



DIRECTORS & OFFICERS/ EMPLOYMENT PRACTICES ERRORS & OMISSIONS APPLICATION

COUNTY CODE: _____ TERRITORY: _____ AGENT: _____

Limits: \$25,000/\$25,000 \$50,000/\$50,000 \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000 *Deductible \$5,000*

PREMIUM = \$ _____

- Full legal name of proposed Named Insured: _____
- Requested Effective Date: _____
- Principal place of business (Location #1): _____
Full Time Employees: _____ **Part Time Employees:** _____
- Description of primary business activities: _____
- Show all other insured locations, including addresses and corporate names (e.g. subsidiaries):

Location #/Name of Insured Entity & Relationship to Named Insured	Complete Address	Full Time Employees	Part Time Employees
Loc. #2			
Loc. #3			
Loc. #4			

- Indicate whether any proposed Insured is (check each applicable box): Foreign-owned corporation Publicly held
 Contractor with Federal Government Contractor with any State Government

- Do you have a personnel or human resources department?
And do you have an employee manual that states your right to terminate employment at will?

Yes No
 Yes No

- Do you intend to make any acquisitions or close any facilities within the next year?

Yes No

- Are you aware of any present situation that may result in a claim in the next year?

Yes No

- Has applicant ever had license suspended or revoked?

If yes, please explain: _____

Yes No

- Has applicant ever been subject to any fine reprimand, criminal penalty or civil liability or similar insurance, cancelled, declined or non-renewed?

If yes, please explain: _____

Yes No

- Has applicant ever had an application for employment practices liability or similar insurance cancelled, declined or non-renewed? If yes, please explain: _____

Yes No

- Annual employee turnover rate for each last 3 years (all locations):
Latest Year: _____ % Second Year: _____ % Third Year: _____ %

- How many employees have you terminated in the past 3 years (all locations):
Latest Year: _____ % Second Year: _____ % Third Year: _____ %

- Do you publish an employee handbook?
If yes, do you distribute to all employees?

Please attach a copy.

Does the employee handbook contain written company policies pertaining to Equal Employment Opportunity and Sexual Harassment?

If No, please attach a copy of your Equal Opportunity & Sexual Harassment Statement.

Yes No
 Yes No

Yes No

- Do you provide written performance evaluation for all your employees? If yes, how often _____

Yes No

- Do your supervisory employees receive training in the proper method of conducting performance appraisals?

Yes No

- Do you have a written progressive disciplinary program? If yes, please attach a copy.

Yes No

- Do you have a written grievance program? If yes, please attach a copy.

Yes No

20. Do you use any tests for screening employment applicants or for continued employment?
 If yes, please describe: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

21. Do you have a formal out-placement program which assists terminated or laid off employees in searching for other jobs? If yes, please describe on a separate sheet.

22. Do you conduct exit interviews when an employee relationship is ended?

23. Of the total number of EEOC/state agency charges filed against any insured over the last **seven** years, indicate the primary allegations as follows:

1) Location No.	2) Racial Discrimination	3) Age Discrimination	4) Religious Discrimination	5) Other Ethnic Discrimination	6) Equal Pay Act Violation	7) Other Gender Discrimination	8) Violation of Am. with Disab. Act
1.							
2.							
3.							
4.							

24. With respect to litigated cases (including wrongful termination suits under state law other than anti-discrimination law) and EEOC/state agency charges over the last **seven** years for which any settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation (if applicable, use # from Qu. 9)	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

If necessary, use additional pages to complete claims information

NOTICE TO APPLICANT

A 25% Minimum Earned Premium will be charged on cancellations made at the insured's request, including non-payment cancellations (except in Florida). **ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

REPRESENTATION: I represent that the information contained herein is true, and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriter evidence its acceptance of this application by issuance of a policy. Furthermore, I hereby authorize the Company, its agents, and representatives to secure claims information from my current and previous insurance carriers.

Applicant's Name (print): _____

Applicant's Signature: _____ Date Signed _____

Licensed Agent/Producer's Signature _____ Date Signed _____

Licensed Agent/Producer's License #: _____