



Employment Practices Liability Application

Instructions:

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. Please type or print in ink.
3. If space is insufficient, attach additional sheets of paper.
4. The Application must be signed by an executive officer.
5. Have this application signed and dated by an authorized owner, partner, or director of the proposed first Named Insured. For purposes of this application, applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Application shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
6. The terms as used herein shall have the meanings as defined in the Policy.





I. Location & General Information		
1. Name of Parent Company:		
Current Mailing address:		
City:	State:	ZIP Code:
2. Standard Industrial Classification Code (SIC):		
3. Nature of Operations:		
4. Has the Company been in business longer than three (3) years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is the Company public-held or a public reporting company under the Securities Exchange Act of 1934?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does the Parent Company own more than three (3) subsidiaries? <i>If yes, please provide details on a separate page</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the Company in the past 18 months been involved with any actual negotiated or attempted merger, acquisition or divestment? <i>If yes, please provide details on a separate page</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does the Company contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Company? <i>If yes, please provide details on a separate page</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>



II. Financial Information:

9. Describe the following financial information of the Company for the most recent fiscal year-end.

Total Assets

- \$0 to 5,000,000
- \$5,000,001 to 25,000,000
- \$100,000,001 to 250,000,000
- over \$250,000,000

Gross Revenues

- \$0 to 5,000,000
- \$5,000,001 to 25,000,000
- \$100,000,001 to 250,000,000
- over \$250,000,000

Net income or net loss and applicable amount:

- \$0 to 500,000
- \$500,001 to 1,000,000
- \$1,000,001 to 3,000,000
- \$3,000,001 to 5,000,000
- over \$5,000,000

Cashflow from operating activities positive or negative and applicable amount:

- \$0 to 500,000
- \$500,001 to 1,000,000
- \$1,000,001 to 3,000,000
- \$3,000,001 to 5,000,000
- over \$5,000,000

10. Do the current liabilities exceed current assets? Yes No
 If yes, please provide details on a separate page

11. Do long-term liabilities exceed 75% of total assets? Yes No
 If yes, please provide details on a separate page

12. Will more than 50% of the total long-term liabilities mature within the next 18 months? Yes No
 If yes, please provide details on a separate page

13. Does the Company anticipate in the next 12 months or has the Company transacted in the last 24 months any restructuring or legal or financial reorganization or filing for bankruptcy? Yes No
 If yes, please provide details on a separate page



III. Prior Insurance Information

14. Describe any current insurance maintained:
 (The Continuity Date below refers to the inception date for the current Employment Practices Liability policy .)

Coverage	Current Carrier	Limits	Continuity Date
Employment			
Directors and Officers			
Fiduciary			
Crime			

15. Has any insurer made any payments, taken notice of claim or potential claim or non-renewed any management liability or similar insurance any time in the last 24 months?
 Yes No
 If yes, please provide details on a separate page

IV. Prior Activities Information

16. Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission.
 If yes, please provide details on a separate page
 Yes No

17. Within the last three years, has any person or entity proposed for this insurance had any crime losses. If yes, please provide details on a separate page.
 Yes No

V. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATURE ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS



APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGES IN THE OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY. ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Applicant's Name (Print):

Title:

Signature:

Date:

Insurance Representative:

Agency Name:

Current Mailing address:

City:

State:

ZIP Code:

Telephone:

VIII. Notice to Applicant- State fraud warnings

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and word denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.



Notice to Arkansas Applicant “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Colorado Applicant “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.”

Notice to Florida Applicant “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 Kentucky Applicant “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 Applicant “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 Applicant “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.”

Notice to Nebraska Applicant “No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company’s obligation under this policy or contract unless such misrepresentation or warranty: 1. Was material; 2. Was made knowingly with the intent to deceive; 3. was relied and acted upon by the company; and, 4. deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.”

Notice to New Jersey Applicant “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 Applicant “Any person who knowing 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 and criminal penalties.”

Notice to New York Applicant “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 Ohio Applicant “Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Notice to Oklahoma Applicant “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 Pennsylvania Applicant “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 Applicant “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 coverage.”

Notice to Utah Applicant “Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

Notice to Virginia Applicant “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, fine and denial of insurance benefits.”

Notice to Washington D.C. Applicant “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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to All Other State 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”