



Employment Practices Insurance Renewal Application for Law Firms

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 change in the nature of practice over the last year: _____

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?	\$
-----------------	----

Current liabilities?	\$
----------------------	----

Total assets?	\$
---------------	----

Total liabilities?	\$
--------------------	----

Total Gross Revenues?	\$
-----------------------	----

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. Describe any change in management over the last year: _____

J. Have you acquired any companies in the past year? Yes No
(If YES, please provide details on a separate sheet)

K. 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 YES, please provide details on a separate sheet)

L. 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)

M. 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

II. Loss history

A. Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters' representatives? Yes No

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				
\$50,001 to \$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? _____

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. 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

B. 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? _____

C. When were the applicants employment policies/procedures last reviewed by labor relations counsel? _____

D. Have there been any amendments to the employment handbook in the last 12 months? Yes No

E. Does the Applicant have a formal employment contracts 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 \$_____

F. 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
Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title