

## EMPLOYMENT PRACTICES LIABILITY RENEWAL APPLICATION

### I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.

### II. APPLICANT INFORMATION

1. Current Richmond National Policy Number: \_\_\_\_\_
2. Primary applicant's full legal name that is to be listed as first Named Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Are any other entities or DBAs to be listed as Named Insured?  Yes  No
  - a. If yes, list and include relationship details with the first Named Insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b. Do all entities have common ownership with the first Named Insured in whole or majority? If yes, ownership percentage for each related entity: \_\_\_\_\_  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_

Subsidiary Name	Nature of Business	*Percentage Owned by First Named Insured Entity	Date Created or Acquired	Domestic or Foreign	Non-Profit
		%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		%			<input type="checkbox"/> Yes <input type="checkbox"/> No
		%			<input type="checkbox"/> Yes <input type="checkbox"/> No

\*If **Subsidiary** is less than 100 percent owned, provide details of all other owners, by attachment.

4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_  
 \_\_\_\_\_

5. Years in operation under current ownership/management: \_\_\_\_\_

6. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Primary/Premise Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(If you have multiple premise locations, please attach a complete address list.)*

8. Name and title for best contact: \_\_\_\_\_  
a. Phone Number: \_\_\_\_\_  
b. Email Address: \_\_\_\_\_

9. Website: \_\_\_\_\_

10. Has the Insured's name or ownership changed or has any other business/entity been purchased, merged, or consolidated with the Insured entity in the last 12 months or are any such changes contemplated for the next 12 months?  Yes  No

11. Does any entity own your business or does your business own or control any other entity?  Yes  No  
If you answered Yes to questions 10-11, please provide details and use a separate page, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. EMPLOYEES (include Subsidiary or additional entity employee information on a separate page)**

1. Please describe the applicant's nature of operations or business (type of products or services provided):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Number of **Current** Employees, Independent Contractors, and Volunteers:  
Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_  
Leased \_\_\_\_\_  
Temporary/Seasonal \_\_\_\_\_  
Independent Contractors \_\_\_\_\_  
Volunteers \_\_\_\_\_  
Total number of employees **located outside the U.S** (please include the country/territory): \_\_\_\_\_

3. Number of **Projected** Employees, Independent Contractors, and Volunteers in the next 12 months:

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Leased \_\_\_\_\_

Temporary/Seasonal \_\_\_\_\_

Independent Contractors \_\_\_\_\_

Volunteers \_\_\_\_\_

Total number of employees **located outside the U.S** (please include the country/territory): \_\_\_\_\_

4. If you have multiple locations, please list employees by state:

	State:	State:	State:	State:	State:
Full Time					
Part Time					
Leased					
Temporary/Seasonal					
Independent Contractors					
Volunteers					

5. Salary Ranges: Number of employees by total head count above (including bonuses, dividends, and commissions for all mentioned above)

\$50,000 or less: \_\_\_\_\_

\$50,001 to \$100,000: \_\_\_\_\_

\$100,001 to \$250,000: \_\_\_\_\_

\$250,000 and over: \_\_\_\_\_

6. What's the average annual percentage of employee turnover?

<5%

5%-15%

16%-30%

>30%

7. How many employees are covered by collective bargaining or other union agreements? \_\_\_\_\_

8. In the past 12 months, how many **officers** have left your employment? \_\_\_\_\_

Of the above, how many were involuntarily terminated? \_\_\_\_\_

9. In the past 12 months, how many **other employees** have left your employment? \_\_\_\_\_

Of the above, how many were involuntarily terminated? \_\_\_\_\_

#### IV. FINANCIAL INFORMATION (include financial statements & details to YES answers separately)

1. Please provide the following financial information of the Insured for the most recent fiscal year-end.

Total Assets: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

Gross Revenue: \$ \_\_\_\_\_

Cash Flow: \$ \_\_\_\_\_

Net Income: \$ \_\_\_\_\_

If answered "Yes" for questions 2-8, please provide details on a separate page.

2. Do your current liabilities exceed current assets?  Yes  No
3. Do long-term liabilities exceed seventy five percent (75%) of total assets?  Yes  No
4. Will more than fifty percent (50%) of the total long-term liabilities mature within the next eighteen (18) months?  Yes  No
5. Is the Applicant currently in default or anticipate in the next twelve (12) months to be in default of any debt covenants?  Yes  No
6. Does the Applicant anticipate in the next twelve (12) months or has the Applicant transacted in the last twenty-four (24) months any restructuring or legal or financial reorganization or filing for corporate bankruptcy?  Yes  No
7. Does any person or entity who owns or controls fifty percent (50%) or more of the outstanding securities of the Applicant anticipate in the next twelve (12) months filing for or has any such person or entity within in the last twenty-four (24) months filed for personal or corporate bankruptcy?  Yes  No
8. Does the Applicant have any actual or potential earn-out or other contingent payment obligation in the next twenty-four (24) months to any person or entity where such payment obligation exceeds \$500,000?  Yes  No

#### V. EMPLOYMENT PRACTICES & MERGERS AND AQUISITIONS

1. 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, closure of any division, office or facility that you own or operate or for any other reason? (If Yes, please complete the Reduction In Force supplemental application.)  Yes  No
2. 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, closure of any division, office or facility that you own or operate or for any other reason? (If Yes, please complete the Reduction In Force supplemental application.)  Yes  No

3. If during the next 12 months, circumstances of which are you currently unaware make it necessary for you to decrease the number of your employees by ten percent (10%) or five (5) employees, whichever is great, through the implementation of any reduction in force, systematic layoff, closure of any division, office or facility that you own or operate or for any other reason (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure? (If No, please explain on a separate sheet.)  Yes  No
4. 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? (If Yes, please provide full details on a separate sheet.)  Yes  No
5. Has any insurer ever cancelled or non-renewed the Applicant or its predecessor for this type of coverage? (If Yes, please provide details on a separate sheet.)  Yes  No

## VI. HUMAN RESOURCES

1. Have all management staff and officers attended training and education programs on sexual harassment within the last eighteen (18) months?  Yes  No  
 If Yes, who has attended? \_\_\_\_\_  
 If Yes, who conducts the sessions? \_\_\_\_\_
2. Do you have written employment agreements with all the officers?  Yes  No
3. Do you have your labor relations or employment counsel review the employment policies/procedures at least annually?  Yes  No  
 If Yes, identify the firm and date of last review: \_\_\_\_\_
4. Do you have a separate Human Resources Department?  Yes  No  
 If Yes, how many employees are in this department? \_\_\_\_\_ Is it centralized?  Yes  No  
 If No, who handles this function? \_\_\_\_\_
5. Does the Applicant publish and distribute an employee handbook?  Yes  No
  - a. If Yes, does the Applicant distribute it to all employees?  Yes  No
  - b. If Yes, do all employees sign up for its receipt?  Yes  No
  - c. If Yes, does it expressly state that it is not a contract and that employment is "at will"?  Yes  No
6. Does an employment attorney review the Employee handbook?  Yes  No  
 If Yes, when was the Employee handbook last reviewed by an employment attorney and what was the name of the firm or attorney? \_\_\_\_\_  
 \_\_\_\_\_
7. Are there written procedures for handling employee complaints of discrimination or sexual harassment?  Yes  No
8. Do you have written procedures for handling employee grievances or complaints?  Yes  No
9. Do you have a parental leave policy in place?  Yes  No
10. Do you provide Mother/Lactation room and/or allocated time for Mothers?  Yes  No

11. Who does the Applicant require all terminations to be reviewed by:

The person in charge of human resources?  Yes  No

Outside counsel?  Yes  No

Other: \_\_\_\_\_  Yes  No

12. Does the Applicant maintain a personnel file for each employee?  Yes  No

13. Have you had in place for the past three years or since formation, whichever is the shorter time period, written procedures and guidelines to classify the status of each employee as Non-Exempt or Exempt under the rules and regulations of the Fair Labor Standards Act of 1938, as amended?

Yes  No

14. What percentage of the applicant's employee base is: Exempt \_\_\_\_\_% Non-Exempt \_\_\_\_\_

**VII. THIRD PARTY INFORMATION (Non-employee contact such as customers, clients, vendors, etc.)**

1. Please describe the frequency and nature of third-party contact. \_\_\_\_\_

\_\_\_\_\_

2. Estimated number of employees with customer/client contact. \_\_\_\_\_

3. Have you or you predecessors ever received a formal or informal complaint 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?  Yes  No

If Yes, please provide details here or on a separate page. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you conduct staff training on client and customer relations issues such as avoiding discriminatory behavior?  Yes  No

5. Does the applicant have policies and procedures for reporting and dealing with complaints by customers/clients?  Yes  No

6. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)?  Yes  No

**VIII. PRIOR KNOWLEDGE & OTHER MATERIAL INFORMATION**

1. Does the Insured or any individual or entity proposed for coverage have any knowledge of or information about any fact circumstance, situation, transaction, event, act, error, omission, misstatement, misleading statement, neglect, breach of duty or other matter which could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance?

Yes  No

2. After inquiry with each person as appropriate, in the last 12 months does anyone have any other Material Facts to disclose?

Yes  No

*A Material Fact is something that is likely to influence the assessment of this risk, the premium we charge, or the terms and conditions imposed by us. If there is any uncertainty as to whether a fact would be considered material, you should disclose it. All the information requested in this application is material.*

If you answered Yes to #2 above, please provide such Material Facts below or on a separate sheet.

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**IX. INSURANCE AND LOSS HISTORY**

1. After inquiry with each person as appropriate, in the last 12 months, has any wrongful termination, discrimination, sexual harassment or any other wrongful employment practices liability claim or suit, including third party claims, ever been made against the applicant or any predecessor firm or any current or former member of the Firm or predecessor firm?  Yes  No

**If “Yes,” how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Application for each claim or suit and include a currently valued loss run for each claim.**

**X. ACKNOWLEDGEMENTS AND SIGNATURE**

**FRAUD WARNING**

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supercedes the previous paragraph:

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection, California law requires the following to appear on this form:

	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be



	subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicant:**

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: \_\_\_\_\_

Applicant Written Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Agent/Broker:**

1. If coverage is currently in place, does your office currently control this risk?  Yes  No
2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? *(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)*  Yes  No

Agent or Broker Signature: \_\_\_\_\_

Agent or Broker Written Name and Agency/Brokerage: \_\_\_\_\_

Date: \_\_\_\_\_