

NEW YORK APPLICANTS ONLY



Employment Practices Liability Insurance
APPLICATION FORM

NOTICE TO PROPOSED INSURED

IMPORTANT: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WITH DEFENSE COSTS WITHIN THE COVERAGE LIMIT

THIS APPLICATION FORMS PART OF YOUR POLICY AND DESCRIBES SOME OF THE MAJOR FEATURES OF YOUR POLICY. PLEASE READ IT CAREFULLY AND ANSWER ALL QUESTIONS THAT ARE APPLICABLE AND THEN SIGN AND DATE IT.

THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS.

IMPORTANT

THIS POLICY PROVIDES NO COVERAGE FOR CLAIMS ARISING OUT OF **INSURED EVENTS** WHICH OCCURRED PRIOR TO THE **RETROACTIVE DATE** STATED IN THE DECLARATIONS OF THIS POLICY.

IMPORTANT

THIS POLICY COVERS ONLY **CLAIMS** ACTUALLY MADE AGAINST YOU AND **POTENTIAL CLAIMS** THAT ARE NOTIFIED TO YOU WHILE THE POLICY REMAINS IN EFFECT. ALL COVERAGE UNDER THE POLICY CEASES UPON THE **TERMINATION OF COVERAGE** EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD COVERAGE, UNLESS THE INSURED PURCHASES THE OPTIONAL EXTENDED REPORTING PERIOD COVERAGE.

IMPORTANT

THE LENGTH OF THE AUTOMATIC EXTENDED REPORTING PERIOD IS SIXTY (60) DAYS.

IMPORTANT

AVOIDING COVERAGE GAPS. IF THIS POLICY IS NOT RENEWED UPON THE **TERMINATION OF COVERAGE** OR IF SIMILAR COVERAGE IS NOT PURCHASED FROM ANOTHER CARRIER, A GAP IN COVERAGE WILL RESULT. THIS IS BECAUSE THE AUTOMATIC EXTENDED REPORTING PERIOD AND THE OPTIONAL EXTENDED REPORTING PERIOD ONLY PROVIDE AN ADDITIONAL TIME PERIOD TO REPORT **CLAIMS** THAT AROSE FROM **INSURED EVENTS** THAT OCCURRED AFTER THE **RETROACTIVE DATE** BUT PRIOR TO THE **TERMINATION OF COVERAGE**.

EXTENDED REPORTING PERIODS UNDER THIS POLICY.

AN **AUTOMATIC EXTENDED REPORTING PERIOD** IS PROVIDED UNDER THE POLICY WITHOUT ADDITIONAL CHARGE. THIS PERIOD STARTS AT THE DATE OF **TERMINATION OF COVERAGE** AND LASTS FOR SIXTY (60) DAYS.

IN ADDITION, YOU MAY PURCHASE THE **OPTIONAL EXTENDED REPORTING PERIOD**. THIS PERIOD STARTS AFTER THE **TERMINATION OF COVERAGE**, LASTS FOR TWELVE (12) MONTHS AND THE COST IS SEVENTY-FIVE PERCENT (75%) OF THE PREMIUM CHARGED FOR THE IMMEDIATELY PRECEDING POLICY PERIOD.

ONCE THE **AUTOMATIC EXTENDED REPORTING PERIOD** AND THE **OPTIONAL EXTENDED REPORTING PERIOD**, IF ONE IS PURCHASED, EXPIRE, THERE

IS NO MORE COVERAGE UNDER THIS POLICY AND YOU MAY ENCOUNTER A GAP IN COVERAGE AS A RESULT.

INCREASED PREMIUM TO MATURITY

DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND YOU CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

INFORMATION

THROUGHOUT THIS APPLICATION, THE WORDS "YOU" AND "YOUR" REFER TO THE PROSPECTIVE NAMED INSURED IDENTIFIED IN ITEM I.A.I. OF THE APPLICATION AND IN ITEM 1 OF THE POLICY DECLARATIONS IF A POLICY IS ISSUED. THE WORDS "WE," "US" AND "OUR" REFER TO THE HUDSON INSURANCE COMPANY WHO WILL BE THE INSURERS' IF A POLICY IS ISSUED.

WE MAY HAVE PREVIOUSLY ISSUED A QUOTATION FOR INSURANCE BASED ON PRELIMINARY INFORMATION PROVIDED BY YOU OR YOUR BROKER. THAT QUOTATION MAY CHANGE OR BE WITHDRAWN BASED ON THE INFORMATION PROVIDED IN THIS APPLICATION. IF INFORMATION WAS PREVIOUSLY PROVIDED TO US IN CONNECTION WITH THE PRELIMINARY QUOTATION, FULL AND COMPLETE INFORMATION MUST STILL BE PROVIDED IN THIS APPLICATION, AS THIS APPLICATION SUPERSEDES AND REPLACES ANY INFORMATION PROVIDED EARLIER.

WE WILL MATERIALLY RELY UPON THIS APPLICATION IN ESTABLISHING THE TERMS, CONDITIONS AND PRICING OF THE POLICY, IF WE ISSUE A POLICY. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE BEFORE YOU SIGN IT. THIS APPLICATION WILL BECOME PART OF YOUR POLICY SHOULD ONE BE ISSUED AND THE DATE OF YOUR SIGNATURE WILL BE RECORDED IN THE POLICY DECLARATIONS.

ONLY A PRINCIPAL, OFFICER, OR THE INDIVIDUAL IN CHARGE OF HUMAN RESOURCES IN YOUR COMPANY IS ELIGIBLE TO SIGN AND INITIAL THIS APPLICATION. THE SIGNATURE MUST BE DATED ON THE DATE THE APPLICATION IS COMPLETED BY YOU AND MUST BE WITHIN 30 DAYS PRIOR TO YOUR REQUESTED POLICY INCEPTION DATE (60 DAYS FOR RENEWALS). SIGNING THIS APPLICATION DOES NOT BIND YOU TO ACCEPT OR BIND US TO OFFER ANY INSURANCE DESCRIBED HEREIN.

I. GENERAL INFORMATION

A. i. Your name and address (Name and address to be used as the NAMED INSURED):

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Please enter your zip code here:

ii. All other Offices or Locations (attach a separate sheet if needed):

Name	Address	Zip code	No. E'ees

iii. Subsidiaries to be Insured and Locations (attach a separate sheet if needed):

Name	Address	Zip code	No. E'ees

B. Risk Manager, Human Resources Director or other person to be contacted regarding this policy (if issued): _____

C. Nature of Business for you and all subsidiaries (attach a separate sheet if needed):

Name	Nature of business

D. Tick which coverage limit and self insured retention you require:
Each Insured Event Limit/Total Aggregate Limit

<input type="checkbox"/>	\$500,000	\$500,000
<input type="checkbox"/>	\$500,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$1,000,000
<input type="checkbox"/>	\$1,000,000	\$2,000,000
<input type="checkbox"/>	\$2,000,000	\$2,000,000
<input type="checkbox"/>	\$3,000,000	\$3,000,000
<input type="checkbox"/>	Other \$	

Self insured retention	
<input type="checkbox"/>	\$5,000
<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$15,000
<input type="checkbox"/>	\$20,000
<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	Other \$

E. i. Please provide total annual receipts or sales for you and all subsidiaries to be insured for the last completed financial year, and your estimate for the current and next financial year:

Past Year	US\$
Current Year	US\$
Next Year	US\$

- ii. If the annual receipts or sales have increased or decreased, or are expected to increase or decrease, by more than 20% in consecutive years, please provide a detailed explanation of the reasons for such variance. (Attach additional pages if necessary.)

II. CORPORATE HISTORY

- F.
 - i. How long have you been in business: Years
 - ii. How long under current management: Years
- YES NO**
- iii. Have the majority of your present management or supervisory employees been employed by you for more than two years?
- G. Please answer the following for you and all Subsidiaries to be insured? If a "Yes" response applies to any subsidiary please provide full details. (Attach additional pages if necessary.)
 - i. Has any subsidiary or location closed, consolidated or down sized, affecting more than 20% of your total workforce or more than 50 employees (whichever is less) in the last 18 months?
 - ii. Have any employees been terminated or laid off as a result of any merger, acquisition or taken over by you or any subsidiary in the last 18 months?
 - iii. Do you have plans to, or are you in the process of acquiring, merging with or taking over any company that will result in employees of either your company or the acquired, merged or taken over company being terminated or laid off?
 - iv. Are there any companies or individuals that are not owned by you or under your control (such as subcontractors, consultants, suppliers, etc.), for whom you have already or will in the future assume some or all employment liabilities or responsibilities for, by operation of law or by contract or other means?

III. PREVIOUS AND OTHER INSURANCE

- H.
 - i. Have you previously purchased employment practices liability insurance?
If "Yes," please state for each prior policy:

INSURER	POLICY PERIOD	POLICY LIMITS and DEDUCTIBLE or SELF INSURED RETENTION

- ii. Has any previous employment practices liability insurer ever cancelled or non-renewed your coverage?
If "Yes," please state the reasons given by such insurer for the cancellation or non-renewal. (Attach additional pages if necessary.)
- iii. Has any insurer ever declined or rejected your application for employment practices liability insurance?
If "Yes," please state the name of the insurer and the reasons, if any, given by such insurer for the declination. (Attach additional pages if necessary.)

IV. LOSS HISTORY

i. You must advise us of all claims that have been made against you or any subsidiary included in this application, during the past 5 years (irrespective of whether or not covered by insurance) and all incidents, facts or circumstances known to any of your officers, directors, managers, or supervisory employees where an employee, applicant for employment, or third party has either written about or verbally mentioned making a claim for discrimination, harassment or inappropriate employment conduct, where these claims have been insured please provide hard copy loss runs from the carrier to verify this information.

YES NO

i. Have any claims (including lawsuits or threatened lawsuits) been made against you or any subsidiary to be insured, by any employee or applicant for employment, during the past 5 years, for alleged discrimination, harassment or inappropriate employment conduct?

If "Yes," how many such claims have been made?

For each claim, please describe in detail such claim, including whether such claim is still pending, the total incurred for defense of such claim, and the total paid for settlement of judgment rendered. (Attach additional pages if necessary.)

ii. Have any claims (including lawsuits or threatened lawsuits) been made against you or any subsidiary to be insured, by any third party, during the past 5 years, for alleged discrimination or harassment?

if "yes," how many such claims have been made?

Please describe each claim in detail including whether such claim is still pending, the total paid and outstanding reserve for defense of such claim, and the total paid and outstanding reserve for settlement of judgment rendered. (Attach additional pages if necessary.)

iii. Have any complaints or charges been filed against you, or any subsidiary to be insured, with any regulatory agency (including but not limited to the National Labor Relations Board, the Equal Employment Opportunity Commission or any similar Federal or State agency) during the past 5 years?

If "Yes," please describe in detail each such complaint or charge, including the findings made by the regulatory agency and the total incurred for defense of the complaint or charge. (Attach additional pages if necessary.)

iv. Is any officer, director or management or supervisory employee employed by you or any subsidiary to be insured, aware of any facts, circumstances, disagreements or incidents which might result in a claim against you or any such subsidiary, by any employee or applicant for employment, for discrimination, harassment or inappropriate employment conduct?

If "yes," please describe all such facts, circumstances, disagreements or incidents. (Attach additional pages if necessary.)

- iv. Is any officer, director or management or supervisory employee employed by you or any subsidiary to be insured aware of any facts, circumstances, disagreements or incidents which might result in a claim against you or any such subsidiary, by any third party for harassment or discrimination?

If "Yes," please describe all such facts, circumstances, disagreements or incidents. (Attach additional pages if necessary.)

V. EMPLOYEES

- J. i. Please list in the spaces provided, the total number of employees, including Partners, Directors and Officers, for all locations and Subsidiaries to be insured:

Full Time Part Time Seasonal Temporary Leased

- ii. If you have any seasonal or temporary employees, please provide an explanation of the work duties and average length of employment for each group. (Attach additional pages if necessary.)

YES NO

- iii. Do any of your employees belong to a union or do you have collective bargaining agreements (CBA's) impacting any of your employees?

If "Yes," please identify the union and the number of employees affected. (Attach additional pages if necessary.)

UNION	NUMBER OF EMPLOYEES	CBA's (Yes/No)

YES NO

- iv. Are there any individuals not directly employed by you or any subsidiary for whom you are legally deemed to be an "employer" or for whom you have liability, either by operation of law or by contract or other means.

If "Yes," please explain. (Attach additional pages if necessary.) NOTE: claims made by any such persons who are not identified in this application will not be subject to coverage under the policy, if one is issued.

K. Employee salary ranges

Please complete the following table showing how many current employees you and your subsidiaries have in each of the salary ranges listed below:

SALARY RANGE (Annual)	FULL TIME EMPLOYEES	PART TIME EMPLOYEES
\$0 - \$30,000		
\$30,001 - \$50,000		
\$50,001 - \$100,000		
\$100,001 - \$250,000		
\$250,001 and greater		
TOTAL		

L. Terminated employees

Please complete the following table showing how many employees have left you or the subsidiaries included in this application during the past two years:

LAST TWELVE MONTHS	Employees
Terminated	
Left Voluntarily	
TOTAL	

PREVIOUS TWELVE MONTHS	Employees
Terminated	
Left Voluntarily	
TOTAL	

VI. HUMAN RESOURCES

M. Please answer all of the following questions for you and all subsidiaries to be insured. For any "No" response, please provide full details. (Attach additional pages if necessary.)

YES NO

- i. Are written employment agreements made with all employees?
- ii. Are all employees employed on an "at will" basis?
- iii. Do all new job applicants complete a written employment application form?
- iv. Are all new employees given an induction course or appropriate training upon joining?
- v. Is an employee Handbook provided to all employees?
- vi. Are all employees required to acknowledge receipt of the employee Handbook in writing?

Yes No

- vii. Are anti-harassment and anti-discrimination policies and procedures implemented and included in the employee Handbook?
- viii. Has the employee Handbook been reviewed by your attorney or Human Resources Department. If yes when was it last reviewed?
- ix. Are personnel files, with attendance records for vacation, sick leave and personal days recorded and maintained for each employee?
- x. Do all full time or part time employees, receive annual written performance evaluations, and are those evaluations kept in each employee's personnel file?
- xi. Are all Equal Employment Opportunity Commission policies and procedures that apply to your company implemented by you and followed by all employees?
- xii. Are all employee disciplinary actions or terminations reviewed and approved, before implementation, by either your labor attorney or your Human Resources Department?
- xiii. Are there written grievance and complaints procedures specified in the employee Handbook and are they made known and available to all employees?
- xiv. Is there a written Health and Safety procedure in place and is it made known and available to all employees?
- xv. Do you currently have, or are you planning to implement within the next year, written arbitration procedures for dissatisfied employees?
- xvi. Do you have a full-time Human Resources Department or a retained attorney who has labor law expertise?

VII. THIRD PARTY EXPOSURE

- N. Please answer the following for you and all subsidiaries to be insured. For any "No" response, please provide full details. (Attach additional pages if necessary.)
- i. Are there written procedures for handling complaints by third parties of discrimination or harassment?
 - ii. Are there records of all complaints by third parties of discrimination or harassment, and are these records kept for a minimum of two years?
 - iii. Do all public facilities on your premises or for which you are responsible have access for the disabled in accordance with the Americans with Disabilities Act and related laws?
 - iv. Is customer/client relations training provided to all your employees who deal with customers and clients on a regular basis?

Supplementary Page

Please reference the number of the question to which these responses apply.