



BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
FEDERAL INSURANCE COMPANY OR VIGILANT INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE SECTION OF THIS POLICY PROVIDES
CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY
PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR
SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE
COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER
THIS COVERAGE SECTION DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER
POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

- 1. Whenever used in this Application, the term "Applicant" shall mean the Parent Organization and all organizations applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION:

- 1. Name of Applicant:
2. Address of Applicant:
City: State: Zip Code: Telephone:
3. Web address:
4. Name and Address of Primary Contact:
City: State: Zip Code: Telephone:
5. Nature of business including principal products and services (please include subsidiaries):
6. Type of organization: Publicly traded Private corp. Partnership Joint Venture
Sole Proprietor Other:
7. Please attach a list of all locations by city & state. Please include approximate number of employees at each location.
8. Please attach a list of all subsidiaries by city and state. Please include approximate number of employees at each subsidiary.



**II. SPECIFIC INFORMATION:**

1. Please attach a copy of the following for every **Applicant** seeking coverage:
  - The latest Annual Report, including audited financial statements;
  - The Employee Handbook;
  - The Employment Application; and
  - The Most recent EEO-1 Statements (for the last 3 years);
2. Limit of Liability Requested: \$ \_\_\_\_\_ Retention Requested: \$ \_\_\_\_\_
3. Policy Period Requested:  
 From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the Parent Organization.

**III. EMPLOYEES:**

1. Current number of:
 

	Total U.S.	(California)	Foreign
Full-time employees:	_____	(____)	_____
Part-time employees (including seasonal and temporary):	_____	(____)	_____
Independent contractors:	_____	(____)	_____
Leased employees:	_____	(____)	_____
Volunteers:	_____	(____)	_____
2. Percentage of employees that are: Union \_\_\_\_\_% Non-union \_\_\_\_\_%
3. What was the annual employee turnover rate for the last three (3) years?  
 Past year \_\_\_\_\_% 1 year previous \_\_\_\_\_% 2 years previous \_\_\_\_\_%
4. How many involuntary terminations have occurred in the past two (2) years?  
 Past year \_\_\_\_\_ 1 year previous \_\_\_\_\_
5. Percentage (%) of employees with salaries (including bonuses):
 

Less than \$50,000:	_____%
\$50,000 - \$100,000:	_____%
\$100,000 - \$250,000:	_____%
Greater than \$250,000:	_____%
6. Are stock options offered as part of employee compensation?  Yes  No  
 If "Yes", how many shares are outstanding? \_\_\_\_\_  
 What is the current offering price of stock options? \_\_\_\_\_  
 Is there a formal policy relating to the awarding of stock options?  Yes  No  
 If privately held, are there any plans of going public in the next 12 months?  Yes  No



**IV. HUMAN RESOURCES:**

1. Does the **Applicant** have a human resources department?  Yes  No  
 If "No," who is responsible for this function? \_\_\_\_\_
  
2. How are human resources matters handled in branch offices? Please use a separate addendum if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Is the **Applicant** a federal contractor and/or have an Affirmative Action Plan as required by the Office of Federal Contract Compliance Programs (OFCCP)?  Yes  No  
 If "Yes": a. please attach a representative sample Affirmative Action Plan for the **Applicant**.  
           b. has the **Applicant** ever received a Predetermination Notice or Notice of Violation from the OFCCP?  Yes  No  
           If "Yes" please attach a copy and describe resolution.
  
4. Please describe below or on a separate addendum the **Applicant's** process for monitoring, analyzing and reviewing diversity in its workforce and in its management ranks (specifically as respects hiring, firing, compensation, promotions, job assignments and training opportunities). Please also describe any company initiatives to promote workforce diversity.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Does the **Applicant** use any arbitration policy or alternative dispute resolution (ADR) policy for dealing with employee complaints or grievances?  Yes  No  
 If "Yes" please attach a copy.
  
6. Does the **Applicant** have written procedures in place with regard to the following:
 

a. discipline	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. termination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. handling complaints of sexual harassment or discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
7. Is there an employee handbook?  Yes  No  
 If "Yes", please provide a copy.
 

a. Is it distributed to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does it contain a comprehensive sexual or other harassment policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does it require that employees sign and acknowledge its receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  
8. Has the **Applicant** utilized any of the following risk management methods:
 

a. Require employees to attend anti-sexual harassment training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Require employees to attend diversity training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Utilize any other form of risk management with regards to employment practices? (ie. Internet training, consultants, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 If "Yes" to any of these, please provide details on a separate addendum.
  
9. Does the **Applicant** use any tests to screen applicants either for hire or promotion?  Yes  No  
 If "Yes," please provide details. Please use a separate addendum if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
10. Are all prospective employees required to complete an employment application prior to hire?  Yes  No  
 If "Yes", please provide a copy.



11. Does the **Applicant** anticipate any branch, location, facility, office, or subsidiary closings, consolidations, or layoffs within the next twelve (12) months?  Yes  No  
 If "Yes," please provide details on a separate addendum. Please including the date, anticipated number of layoffs, the circumstances surrounding those layoffs, severance packages offered including copies of any releases.
12. Does the **Applicant** have a formal out-placement program, which assists former employees in obtaining alternative employment?  Yes  No
13. Does the **Applicant** require terminations to be reviewed by outside counsel in addition to its human resources department?  Yes  No

**V. PAST ACTIVITIES, LAWSUITS, PROCEEDINGS:**

1. During the last 3 years, has any **Applicant** in any capacity, been involved in any of the following matters?
- a. EEOC, NLRB or other similar administrative proceeding?  Yes  No
  - b. Employment-related civil suit?  Yes  No
  - c. A conciliation, settlement or consent agreement with the OFCCP?  Yes  No
  - d. Actions brought by third parties concerning civil rights violations?  Yes  No
- If "Yes" to any of these, attach details on a separate addendum. Please include: (1) date, (2) type, (3) allegations, (4) current status, (5) judgement or settlement amount, and (6) defense costs incurred.

**VI. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES OR SITUATIONS:**

1. No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE \_\_\_\_\_ or
- \_\_\_\_\_
- \_\_\_\_\_

Without prejudice to any other rights and remedies of the Company, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under any policy issued by the Company.

**VII. CURRENT INSURANCE:**

Provide the following information with respect to any employment practices liability or similar liability insurance coverage currently maintained by any **Applicant** or by any proposed insured individual:

Insurer	Limits	Retention	Policy Period
_____	\$ _____	\$ _____	_____



**VIII. CORPORATE HISTORY:**

If the **Applicant** answers "Yes" to any of the following questions, please provide further details on a separate addendum.

1. Has the **Applicant** acquired any companies or partnerships in the last three (3) years?  Yes  No
2. If "Yes" to question 1 above, did the acquisition include the assumption of liabilities?  Yes  No
3. With respect to any acquisitions:
  - a. Were any employees, partners, or officers terminated as a result of the acquisition?  Yes  No
  - b. Does the **Applicant** plan in the next twelve (12) months to terminate any employees, partners, or officers?  Yes  No
4. Has the **Applicant** sold any companies in the last three (3) years?  Yes  No  
If "Yes", did that sale include liabilities?  Yes  No

**IX. THIRD PARTY LIABILITY COVERAGE (OPTIONAL COVERAGE PART B):**

1. Percentage of employees which have direct contact with customers, clients or the general public: \_\_\_\_\_%
2. Does the **Applicant** have policies or procedures outlining employee conduct when interacting with customers, clients, or the general public (third parties)?  Yes  No  
If "Yes," please provide a copy.
3. Does the **Applicant** have policies or procedures for dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination?  Yes  No  
If "Yes," please provide a copy.
4. Do any of the **Applicant's** employees work at customer/client locations or perform a majority of their functions off-site?  Yes  No  
If "Yes", what is the approximate number or percentage of employees? \_\_\_\_\_
5. Does the **Applicant** provide formal diversity or cultural sensitivity training for employees who interact with customers, clients or the general public?  Yes  No
6. Has the **Applicant** ever received complaints from customers, clients or third parties alleging harassment, discrimination, or civil rights violations?  Yes  No  
If "Yes", please attach a summary of the complaints and describe the actions taken to resolve such complaints.
7. Has the **Applicant** ever had any action or civil suit brought against them by a customer, client or third party alleging harassment, discrimination, or civil rights violations?  Yes  No  
If "Yes", please attach a summary of all such claims describing the allegations, any determination, judgement, or settlement amount, and any cost incurred for each.



**X. NOTICES:**

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

**Notice to Arkansas, Minnesota and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**Notice to Colorado Applicants:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice of District of Columbia, Maine, Tennessee and Virginia Applicants:** 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.

**Notice to Florida Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Louisiana and New Mexico Applicants:** 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.

**Notice to Maryland Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New York Applicants:** 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.

**Notice to Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false incomplete or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.



Notice to Pennsylvania Applicants: 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.

XI. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

XII. DECLARATION AND SIGNATURE:

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the chief executive officer, president, director of human resources or in house general counsel of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Table with 3 columns: Date, Signature, Title. Includes lines for CEO / President and Director of Human Resources / General Counsel.

Produced By:

Agent: Agency:

Agency Taxpayer ID or SS No.: Agent License No.:

Address (Street, City, State, Zip):

Submitted By:

Agency:

Taxpayer ID or SS No.: Agent License No.:

Address (Street, City, State, Zip):