



EMPLOYMENT PRACTICES LIABILITY

Instructions:

1. Answer all questions. If answer to any question is NONE, please state NONE.
2. Attach a separate piece of paper as necessary.
3. Application must be signed and dated by Applicant's CEO, COO, Managing Partner or equivalent title
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY

I. GENERAL INFORMATION

- A. Name of Applicant: _____
Address: _____
- B. Business: Corporation _____ Partnership _____
Individual Proprietor _____ Other (specify) _____
- C. Describe Nature of Business (Please include SIC code): _____
- D. Principal Products/Services: _____
- E. (1) Number of U. S. Locations: _____
(2) Are there any foreign operations? Yes _____ No _____
- F. Head of Human Resource Contact or Risk Manager:
- | | |
|--------------|----------------|
| _____ | _____ |
| Name | E-Mail Address |
| _____ | _____ |
| Phone Number | Title |
- G. Coverage Desired (if different from expiring): Limit of Liability: _____
Deductible: _____
- H. Has any insurer ever canceled or non-renewed this type of coverage?
Yes _____ No _____ If Yes, please explain on a separate piece of paper.

II. EMPLOYEES

- A. Number of FULL-time employees _____. Percentage CA ____, MI ____, TX _____.
- B. Number of PART-time employees _____. Percentage CA ____, MI ____, TX _____.
- C. Number of Foreign located employees _____.
- D. List the five states with greatest number of employees (largest to smallest):

- E. Average percent of your workforce that is temporary, consultant, seasonal, or leased? ____ %
- F. Percentage of employees with salaries greater than \$100,000 _____ %
Percentage of employees with salaries greater than \$250,000 _____ %

III. HUMAN RESOURCES

- A. Does the Applicant have a Human Resources or Personnel Department? Yes ____ No ____
If No, on a separate sheet of paper, please provide details on the handling of this function.

How many employees are in the HR Department? _____
- B. Have you had any staff reduction programs in the last 12 months? Yes ____ No ____
Do you anticipate any staff reduction programs within the next 12 months? Yes ____ No ____
If Yes to either question, please provide details on a separate sheet of paper. Please include the date and nature of the reduction, the number of employees affected, their job categories, the manner in which the reductions were/will be conducted and the terms of severance.
- C. Does the Applicant use a formal out-placement program to assist involuntarily terminated employees in finding other jobs? Yes ____ No ____
If Yes, please describe on a separate piece of paper.
- D. Does the Applicant require terminations to be reviewed by:
(1) Its Human Resources Department? Yes ____ No ____
(2) Its Legal Department? Yes ____ No ____
(3) Its outside counsel? Yes ____ No ____
- E. How many employees or officers have been involuntarily terminated from employment with the applicant in the past two (2) years?
With Cause: Employees _____ Officers _____
Without Cause: Employees _____ Officers _____
- F. For each of the past five years, what has been the applicants annual rate of employee turnover?
20__ __% 20__ __% 20__ __% 20__ __% 20__ __%
- G. Does the applicant conduct exit interviews? Yes ____ No ____

III. Human Resources (continued)

H. Do you have and use: Yes/No

- An employment application for all new hires: _____
- Formal new hire orientation and maintain an Orientation Checklist on each employee? _____
- Regular written performance evaluations for all employees? _____
- A hard copy or electronically published Employee Handbook? _____
- If yes, do you distribute the handbook to ALL employees? _____
- Multiple avenues for employee complaint reporting and resolution? _____
- A written procedure for handling complaints of discrimination or harassment? _____
- A written anti-sexual harassment policy and anti-discrimination policy? _____
- Annual distribution of your anti-sexual harassment policy and anti-discrimination policy to all employees? _____
- A written policy on accommodation of employees covered under the Americans with Disabilities Act? _____
- A written policy or supporting practices to comply with the Family Medical Leave Act? _____
- A regular review of HR policies and procedures by counsel to ensure compliance with applicable laws? _____
- Periodic training of all supervisory/management personnel on managing compliance with employment laws and HR policies? _____

IV. LOSS HISTORY

A. Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination and sexual harassment claims, both state and federal, civil and administrative in the space provided below:

<u>Date of Claim</u>	<u>Claimant Name</u>	<u>Nature of Claim</u>	<u>Defense Amount</u>	<u>Indemnity Amt.</u>	<u>Reserve, if open</u>	<u>CurrentStatus</u>

***Please provide all requested information.**

***If additional space is required please attach additional claims information on separate sheet.**

- B. Has a multi-party (three or more claimants) claim been made against you during the last 5 years? Yes _____ No _____ If Yes, please provide details on a separate sheet of paper.**
- C. Are you presently subject to any judicial or administrative order, decree, judgment or agreement relating to employment? Yes _____ No _____ If Yes, please provide details on separate sheet of paper.**
- D. Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? Yes _____ No _____ If Yes, please provide details on separate sheet of paper.**

V. CLAIMS HANDLING

A. (1) Who in the Applicant Organization has been designated to handle claims?

Name	Address	Phone
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(2) With respect to claims, incidents, etc., do you have a written procedure for obtaining information? Yes _____ No _____ If Yes, please attach a copy.

VI. CORPORATE HISTORY

If you answer Yes to any of the following, please attach details on a separate piece of paper.

A. Have you acquired or sold any companies in the past 5 years? Yes _____ No _____

B. If acquired, did the purchase include assumption of liabilities? Yes _____ No _____

C. 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 _____

CHECKLIST: Have you attached your most recent:

⇒ EEO-1 Report.

⇒ Copy of anti-sexual harassment policy and anti-discrimination policy

⇒ Annual Report.

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT 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 LEXINGTON INSURANCE COMPANY OF SUCH CHANGES. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY 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	Signature of Applicant's CEO, COO, Managing Partner or equivalent title	Title	Email Address
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