



Chubb Group of Insurance Companies

15 Mountain View Road, Warren, New Jersey 07059

**APPLICATION
EMPLOYMENT PRACTICES
LIABILITY
COVERAGE SECTION**

**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY, TEXAS PACIFIC INDEMNITY COMPANY, OR
PACIFIC INDEMNITY COMPANY**

Employment Practices Liability Coverage is written on a claims-made basis. Except as otherwise provided, this section of the policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of the legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

1. GENERAL INFORMATION

Parent Organization _____

Address _____

State of Incorporation _____ **Date Established** _____

Nature of Business _____

2. MATERIAL CHANGE

Signing of this application does not bind the **Parent Organization** or the Company. If there is any material change in the answers to the questions prior to the policy inception date the **Parent Organization** will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

As part of this application, please attach the following (where applicable):

- Latest audited annual report.
- Most recent employee handbook.
- Most recent EEO-1 report.
- Functional organizational chart depicting Human Resource Department position.
- Copy of an employment application.

4. COVERAGE REQUESTED

Coverage	Limit Requested
Employment Practices Liability	\$ _____

5. POLICY PERIOD REQUESTED

From _____ to _____ both days at 12:01 a.m. at the principal address of the **Parent Organization**.

6. SUBSIDIARIES

Do you want to include all subsidiaries? Yes No. Attach a list of subsidiaries to be covered including the following information: nature of business, % owned, date acquired or created.

7. PARTNERSHIPS

Does the **Parent Organization**, a subsidiary or any director or officer presently act in the capacity of general partner in a limited or general partnership? Yes No. If yes, attach details.

8. GENERAL INFORMATION

Total number of U.S. employees _____

Total number of Fair Labor Standards Act exempt employees _____

Total number of Fair Labor Standards Act non-exempt employees _____

Total number of unionized employees in the U.S. _____

The total number of employees in each of the following states: California _____ Texas J_e_rNew e y _____ Michigan _____

Is the **Insured Organization** owned by a non-U.S. parent? Yes No. If yes, please provide the name of the parent:

Has the **Insured Organization** conducted any layoff, staff reduction or facility closing during the last 6 years? Yes No. If yes, attach details.

Is the **Insured Organization** anticipating any layoffs or staff reductions? Yes No. If yes, attach details.

9. EMPLOYMENT POLICIES AND PRACTICES

Does the **Insured Organization** use outside employment counsel for employment advice or defense? Yes No. If yes, whom? _____

If outside employment counsel is not retained, who is responsible for employment advice and defense? _____

Does the **Insured Organization** have an employment-at-will statement and contract disclaimers? Yes No. If yes, please attach a copy.

Does the **Insured Organization** have a formal employment contract with any employee? Yes No. If yes, how many? _____

What is the total annual compensation paid pursuant to all employment contracts? _____

Does the **Insured Organization** provide outplacement for terminated employees? Yes No. If yes, please describe.

Does the **Insured Organization** have an established termination procedure? Yes No. If yes, please describe.

Does the **Insured Organization** have an established severance policy? Yes No. If yes, please describe.

10. LOSS HISTORY

Please attach a listing of all employment lawsuits as well as administrative proceedings (e.g. EEOC) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each.

Is the **Insured Organization** presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No. If yes, please attach a copy.

11. PRIOR INSURANCE

Does the **Insured Organization** currently have employment practices liability or similar insurance? Yes No. If no, skip to Section 13 and answer the warranty statement. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

Has the **Insured Organization** or any **Insured Person** given written notice under the provisions of any prior or current employment practices liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any **Insured**? Yes No. If yes, attach details.

12. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested _____

If continuity of coverage is requested:

- a. attach a copy of the prior application with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

13. PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted or if there is no-prior coverage.

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: (If no exceptions please state.) _____

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded from this proposed coverage.

14. FALSE INFORMATION

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 fact material thereto,, commits a fraudulent insurance act, which is a crime.

15. DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the **Parent Organization** or its directors, officers or **Insured Persons** to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by the Director of Human Resources.

Date

Signature

Title