
Employment Practices Liability Application

Email completed application to submit@midman.com. Answer all questions including N/A where a question is not applicable. "Applicant" refers to the Company, its predecessors and all proposed insureds including subsidiaries.

I. General Information

- A. Name and address of Applicant:
- B. Person To Contact (Name, Title, E-mail, Telephone):

- C. Website: _____
- D. Describe nature of the Applicant's business: _____
- E. List of other locations (indicate states/countries): _____
- F. How long has the Applicant been under current management? _____ Years
- G. 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 or by closure of any division, office or facility that you own or operate?
 Yes No
(If Yes, please complete the Reduction In Force supplement (G))
- H. 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 or by closure of any division, office or facility that you own or operate?
 Yes No
(If Yes, please complete the Reduction In Force supplement (H))
- I. If, during the next 12 months, circumstances of which you are currently unaware, make it necessary for you to implement a Reduction in Force, that affects ten percent (10%) of your workforce or five (5) Employees, whichever is greater. Do you agree that you will consult with, and adopt the advice of the HR Experts at EPLI PRO (TEL: 800-387-4468 or EMAIL: HRdirectors@ePlacelnc.com)? This is part of the free loss control services included with the purchase of this insurance policy. You may also utilize in-house counsel for this Reduction in Force procedure, but only if that counsel is qualified and experienced in the practice of labor and employment.
 Yes No

J. 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? Yes No
(If Yes, please provide full details on a separate sheet)

K. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage? Yes No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

L. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage? Yes No
(If Yes, please provide details on a separate sheet)

II. Financial Information

A. Please answer the following nine (9) questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

i) What are the Applicant's total assets? \$ _____

ii) What are the Applicant's current assets? \$ _____

iii) What are the Applicant's total liabilities? \$ _____

iv) What are the Applicant's current liabilities? \$ _____

v) What are the Applicant's total gross revenues? \$ _____

vi) Does the Applicant currently have:
Any credit facility/long term financing/overdraft Yes No

If yes, what amount is exercised/borrowed? \$ _____

If yes, what amount is repayable over the next 12 months? \$ _____

If yes, on what date does the credit facility/long term financing/overdraft
renew/expire? _____

vii) Within the last three years has the Applicant ever been in breach of any debt covenants or loan agreements? Yes No

If yes, please provide details _____

viii) Does the Applicant currently have: Net Income or
Net Loss
Amount \$ _____

ix) Does the Applicant currently have: Positive Cashflow or
Negative Cashflow
Amount \$ _____

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No
(If Yes, please provide details on a separate sheet)

III. Loss History

A. Furnish details of all Wrongful Employment Practice Claims (as those terms are defined in the Policy) against the Applicant within the last 5 years. None See attached
(Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)

Total number of Claims in the last 5 years _____

Immigration Practices Defense Cover (if applicable)

B. Have any losses, lawsuits, administrative proceedings, governmental investigations, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violations of the Immigration Reform Control Act of 1986 or any other similar federal, state or local laws or regulations?
None See attached

Wage & Hour Defense Cover (if applicable)

C. Have any losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violation of any **Wage and Hour Law**?
None See attached

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

D. **(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)**
Does any director, officer, shareholder, principal, or employee Yes No
with personnel responsibility have knowledge of any circumstances that could give rise to a Claim or in any other way suspect that a Claim may be brought?

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a current or former employee, including officers, or an applicant for employment, has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) *making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;*
- ii) *otherwise complaining of discrimination, harassment, or unfair treatment;*
- iii) *threatening to hire an attorney; or*
- iv) *asking for a severance package in excess of what was offered.*

The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section II will be excluded from coverage.

IV. Employees

- A. Number of employees: Full Time: _____ Part Time: _____
- B. Salary ranges (including bonuses, dividends and commissions) Number of full time employees Number of part time employees
- | | | |
|------------------------|---------|-------|
| Less than \$25,000 | _____ | _____ |
| \$ 25,001 to \$75,000 | : _____ | _____ |
| \$ 75,001 to \$150,000 | : _____ | _____ |
| \$150,001 and over | : _____ | _____ |
- C. Does the Applicant use seasonal or temporary employees? Yes No
 If so, when and how many? _____
 Are these employees included in A and B above? Yes No
- D. 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 A and B above? Yes No
- E. Does the Applicant use independent contractors? Yes No
 If Yes, how many? _____
 Do you want coverage for these Independent Contractors? Yes No
- F. In the past 12 months, how many officers have left your employ? _____
 Of the above, how many were terminated? _____
- G. In the past 12 months, how many other employees have left your employ? _____
 Of the above, how many were terminated? _____

V. Human Resources

- A. 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? _____

- B. 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: _____
- C. 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 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
- D. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
- E. Does the Applicant require all terminations to be reviewed by:
The person in charge of human resources? Yes No
Outside counsel? Yes No
- F. Does the Applicant maintain a personnel file for each employee? Yes No

VI. Third-Party Information

- A. 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?
(If Yes, please provide details on a separate sheet) Yes No
- B. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Yes No
- C. Are there procedures for reporting and dealing with complaints by customers/clients? Yes No
- D. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Yes No

VII. Privacy Violation Information

- A. Do you restrict employee access to employees' personnel information such as social security numbers, account information and health care information? Yes No
- B. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or

SUPPLEMENTAL CLAIM INFORMATION

Claimant(s): _____

Position/Title(s): _____

Defendant(s): _____

Position/Title(s): _____

Claim status: Incident Claim Suit

Venue:
(Court or Agency) _____

Date of act(s) causing claim / incident: _____

Date claim / incident reported to the applicant: _____

Nature of Claim and allegations:

Name of defense attorney and law firm: _____

Name of plaintiff attorney and law firm: _____

If Closed, total paid (defense and loss): _____

If Open:

1. Claimant's demand: _____

2. Insurer's defense and/or loss reserves: _____

3. Defense costs incurred to date: _____

4. Applicant's settlement offer: _____

5. Applicant's estimate of settlement: _____

Remedial action taken to prevent a similar claim:

Reduction In Force Supplement (G)

- A. How many employees were laid off? _____
- B. What date(s) did the lay-off's take place? _____
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No
- D. Were severance packages offered to all laid-off employees? Yes No
- E. Were signed releases gained from all laid-off employees? Yes No
- F. Were exit interviews completed with all laid-off employees? Yes No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim? Yes No
- H. Please provide available details on the above.

Reduction In Force Supplement (H)

- A. How many employees will be laid off? _____
- B. What date(s) will the lay-off be effective? _____
- C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No
- D. Will severance packages be offered to all laid-off employees? Yes No
- E. Will signed releases be gained from all laid-off employees? Yes No
- F. Will exit interviews be completed with all laid-off employees? Yes No
- G. Please provide available details on the above.