

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Application for Employment Practices Liability
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

EMPLOYMENT PRACTICES LIABILITY APPLICATION

Note: Application must be signed and dated by the owner, partner, or officer, and a human resources or personnel officer. PLEASE READ STATEMENT AT THE END OF THE APPLICATION CAREFULLY.

I. GENERAL INFORMATION:

A. Name & Address of Applicant: _____

B. Business (proprietor, partnership, corporation, other): _____

Industry: _____ Principal Products/Services: _____
 Years in Business: _____

C. Number of U.S. Locations: _____ Number of Foreign Locations: _____

II. COVERAGE REQUESTED:

A. Limit of Liability: _____
 B. Deductible: _____

III. EMPLOYEE INFORMATION:

A. Number of Employees:

- 1) Current U.S.: Full Time _____; Part Time (include seasonal and temporary): _____
 Last Year U.S.: Full Time _____; Part Time (include seasonal and temporary): _____
 Current Foreign: Full Time _____; Part Time (include seasonal and temporary): _____
 Last Year Foreign: Full Time _____; Part Time (include seasonal and temporary): _____
- 2) For each of the past 3 years, what has been your annual employee turnover rate? _____% _____% _____%

B. What (if any) percentage of your workforce is represented by a union? _____

C. Indicate the number of employees by salary range:
 \$50,000 or less: _____ \$50,000-100,000: _____ \$100,000-250,000: _____ Over \$250,000: _____

- D. During the next 12 months:
 Do you anticipate any significant changes in headcount because of growth or acquisition? Yes No
 Do you anticipate any plant, facility, branch, or office closings, consolidations, or layoffs? Yes No
 If yes to either question, please provide details on the circumstances and the anticipated number of layoffs.
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- E. In the past 12 months, have you acquired any companies or had a re-organization? Yes No
 If yes, please provide details and how many involuntary terminations occurred. _____
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- F. Indicate the number of terminations that have occurred within the past year:
 Involuntary _____ Voluntary _____

IV. HUMAN RESOURCES:

- A. Does the Applicant have a Human Resources or Personnel Department? Yes No
 How many employees are in the department? _____
 How are human resource matters handled within branch offices? _____
- B. Do you distribute an employee handbook to all employees? Yes No
 Does the employee sign an acknowledgement for receipt of the handbook? Yes No
 Does it include the following?:
- | | |
|---|--|
| At-will employment statement | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Equal Employment Opportunity policy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Anti-harassment policy and procedures | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employee grievance process | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Discipline policy for employees with performance problems | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- C. Do you have a formal orientation program for new employees? Yes No
- D. Do you use a standard employment application for all candidates for hire? Yes No
 Do you use tests to aid in the application and/or promotion process? Yes No
- E. Do you distribute a policy & procedure manual to all supervisors and managers? Yes No
 Does it include procedures on?:
- | | |
|--|--|
| 1) Handling complaints of Discrimination or Sexual Harassment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2) Hiring | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3) Termination | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4) Performance Reviews | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5) AIDS, or on assisting employees with life threatening diseases | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6) Accommodating the disabled according to Americans with Disabilities Act | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7) Granting unpaid leave according to the Family & Medical Leave Act | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- F. Do you provide written performance evaluations for each employee at least annually? Yes No

- G. Do managers and supervisors receive formal training in the following areas?
- | | | |
|--|------------------------------|-----------------------------|
| 1) Implementation of personnel policies and procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Harassment prevention and investigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Proper interviewing techniques | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Cultural sensitivity or diversity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- H. Do you require that all involuntary terminations be reviewed by:
- | | | | | | |
|----------------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|
| Human Resources Dept | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Legal Department | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Outside Counsel | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Senior Management | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- I. Do you conduct exit interviews when an employment relationship has ended? Yes No
 Do you have an outplacement program for terminated employees? Yes No

V. LOSS HISTORY:

A. Please furnish first dollar Loss History for all open and closed Wrongful Termination, Discrimination, Sexual Harassment or employment related claims and charges for the past 5 years. Include details on all related federal and state administrative proceedings. Please attach a separate sheet, if necessary.

Date of Incident	Claimant(s)	Type of Claims	Open/Closed/Disposition	Settlement/Reserve Amt.	Defense Costs

B. Are you aware of any facts, incidents, or circumstances that may result in any claims being made against you?
 Yes No If yes, please provide details.

VI. INSURANCE HISTORY:

A. Prior EPLI coverage - past 3 years (if any):

Period:	Insurer:	Limit:	Deductible:	Premium:

B. Has any insurer ever canceled or non-renewed this type of coverage in the past? Yes No
 If yes, explain.

VII. ATTACHMENTS:

As part of this application, please attach the following:

- 1. Employee Handbook;
- 2. Human Resources (Supervisor) Manual;
- 3. Procedures for handling Discrimination or Sexual Harassment complaints;
- 4. Employment application, tests, and performance evaluations;
- 5. Annual Financial Report;
- 6. EEO-1 Report;
- 7. Collective Bargaining Agreements;

VIII. DECLARATION AND SIGNATURES:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: