policy-Equal Employment Opportunity (EEO) Policy

☐ Adherence to Employment "at-will" relationship with all "Employees"

Employers with more than 50 Employees

☐ Family Medical Leave Act

California Employees Only

☐ California Family Rights Act



LITIGATION AND CLAIM INFORMATION (PROVIDE DETAILS TO ALL "YES" ANSWERS BY ATTACHMENT)

20. During the last 5 years, has any Insured known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or in any of the following forums, including both domestic or foreign equivalents?
- (a) National Labor relations Board? ☐ Yes ☐ No
- (b) Equal Employment Opportunity Commission? ☐ Yes ☐ No
- (c) Office of Federal Contract Compliance Programs? ☐ Yes ☐ No
- (d) U.S Department of Labor? ☐ Yes ☐ No
- (e) Any state or local government agency such as the Labor Department of fair employment agency? ☐ Yes ☐ No
- (f) U.S. District or state court? ☐ Yes ☐ No
21. During the last 5 years, has any current or former "Employee" or third party made any "Claim", or otherwise alleged discrimination, harassment, wrongful discharge and/or "Wrongful Acts" against any Insured? ☐ Yes ☐ No

A "Claim" is not limited to the filing of a lawsuit or complaint by or with the Equal Employment Opportunity Commission or similar state or local agency. A "Claim" may also include a written demand by any current or former "Employee" seeking relief in connection with an employment-related dispute or grievance.

IF "YES" IS INDICATED TO ANY PART OF QUESTIONS 20,OR 21., PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT:

(a) Date "Claim" first made	(b) Claimant's Name	(c) Allegation	(d) Current Status
(e) Demand Amount	(f) Settlement (Indemnity) or Reserve amount	(g) Attorney's fees	



NOTICE TO DISTRICT OF COLUMBIA 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 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 PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

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 A CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO NEW MEXICO AND 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 KENTUCKY 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.

NOTICE TO APPLICANTS IN MINNESOTA, NEW JERSEY, OHIO AND OKLAHOMA: 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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 OF THE THIRD DEGREE.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN "APPLICATION(S)" FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.



Please Read Carefully

The undersigned, acting on behalf of all "Insureds", declare that the statements set forth in this "Application" are true and correct and that thorough efforts were made to obtain requested information from each and every "Insured" proposed for this insurance to facilitate the proper and accurate completion of this "Application".

The undersigned agree that the information provided in this "Application" and any material submitted herewith are the representations of all the "Insureds" and that they are material and are the basis for issuance of the insurance "Policy" provided by us. The undersigned further agree that the "Application" and any material submitted herewith shall be considered attached to and a part of the "Policy". Any material submitted with the "Application" shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the "insureds" discovers or becomes aware of any significant change in the condition of the "Insured Organization" between the date of this "Application" and the "Policy" inception date, which would render the "Application" inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any "Policy" issued, will be in reliance upon the truthfulness of the information provided in this "Application" ; provided, however, with respect to such information, no knowledge or information possessed by any "Insureds" shall be imputed to any other "Insureds". If any person or persons knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then this "Policy" will be void as to that person or persons if such information was material to issuance of the "Policy". However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the "Insured Organization" knew as of the "Policy" inception date that such information contained in the "Application(s)" were untrue, inaccurate or incomplete, then this "Policy" will be void as to that person or persons and the "Insured Organization" if such information was material to issuance of the "Policy";
- Statements in the application, facts pertaining to or knowledge possessed by the individual signing the application shall be imputed to the "Insured Organization"; and
- The signing of this "Application" does not bind the undersigned to purchase the insurance.

_____	_____
Dated	President, Chief Executive Officer or equivalent position (Signature)
_____	_____
Title	President, Chief Executive Officer or equivalent position (Print Name)
_____	_____
Dated	Human Resources Manager or equivalent position (Signature)
_____	_____
Dated	Agent's Signature

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Please submit this "Application" including appropriate documentation to:

The Hanover Insurance Company
333 W. Pierce Road, Suite 300, Itasca, IL 60143