



# Employment Practices Insurances Application

**This is an application form for a claims first made and reported policy**

**Instructions:**

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Application must be dated and have an authorized signature.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

## I. General information

A. Name and address of applicant: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

B. Person to contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

C.  Professional Corporation       Partnership       Other (Please specify)

\_\_\_\_\_

D. Describe nature of practice : \_\_\_\_\_

NAICS code: \_\_\_\_\_ or SIC code if NAICS code is unknown: \_\_\_\_\_

E. Applicant's website address: \_\_\_\_\_

F. Does the Applicant have any Subsidiaries and or foreign operations?  Yes  No  
If yes, please attach a list of Subsidiaries and foreign operations proposed for coverage, including the nature of their business and date acquired or created. Please list their locations and number of employees in Section III (A).

G. Please answer the following four (4) questions, **including any subsidiaries**, for the most recent fiscal year end:

i) What are the Applicant's:

Current assets?	\$
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Current liabilities?	\$
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Total assets?	\$
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Total liabilities?	\$
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Total Gross Revenues?	\$
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ii) Does the Applicant currently have:      Net Income  or  
Net Loss   
Amount \$ \_\_\_\_\_



iii) Does the Applicant currently have: Positive Cashflow  or  
 Negative Cashflow   
 Amount \$ \_\_\_\_\_

H. 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)

I. How long has the company been in business? \_\_\_\_\_ Years

J. How long has the company been under current management? \_\_\_\_\_ Years

K. Limits requested: From \$500,000/\$500,000 aggregate to \$5,000,000/\$5,000,000 aggregate  
 \_\_\_\_\_

L. Retention requested: \$\_\_\_\_\_ (Minimum US \$5,000)

M. Effective date requested: \_\_\_\_\_

N. Have you acquired any companies in the past two (2) years?  Yes  No

O. 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 so, how many? \_\_\_\_\_  
 (If you have answered YES to either P or Q, please provide details on a separate sheet)

P. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months?  Yes  No  
 (If YES, please provide details on separate sheet)

Q. If during the next 18 months, circumstances of which you are currently unaware make it necessary for you to decrease the number of your Employees by ten percent (10%) or five (5) employees, whichever is greater, through the reorganization, restructuring, reduction in force, downsizing of operations or closure of one or more plants or places of business, do you agree that you will consult with and follow the recommendation of legal counsel experienced in employment law prior to any such downsizing, reorganization, restructuring, reduction in force, change in number of Employees, or closure of one or more plants or places of business operations?  Yes  No

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

Year	Renewal Date	Carrier	Limit	Retention	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

S. Has any insurer ever canceled or non-renewed this type of coverage?  Yes  No  
 (If YES, please provide details on separate sheet)

**I. Loss history**

- A. Furnish loss history (5 years) for all discrimination, harassment claims and any claims involving the Applicants employment decision to hire, fire, promote or demote, a current, former or prospective employee.  None  See attached

Total number of claims in the last 5 years \_\_\_\_\_

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

- B. 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 any reasonable way to foresee that a claim may be brought?  Yes  No

**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 an attorney;
- 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.

- C. Has the applicant been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency?  Yes  No

(If you answer 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, this Section II will be excluded from coverage**

**III. Employees**

- A. Locations by State or Country and current number of employees for each (attach schedule if necessary):

State/ Country	No. of Locations	Number of Lawyers	Number of other employees	Seasonal/ Temporary	Other (independent contractors, leased workers and volunteers)

- If Temps are used please provide annual billable hours: \_\_\_\_\_
- If seasonal employees are used, please advise average number of months: \_\_\_\_\_
- Does the Applicant use unionized employees?  
If yes, number of employees \_\_\_\_\_

B. Salary ranges (including bonuses and commissions)

	Number of Lawyers	Number of other employees	Seasonal/ Temporary	Other
\$20,000 or less:				
\$20,001 to \$50,000				
\$50,001to \$100,000				
\$100,001 to \$200,000				
\$200,001 and over				

C. In the last 12 months how many **partners, officers, shareholders, managers or supervisors** have left your employ? \_\_\_\_\_

Of the above: how many left voluntarily? \_\_\_\_\_

how many left involuntarily? \_\_\_\_\_

D. In the last 12 months how many **other employees** have left your employ? \_\_\_\_\_

Of the above: how many left voluntarily? \_\_\_\_\_

how many left involuntarily? \_\_\_\_\_

E. How many equity partners or shareholders do you have? Male \_\_\_\_ Female \_\_\_\_

F. How many non-equity partners do you have? Male \_\_\_\_ Female \_\_\_\_

G. How many associates with less than 5 years service do you have?  
Male \_\_\_\_ Female \_\_\_\_

H. How many associates with more than 7 years service do you have?  
Male \_\_\_\_ Female \_\_\_\_

I. Do you have written procedures for promoting an associate or partner or shareholder?  
Yes No

If yes, please attach a copy.

**IV. Third party section**

**Please complete the following section if this coverage is required**

A. Estimated number of Employees with customer/client contact \_\_\_\_\_

B. Does the Applicant have written procedures for handling complaints of discrimination and /or harassment from a Person who is a non Employee? Yes No

C. If yes, are all complaints recorded? Yes No

D. Has the Applicant received any complaints alleging discrimination and/or harassment from a Person who is a non-employee? Yes No

If yes, please provide the total number of complaints received \_\_\_\_ and provide details on separate sheet.

- E. Does the Applicant's public facilities have access for the disabled in compliance with A.D.A. Law? Yes No
- F. Does the Applicant provide training to their Employees regarding discrimination and harassment of a Person who is a non-Employee (including the disabled)? Yes No
  - If Yes, is the training part of a formalized course? Yes No
  - Is the training compulsory? Yes No

**V. Human resources**

- A. Does the Applicant have a Human Resources Department? Yes No

If the Answer to (A) is Yes, how many employees are in the Human Resources Department? \_\_\_\_\_

If the Answer to (A) is No, who handles this function and what is their title?

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- B. Does the Applicant establish at-will employment relationships with **all** lawyers without a written employment agreement? Yes No
- C. Does the Applicant establish at-will employment relationships with **all** other employees without a written employment agreement? Yes No
- D. Have the Applicant's partners, shareholders, managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? Yes No

If YES, who has attended? \_\_\_\_\_

If YES, who conducts? \_\_\_\_\_

If NO, is applicant willing to implement such training? Yes No

- E. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? Yes No

If NO, is the Applicant willing to do so? Yes No

- F. Does the Applicant publish an employment handbook? Yes No

If NO, is Applicant willing to do so? Yes No

If YES, does the Applicant distribute it to all lawyers and employees? Yes No

If YES, do employees sign for receipt/acceptance? Yes No

- G. Has the Applicant implemented anti-sexual harassment policies/procedures? Yes No

- H. Does the Applicant require all terminations to be reviewed by:  
 its Human Resources Department? Yes No  
 or its Legal Department? Yes No  
 or outside counsel? Yes No  
 If NO, is Applicant willing to do so? Yes No

- I. Does the Applicant maintain a personnel file for each lawyer/employee? Yes No

- J. Does the Applicant have any written grievance or complaint procedures (including complaints of discrimination or harassment)? Yes No  
 If NO, is Applicant willing to implement such procedures? Yes No

- K. Does the Applicant regularly consult with a labor relations counsel? Yes No  
 If YES, who is your labor relations counsel? \_\_\_\_\_  
 How is this person/firm utilized? \_\_\_\_\_  
 \_\_\_\_\_

- L. Does the Applicant have a formal employment contract with a lawyer/employee Yes No  
 If yes, are the employment contract(s) created and reviewed by outside counsel? Yes No

Total number of lawyers/employees with formal employment contracts: \_\_\_\_\_  
 Total value of all contracts \$\_\_\_\_\_ Total value of the largest contract \$\_\_\_\_\_

- M. Does the Applicant utilize arbitration for employment related claims? Yes No  
 Is it mandatory? Yes No

**VI. Other material facts**

- A. 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.

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**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. Signing of 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.**

Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
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Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title
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