



**RENEWAL APPLICATION FOR
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Application must be signed and dated.
3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.

I. General Information

- A. Name of Applicant: _____
- B. Address (if different from last year): _____

- C. Any change in the nature or locations of business operations over the last year? *(If Yes, please explain)* Yes No
- D. Any change in management during the last year? *(If Yes, please explain)* Yes No
- E. Have any changes been made to the Insured's policies and procedures regarding Wage & Hour practices in the past 12 months? Yes No
- F. 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 or by closure of any division, office or facility that you own or operate? Yes No
(If Yes, please complete the Reduction In Force supplement (E))
- G. 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 or by closure of any division, office or facility that you own or operate? Yes No
(If Yes, please complete the Reduction In Force supplement (F))

(If Yes, please provide details on a separate sheet)

III. Employees

- A. Number of employees: Full Time: _____ Part Time: _____
- B. Salary ranges (including bonuses, dividends and commissions) Number of full time employees Number of part time employees
- | | | |
|--------------------------|-------|-------|
| Less than \$25,000 | _____ | _____ |
| \$ 25,001 to \$75,000 : | _____ | _____ |
| \$ 75,001 to \$150,000 : | _____ | _____ |
| \$150,001 and over : | _____ | _____ |
- C. Does the Applicant use seasonal or temporary employees? Yes No
If so, when and how many? _____
Are these employees included in A and B above? Yes No
- D. Does the Applicant use leased workers? Yes No
If yes, how many have been retained by the Applicant in the past 12 months? _____
Are these employees included in A and B above? Yes No
- E. Does the Applicant use independent contractors? Yes No
If Yes, how many? _____
Do you want coverage for these Independent Contractors? Yes No
- F. In the past 12 months, how many officers have left your employ? _____
Of the above, how many were terminated? _____
- G. In the past 12 months, how many other employees have left your employ? _____
Of the above, how many were terminated? _____

IV. Loss History

- A. Has the applicant reported all **claims** to underwriters or underwriters' representatives? Yes No
(If not, Please complete the attached supplement).

Reduction In Force Supplement (E)

A. How many employees were laid off? _____

B. What date(s) did the lay-off's take place? _____

C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No

D. Were severance packages offered to all laid-off employees? Yes No

E. Were signed releases gained from all laid-off employees? Yes No

F. Were exit interviews completed with all laid-off employees? Yes No

G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim? Yes No

H. Please provide available details on the above.

Reduction In Force Supplement (F)

A. How many employees will be laid off? _____

B. What date(s) will the lay-off be effective? _____

C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure? Yes No

D. Will severance packages be offered to all laid-off employees? Yes No

E. Will signed releases be gained from all laid-off employees? Yes No

F. Will exit interviews be completed with all laid-off employees? Yes No

G. Please provide available details on the above.