



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## EMPLOYMENT PRACTICES LIABILITY APPLICATION

### GENERAL INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: \_\_\_\_\_
  2. Please list all other business/dba names for which you are seeking coverage under this policy: \_\_\_\_\_
  3.  Corporation     Individual     Partnership     Municipality     For Profit     Joint Venture  
 Other: \_\_\_\_\_
  4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_  
 \_\_\_\_\_
  5. Primary location address: \_\_\_\_\_
  6. County of primary location: \_\_\_\_\_ Date business originally established: \_\_\_\_\_
  7. Total number of branches? \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_  
 \_\_\_\_\_
  8. What is your web-site address? www. \_\_\_\_\_
  9. What is your phone number? \_\_\_\_\_
  10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years?                      Yes  No
  11. Does any entity own or control your business or does your business own or control any entity?                      Yes  No
  12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you?                      Yes  No
- For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Please list any associations of which you are a member: \_\_\_\_\_  
 \_\_\_\_\_

### EMPLOYEES (including Subsidiary employee information on a separate sheet)

1. Please describe the nature of the Applicant's business (type of product or services provided): \_\_\_\_\_  
 \_\_\_\_\_
2. Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
3. Salary Ranges (including bonuses, dividends and commissions)

	Number of full time employees	Number of part time employees
\$50,000 or less:	_____	_____
\$50,001 to \$100,000:	_____	_____
\$100,001 and over:	_____	_____
<b>TOTAL:</b>	_____	_____

4. If you have multiple locations, please list employees by state:

	State:	State:	State:	State:	State:
Full-Time					
Part-Time					

5. Does the Applicant use seasonal or temporary employees? Yes  No   
 If so, when and how many? \_\_\_\_\_  
 Are these employees included in #4 above? Yes  No
6. Does the Applicant use leased workers? Yes  No   
 If Yes, how many have been retained by the Applicant in the past 12 months? \_\_\_\_\_  
 Are these employees included in #4 above? Yes  No
7. Does the Applicant use independent contractors? Yes  No   
 If Yes, how many work solely for the Applicant? \_\_\_\_\_
8. How many employees are covered by collective bargaining or other union agreements? \_\_\_\_\_
9. In the past 12 months, how many officers have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_
10. In the past 12 months, how many other employees have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated? \_\_\_\_\_

### FINANCIAL AND OPERATING INFORMATION

1. Please answer the following four (4) questions for the Applicants listed in #1 and #2 of the General Information Section, including its subsidiaries, for the most recent fiscal year end:
- What are the Applicant's total assets? \_\_\_\_\_
  - What are the Applicant's total gross revenues? \_\_\_\_\_
  - Does the Applicant currently have: Net Income  or Net Loss  Amount \$ \_\_\_\_\_
  - Does the Applicant currently have: Positive Cashflow  or Negative Cashflow  Amount \$ \_\_\_\_\_
2. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? (If Yes, please provide details on a separate sheet.) Yes  No
3. Are you: Publicly Held?  If Yes, please provide stock symbol \_\_\_\_\_  
 Privately Held?   
 Non-Profit?   
 Other?  Please explain. \_\_\_\_\_

### EMPLOYMENT PRACTICES

1. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate or for any other reason? (If Yes, please complete the Reduction In Force supplement.) Yes  No

2. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate or for any other reason? *(If Yes, please complete the Reduction In Force supplement.)* Yes  No
3. If during the next 12 months, circumstances of which are you currently unaware make it necessary for you to decrease the number of your employees by ten percent (10%) or five (5) employees, whichever is great, through the implementation of any reduction in force, systematic layoff, closure of any division, office or facility that you own or operate or for any other reason (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure? *(If No, please explain on a separate sheet.)* Yes  No
4. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty-five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees? *(If Yes, please provide full details on a separate sheet.)* Yes  No
5. Has any insurer ever cancelled or non-renewed the Applicant or its predecessor for this type of coverage? *(If Yes, please provide details on a separate sheet.)* Yes  No

## HUMAN RESOURCES

1. Does the Applicant have written employment agreements with all officers? Yes  No
2. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes  No   
 If Yes, who has attended? \_\_\_\_\_  
 If Yes, who conducts the sessions? \_\_\_\_\_
3. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes  No   
 If Yes, identify the firm and date of last review: \_\_\_\_\_
4. Does the Applicant have a Human Resources or Personnel Department? Yes  No   
 If No, who handles this function? \_\_\_\_\_
5. Does the Applicant have an employee handbook? Yes  No   
 If Yes, does the Applicant distribute it to all employees? Yes  No   
 If Yes, do all employees sign up for its receipt? Yes  No   
 If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes  No
6. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes  No
7. Does the Applicant require all terminations to be reviewed by:  
 The person in charge of human resources? Yes  No   
 Outside counsel? Yes  No
8. Does the Applicant maintain a personnel file for each employee? Yes  No

### THIRD PARTY INFORMATION

1. Estimated number of employees with customer/client contact: \_\_\_\_\_
2. Please describe the frequency and nature of customer/client interactions. \_\_\_\_\_  
\_\_\_\_\_
3. Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant? Yes  No   
*(If Yes, please provide details on a separate sheet.)*
4. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Yes  No
5. Are there procedures for reporting and dealing with complaints by customers/clients? Yes  No
6. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Yes  No

### OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate, in the last five (5) years, does anyone have any other Material Facts to disclose? *(If Yes, please provide such Material Facts on a separate sheet.)* Yes  No

*A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.*

### INSURANCE AND LOSS HISTORY

1. Provide your firm's recent Employment Practices Liability insurance history below *(including coverage as part of a D&O or other insurance policy)*:

	Insurance Company	Limits Per Claim/ Aggregate	Deductible	Policy Period (Month/Day/Year)	Annual Premium
Current Year					
Previous Year 1					
Previous Year 2					
Previous Year 3					
Previous Year 4					

2. If you are currently insured for employment practices liability coverage, what is your policy's retroactive date? (month/date/year)? \_\_\_\_/\_\_\_\_/\_\_\_\_. If there is no retroactive date, please check here.

**If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.**

3. Are you being canceled or non-renewed by your current employment practices liability carrier? Yes  No   
 If Yes, please explain why: \_\_\_\_\_

4. Requested Limits:  \$100,000/\$300,000  \$250,000/\$250,000  \$500,000/\$500,000  \$1,000,000/\$1,000,000  
 Other \$ \_\_\_\_\_ /\$ \_\_\_\_\_

Requested Deductible (Per Claim):  \$5,000  \$10,000  \$25,000  Other \_\_\_\_\_

5. After inquiry with each person as appropriate, in the last five (5) years, has any wrongful termination, discrimination, sexual harassment or any other wrongful employment practices liability claim or suit, including third party claims, ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes  No

**If "Yes," how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.**

6. After inquiry with each person as appropriate, do you, or any of your partners, officers, directors, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in an unemployment related claim, including third party claims? Yes  No

**If "Yes," how many? \_\_\_\_\_ If "Yes," please complete a separate Supplemental Claim Form for each potential claim and provide as much detail as possible.**

7. Of the total number of EEOC/state agency charges filed against any Applicant over the last five years, indicate the number of primary allegations as follows:

1) Location No.	2) Racial Discrimination	3) Age Discrimination	4) Religious Discrimination	5) Other Ethic Discrimination	6) Equal Pay Act Violation	7) Other Gender Discrimination	8) Violation of Am. With Disabl. Act

8. With respect to litigated cases (including wrongful termination suits under state law other than antidiscrimination law) and EEOC/state agency charges over the last five years for which any settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policy holder 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 any 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 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 an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

**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 a 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 the person to criminal and civil penalties.

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**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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Director of Human Resources or other  
Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_



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## EMPLOYMENT PRACTICES LIABILITY CLAIM APPLICATION

- ***This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.***
- ***If space is insufficient to answer any questions fully, attach a separate sheet.***
- ***In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved***

### APPLICANT'S INFORMATION

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Individual(s) or entity involved in the claim: \_\_\_\_\_
3. Additional defendants \_\_\_\_\_
4. Full Name of Claimant: \_\_\_\_\_
5. a. Is the Claimant still your employee (or client if a Third Party Claim) after bringing the claim? Yes  No
- b. Are other witnesses/involved parties still employed? Yes  No

6. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_
7. What is the status of the claim? Closed/Settled  Open/Pending  Incident/Circumstance

8. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trial  Out of Court

9. IF PENDING:

- (a) Claimant's settlement demand? \$ \_\_\_\_\_ Defendant's settlement offer (if any): \$ \_\_\_\_\_
- (b) Insurer's reserve amounts? Loss \$ \_\_\_\_\_ Defense \$ \_\_\_\_\_
- (c) Amounts already spent defending the claim? By you? \$ \_\_\_\_\_ By the insurer? \$ \_\_\_\_\_
- (d) What is your best estimate of the likely settlement amount for this matter? \$ \_\_\_\_\_
- (e) What is your best estimate of the date when you expect this claim to be resolved? \_\_\_\_\_

*Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.*

10. The claim involves/involved the following laws or issues (please check all that apply):

Affirmative Action <input type="checkbox"/>	False Imprisonment <input type="checkbox"/>	Slander <input type="checkbox"/>
Bodily Injury <input type="checkbox"/>	Good Faith and Fair Dealing <input type="checkbox"/>	Third Party/Non-Employee Claim <input type="checkbox"/> (If so, please explain.) _____
Breach of Written Contract <input type="checkbox"/>	Implied Contract <input type="checkbox"/>	Whistle Blower Retaliation <input type="checkbox"/>



Discrimination (Type: _____ _____ )	<input type="checkbox"/>	Invasion of Privacy	<input type="checkbox"/>	Wrongful Termination	<input type="checkbox"/>
Emotional Distress	<input type="checkbox"/>	Libel/Defamation	<input type="checkbox"/>	Other Issues: _____ _____ _____ _____	
Equal Pay Act (EPA)		Retaliation	<input type="checkbox"/>		
FLSA (Fair Labor Standards) Wage and Hour	<input type="checkbox"/>	Retaliation (Type): _____			
FMLA	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>		

11. Name(s) of Insurer(s) responding to this claim or incident \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: \_\_\_\_\_  
 \_\_\_\_\_

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: \_\_\_\_\_  
 \_\_\_\_\_

**I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Employment Practices Liability Application. I understand that an incorrect or incomplete statement could void my protection.**

\_\_\_\_\_  
 Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm)

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Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_