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EmPloyrite - EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION (50+ EMPLOYEES)

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

PLEASE ENSURE THAT:

- The Application has been dated and contains two (2) signatures
- Most Recent Financial Statements are attached
- You have read the Statement at the end of the application

1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant Company) including any subsidiaries :

_____ (please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Website: _____

3. Person to contact:

Name: _____

Title: _____

Tel: _____

4. Sole Proprietor Corporation Partnership Joint Venture Franchise
 Limited Liability Partnership Other (Please specify) _____

Describe nature of business:

5.		<u>GROSS SALES OR RECEIPTS</u>		<u>FOR YEAR ENDED (MM/DD/YY)</u>
	Past financial year	C\$ _____	Est.	_____
	Current financial year	C\$ _____	Est.	_____
	Next financial year	C\$ _____	Est.	_____

6. How long has the company been in business (years)? _____

7. How long has the company been under current management (years)? _____

8. Limits requested: From C\$500,000/\$500,000 Aggregate to C\$5,000,000/C\$5,000,000 Aggregate
\$ _____

9. Deductible requested: C\$ (Minimum C\$5,000) \$ _____

10. Effective date requested: _____

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11. Have you acquired any companies in the past two (2) years? YES NO
12. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? YES NO
 If YES, how many? _____
 If you have answered YES to either K) or L) above, please provide details on a separate sheet.
13. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 30 day period within the next eighteen (18) months? YES NO
 If YES, please provide details on separate sheet.
14. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? YES NO
 If YES, please provide the following details:

YEAR	RENEWAL DATE	CARRIER	LIMIT	DEDUCTIBLE	PREMIUM

15. Has any insurer ever canceled or non-renewed this type of coverage? YES NO
 If YES, please provide details on a separate sheet.

2. PREVIOUS CLAIM INFORMATION

16. Provide loss history (5 years) for all terminations which included a claim for an extended notice period because of the unfair manner of termination, discrimination and sexual harassment claims: None See attached
 Total number of claims in the last five (5) years: _____

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

17. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or have any reasonable way to foresee that a claim may be brought? YES NO

IF YES, PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.

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

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire a lawyer;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.

18. Has the applicant been involved in any charges, inquiries, investigations, grievances or other hearings before the federal or provincial Human Rights Commission or any other governmental agency? YES NO

IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, Section 2. will be excluded from coverage.

3. EMPLOYEES

19. Number of employees: Cdn Full Time: _____ Cdn Part Time: _____
 US Full Time: _____ US Part Time: _____

PLEASE PROVIDE, ON A SEPARATE SHEET OF PAPER, A BREAKDOWN OF US EMPLOYEES BY STATE.

20. 1. Total Payroll: \$ _____

2.

SALARY RANGES (INCLUDING BONUSES AND COMMISSIONS)	NUMBER OF FULL TIME EMPLOYEES	NUMBER OF PART TIME EMPLOYEES
C\$20,000 or less		
C\$20,001 to C\$50,000		
C\$50,001 to C\$100,000		
C\$100,001 and over		

21. Does the Applicant use seasonal employees? CDN YES NO
US YES NO

If YES, when and how many? _____

Do you use an employment agency? YES NO
If YES, which one? _____

Are these employees included in A and B above? CDN YES NO
US YES NO

22. Does the Applicant use temporary employees? CDN YES NO
US YES NO

If YES, please advise number of temps utilized and total billable hours: _____

Are these employees included in A and B above? CDN YES NO
US YES NO

23. In the last 12 months how many officers have left your employ? _____

Of the above: How many left voluntarily? _____ How many were terminated? _____

24. In the last 12 months how many other employees have left your employ? _____

Of the above: How many left voluntarily? _____ How many were terminated? _____

4. HUMAN RESOURCES

25. Does the Applicant have written employment agreements with all employees? CDN YES NO
US YES NO

26. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? CDN YES NO
US YES NO

27. Does the Applicant have its employment policies/procedures reviewed by an employment or labour law lawyer annually/bi-annually? CDN YES NO
US YES NO

28. Does the Applicant have a Human Resources or Personnel Department? CDN YES NO
US YES NO
If NO, who handles this function? _____

29. Does the Applicant publish an employment handbook? CDN YES NO
US YES NO

If YES, does the Applicant distribute it to all employees? CDN YES NO
US YES NO

If YES, do employees sign for receipt/acceptance? CDN YES NO
US YES NO

30. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment?
CDN YES NO
US YES NO
31. Has the Applicant implemented sexual harassment policies/procedures? YES NO
32. Does the Applicant require all terminations to be reviewed by:
its Human Resources/Personnel Department?
CDN YES NO
US YES NO
- or its Legal Department?
CDN YES NO
US YES NO
- or outside counsel?
CDN YES NO
US YES NO
33. Does the Applicant maintain a personnel file for each employee?
CDN YES NO
US YES NO
34. Does the Applicant have any written grievance or complaint procedures?
CDN YES NO
US YES NO
35. Does the Applicant regularly consult with an employment or labour law lawyer?
If YES, who is your counsel? Canada _____ US _____
How is this person/firm utilized? _____

5. OTHER MATERIAL FACTS

36. Please declare any Material Facts on a separate sheet. None See attached
(A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.)
37. Do you have any operations or Employees within the province of Quebec?
CDN YES NO
US YES NO
- If YES, please provide details on separate sheet.
- The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

6. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

7. WARRANTY STATEMENT

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change in writing.

Signing this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPAL, PARTNER OR OFFICER

DATE

TITLE

APPLICANT'S AUTHORIZED SIGNATURE OF INDIVIDUAL IN CHARGE
OF HUMAN RESOURCES OR PERSONNEL DEPARTMENT OR
SIGNATURE OF 2ND AUTHORIZED PERSON

DATE

TITLE

* Please ensure that additional information for the following questions is attached where applicable:

Section 1.: L & M - Acquired companies
N - Anticipated layoffs
P - Cancelled/non-renewed coverage

Section 2.: A - Claims history for the last 5 years
B - Circumstances which could foreseeable give rise to a claim
C - Human rights or other governmental agency charges, inquiries, investigations etc.

Section 3.: A breakdown of US employees by state

Section 4.: B - Quebec operations or Employees

Section 5.: Any additional Material Facts

Most recent financial statements.