



AGENCY CUSTOMER ID: _____

EMPLOYMENT PRACTICES LIABILITY INSURANCE SECTION

DATE (MM/DD/YYYY)

AGENCY Connelly-Campion-Wright Insurance		NAMED INSURED	
POLICY NUMBER			
CARRIER	NAIC CODE	DBA:	

NOTE: IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS. THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

COVERAGE REQUESTED

* 12:01 AM at the Principal Address of the Applicant

LIMIT	RETENTION	ANNUAL PREMIUM	EFFECTIVE DATE *	EXPIRATION DATE *
PER CLAIM: \$	PER CLAIM: \$	\$		
AGGR: \$	AGGR: \$			
SEPARATE DEFENSE COSTS LIMIT (If Available) <input type="checkbox"/> (Y / N) \$		DEFENSE LIMIT <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	PENDING & PRIOR LITIGATION DATE:	
				Y/N
1. IS THE APPLICANT REQUESTING COVERAGE FOR COMPANY AND DIRECTORS & OFFICERS?				<input type="checkbox"/>
2. IS THE APPLICANT REQUESTING COVERAGE FOR EMPLOYEES? IF "YES", INDICATE THE TOTAL OF THE FOLLOWING: # FULL TIME: _____ # PART TIME: _____ # TEMPORARY WORKERS: _____ # SEASONAL WORKERS: _____				<input type="checkbox"/>
3. IS THE APPLICANT REQUESTING COVERAGE FOR LEASED EMPLOYEES? IF "YES", INDICATE THE TOTAL #: _____				<input type="checkbox"/>
4. IS THE APPLICANT REQUESTING COVERAGE FOR INDEPENDENT CONTRACTORS? IF "YES", INDICATE THE TOTAL #: _____				<input type="checkbox"/>
5. IS THE APPLICANT REQUESTING COVERAGE FOR NON-PROFIT OUTSIDE POSITIONS? IF "YES", INDICATE THE TOTAL # OF VOLUNTEERS: _____				<input type="checkbox"/>
6. IS THE APPLICANT REQUESTING COVERAGE FOR PUNITIVE DAMAGES? IF "YES", INDICATE LIMIT: \$ _____				<input type="checkbox"/>
7. IS THE APPLICANT REQUESTING COVERAGE FOR THIRD PARTY CLAIM?				<input type="checkbox"/>

SHARED LIMITS	<input type="checkbox"/> (Y / N)	ADDITIONAL COVERAGES ATTACHED	<input type="checkbox"/> (Y / N)
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INDICATE SECTIONS INCLUDED

<input type="checkbox"/> D&O LIABILITY	<input type="checkbox"/> CRIME
<input type="checkbox"/> EPLI	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> PROF LIABILITY	

EMPLOYEE INFORMATION

INDICATE TOTAL NUMBER OF EMPLOYEES IN PARENT COMPANY AND ALL SUBSIDIARIES					
IN UNITED STATES:	OUTSIDE UNITED STATES:	UNIONIZED:	FAIR LABOR STANDARDS ACT EXEMPT:	FAIR LABOR STANDARDS ACT NON EXEMPT:	
INDICATE PERCENTAGE OF EMPLOYEES WITH SALARIES (including bonuses)					
EMPLOYEE TYPE	LESS THAN OR EQUAL TO \$50,000	GREATER THAN \$50,000 BUT LESS THAN OR EQUAL TO \$100,000	GREATER THAN \$100,000		
EXEMPT	%	%	%		
NON EXEMPT	%	%	%		
UNION	%	%	%		
EXPLAIN RESPONSES WHERE INDICATED					Y/N
1. DOES THE APPLICANT HAVE ANY EMPLOYEES LOCATED OUTSIDE THE PRIMARY STATE OF OPERATIONS, INCLUDING OUTSIDE OF THE UNITED STATES? IF "YES", LIST THE STATE OR COUNTRY AND THE NUMBER OF EMPLOYEES.					<input type="checkbox"/>
STATE	COUNTRY	# EMPLOYEES	STATE	COUNTRY	# EMPLOYEES
2. DOES THE APPLICANT HAVE A TRACKING SYSTEM THAT MONITORS THE OVERTIME, VACATION AND SICK PAY HOURS OF NON-EXEMPT EMPLOYEES?					<input type="checkbox"/>
3. WERE ANY EMPLOYEES OR OFFICERS TERMINATED OR DO YOU PLAN IN THE NEXT 18 MONTHS TO TERMINATE ANY EMPLOYEES OR OFFICERS? IF "YES", HOW MANY: _____ PROVIDE DETAILS.					<input type="checkbox"/>

REMARKS

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FINANCIAL INFORMATION

DATE OF FINANCIAL INFORMATION		OUTSIDE AUDITOR (Y / N) <input type="checkbox"/>	IF "YES", PLEASE ANSWER THE FOLLOWING:					Y/N
PERIOD OF FINANCIAL INFORMATION FROM: TO:			1. ANY CHANGES TO THE OUTSIDE FINANCIAL AUDITOR IN THE LAST THREE (3) YEARS? 2. HAS ANY AUDITOR ISSUED A "GOING CONCERN" OPINION FOR THE APPLICANTS OR ANY OF ITS SUBSIDIARIES FINANCIAL STATEMENTS?					<input type="checkbox"/>
CURRENT YEAR:								
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS	
\$	\$	\$	\$	\$	\$	\$	\$	
PRIOR YEAR:								
TOTAL ASSETS	CURRENT ASSETS	INVENTORY	CASH	CURRENT LIABILITIES	TOTAL LIABILITIES	TOTAL REVENUE	NET INCOME / LOSS	
\$	\$	\$	\$	\$	\$	\$	\$	

CORPORATE HISTORY

EXPLAIN ALL "YES" RESPONSES	Y/N
1. HAS THE APPLICANT HAD ANY ACTUAL OR ATTEMPTED MERGER, ACQUISITION, CONSOLIDATION OR DIVESTMENT IN THE PAST SIX (6) YEARS OR ANTICIPATED IN THE NEXT 18 MONTHS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.	<input type="checkbox"/>
2. HAS THE APPLICANT IN THE PAST 36 MONTHS COMPLETED OR AGREED TO, OR DOES IT ANTICIPATE WITHIN THE NEXT 18 MONTHS, ANY PLANT, FACILITY, BRANCH OR OFFICE CLOSINGS, CONSOLIDATIONS OR LAYOFFS? IF "YES", PROVIDE ACTUAL OR ANTICIPATED DATE OF ACTION AND DETAILS.	<input type="checkbox"/>

EMPLOYMENT POLICIES / PROCEDURES

EXPLAIN RESPONSES WHERE INDICATED	Y/N												
1. DOES THE APPLICANT HAVE A HUMAN RESOURCES DEPARTMENT? IF "YES", NUMBER OF EMPLOYEES: _____ IF "NO", WHO HANDLES THIS FUNCTION: _____	<input type="checkbox"/>												
2. DOES THE APPLICANT REQUIRE EMPLOYMENT TERMINATIONS TO BE REVIEWED BY: a. HUMAN RESOURCES <input type="checkbox"/> b. LEGAL DEPARTMENT <input type="checkbox"/> c. OUTSIDE LEGAL COUNSEL <input type="checkbox"/>	<input type="checkbox"/>												
3. WHAT OUTSIDE EMPLOYMENT LEGAL COUNSEL DOES THE APPLICANT USE FOR EMPLOYMENT AND/OR LABOR ADVICE AND/OR DEFENSE?	<input type="checkbox"/>												
4. DOES THE APPLICANT CONDUCT TESTING FOR: (Check all that apply) IF ANY OF THE BELOW ARE CHECKED, ATTACH A COPY OF ANY WRITTEN POLICIES AND PROCEDURES. <table style="width:100%; border: none;"> <tr> <td style="width:30%;"><input type="checkbox"/> DRUG / ALCOHOL SCREENING</td> <td>INDIVIDUAL CONDUCTING THE TESTING: _____</td> </tr> <tr> <td><input type="checkbox"/> PHYSICAL EXAMINATIONS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PSYCHOLOGICAL EXAMINATIONS</td> <td>TESTING/EXAMINATION(S) IS/ARE DONE:</td> </tr> <tr> <td><input type="checkbox"/> SKILLS TESTING</td> <td><input type="checkbox"/> PRE-EMPLOYMENT</td> </tr> <tr> <td><input type="checkbox"/> POLYGRAPH TESTING</td> <td><input type="checkbox"/> POST OFFER OF EMPLOYMENT</td> </tr> <tr> <td><input type="checkbox"/> BACKGROUND CHECKS</td> <td></td> </tr> </table>	<input type="checkbox"/> DRUG / ALCOHOL SCREENING	INDIVIDUAL CONDUCTING THE TESTING: _____	<input type="checkbox"/> PHYSICAL EXAMINATIONS		<input type="checkbox"/> PSYCHOLOGICAL EXAMINATIONS	TESTING/EXAMINATION(S) IS/ARE DONE:	<input type="checkbox"/> SKILLS TESTING	<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> POLYGRAPH TESTING	<input type="checkbox"/> POST OFFER OF EMPLOYMENT	<input type="checkbox"/> BACKGROUND CHECKS		<input type="checkbox"/>
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<input type="checkbox"/> POLYGRAPH TESTING	<input type="checkbox"/> POST OFFER OF EMPLOYMENT												
<input type="checkbox"/> BACKGROUND CHECKS													
5. ARE ALL EMPLOYEES SUBJECT TO THESE TESTS AND EXAMINATIONS? IF "NO", WHICH EMPLOYEES ARE NOT SUBJECT TO THESE TESTS AND EXAMINATIONS AND WHY.	<input type="checkbox"/>												
6. DOES THE APPLICANT USE AN EMPLOYMENT APPLICATION FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT REQUIRED TO COMPLETE AN APPLICATION AND THEN HOW IS THE HIRING PROCESS CONDUCTED.	<input type="checkbox"/>												
7. DOES THE APPLICANT UTILIZE STANDARD OFFER LETTERS FOR ALL APPLICANTS? IF "NO", WHICH APPLICANTS ARE NOT PROVIDED WITH EMPLOYMENT OFFER LETTERS AND WHY.	<input type="checkbox"/>												
8. DOES THE APPLICANT HAVE A FORMAL ORIENTATION PROGRAM FOR ALL NEW EMPLOYEES?	<input type="checkbox"/>												
9. DOES THE APPLICANT PROVIDE ANNUAL WRITTEN PERFORMANCE EVALUATIONS FOR ALL EMPLOYEES? IF "YES", DOES IT INCLUDE STANDARD RATING CATEGORIES? <input type="checkbox"/>	<input type="checkbox"/>												
10. DOES THE APPLICANT CONDUCT TRAINING ON SEXUAL HARASSMENT AND DISCRIMINATION PREVENTION? a. WHO IS REQUIRED TO ATTEND?: _____ b. HOW OFTEN IS IT HELD?: _____ c. WHO CONDUCTS THE TRAINING?: _____ d. IS TRAINING DOCUMENTED? _____	<input type="checkbox"/>												

EMPLOYMENT POLICIES / PROCEDURES (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN RESPONSES WHERE INDICATED	Y/N						
11. DOES THE APPLICANT HAVE A FORMAL CONTRACT WITH ANY EMPLOYEE? IF "YES", PROVIDE A SPECIMEN COPY OF THE EMPLOYMENT CONTRACT(S). IF "YES", IS/ARE EMPLOYMENT CONTRACT(S) CREATED AND REVIEWED BY OUTSIDE COUNSEL?	<input type="checkbox"/> <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT</th> <th style="width:33%;">TOTAL VALUE OF ALL CONTRACTS</th> <th style="width:33%;">TOTAL VALUE OF LARGEST CONTRACT</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT	TOTAL VALUE OF ALL CONTRACTS	TOTAL VALUE OF LARGEST CONTRACT	\$	\$	\$	
TOTAL NUMBER OF EMPLOYEES WITH A FORMAL EMPLOYMENT CONTRACT	TOTAL VALUE OF ALL CONTRACTS	TOTAL VALUE OF LARGEST CONTRACT					
\$	\$	\$					
12. DOES THE APPLICANT HAVE AN EMPLOYEE HANDBOOK? IF "YES", IS IT DISTRIBUTED TO ALL EMPLOYEES?	<input type="checkbox"/> <input type="checkbox"/>						
13. DO ALL EMPLOYEES PROVIDE A WRITTEN ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED THE HANDBOOK?	<input type="checkbox"/>						
14. IS THE EMPLOYEE HANDBOOK UNIFORM FOR ALL LOCATIONS AND SUBSIDIARIES?	<input type="checkbox"/>						
15. HAS AN EMPLOYMENT ATTORNEY REVIEWED THE EMPLOYEE HANDBOOK? IF "YES", DATE LAST REVIEWED: _____	<input type="checkbox"/>						
16. ARE UNIFORM EXIT INTERVIEWS CONDUCTED WHEN AN EMPLOYEE RESIGNS OR IS TERMINATED (VOLUNTARY AND INVOLUNTARY)? IF "YES", ARE EXIT INTERVIEWS DOCUMENTED?	<input type="checkbox"/> <input type="checkbox"/>						
17. IS THE APPLICANT REQUIRED TO FILE AN AFFIRMATIVE ACTION PLAN WITH THE OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS (OFCCP)? IF "YES", PROVIDE A COPY OF THE PLAN.	<input type="checkbox"/>						
18. HAS THE APPLICANT EVER BEEN THE SUBJECT OF AN OFCCP INVESTIGATION WHICH RESULTED IN THE FINDING OF A VIOLATION? IF "YES", ATTACH A COPY OF THE AUDIT OR INVESTIGATION REPORT AND INDICATE WHAT ACTIONS APPLICANT HAS TAKEN TO REMEDY THE VIOLATION.	<input type="checkbox"/>						
19. DOES THE APPLICANT UTILIZE ARBITRATION FOR EMPLOYMENT- RELATED CLAIMS?	<input type="checkbox"/>						
20. IS ARBITRATION FOR EMPLOYMENT- RELATED CLAIMS MANDATORY? IF "YES", PROVIDE A COPY OF THE ARBITRATION POLICY.	<input type="checkbox"/>						
21. ARE ALL APPLICANT'S LOCATIONS COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)? IF "NO", PROVIDE DETAILS.	<input type="checkbox"/>						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
1. HAS ANY INSURED BEEN INVOLVED IN A CIVIL OR CRIMINAL ACTION, ADMINISTRATIVE PROCEEDING, INVESTIGATION OR CHARGING VIOLATION BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) OR SIMILAR FEDERAL, STATE OR FOREIGN EMPLOYMENT LAW OR REGULATION?	<input type="checkbox"/>
2. HAS ANY INSURED BEEN INVOLVED IN ANY OTHER CRIMINAL ACTIONS?	<input type="checkbox"/>
3. HAS ANY INSURED BEEN INVOLVED IN ANY REPRESENTATIVE ACTIONS, CLASS ACTIONS OR DERIVATIVE SUITS IN CONNECTION WITH EMPLOYMENT ISSUES?	<input type="checkbox"/>
4. IS ANY INSURED PRESENTLY SUBJECT TO ANY JUDICIAL OR ADMINISTRATIVE ORDER, DECREE, JUDGMENT OR CONCILIATION AGREEMENT THAT IS EMPLOYMENT- RELATED?	<input type="checkbox"/>

REMARKS