



*Navigators*

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Name of Insurance Company to which application is made

**EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION**

**NOTICE: THE POLICY FOR WHICH APPLICATION IS BEING MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" FIRST MADE AND REPORTED DURING THE "POLICY PERIOD," OR, IF ELEGIBLE, ANY PRIMARY AND SUPPLEMENTAL EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SUBMITTING.**

**Applicant Details**

Applicant's Name (Parent Company):

Email Address:

Designated Contact:

Website Address:

Address:

State:

City:

Zip Code:

Business Phone:

Fax:

**Organization Details**

State of Organization:

Date of Organization:

Type of Organization:  Joint Venture  Partnership  Private Corporation  Public Corporation  Sole Proprietorship  
 Other, please specify:

**Nature Of Business (Please select one option that best describes the primary nature of business)**

**Category 1**

- Auto/Truck Manufacturing (Union)
- Hospitality
- Insurance Company / Broker
- Mining
- Oil & Gas
- Publishing
- Real Estate
- Restaurants
- Textiles
- Utilities

- Community & Commercial Banks / Credit Unions
- Hotels
- Manufacturing
- Mortgage Brokers
- Professionals
- Railroads
- Rental & Leasing
- Retail
- Transportation

**Category 2**

- Casino
- Contracting / Construction
- Hospitals
- Newspaper / Magazine Publisher
- Social Services Agencies (Non Government)

- Computer Hardware
- Financial Institutions
- Life Science
- Political Organizations

**Category 3**

- Advertising Firms
- All other Healthcare Concerns incl. Nursing Homes / Home Healthcare
- Computer Software
- Credit Search
- Personnel Agencies (Non-temp only)

- Airlines
- Aviation
- Country Clubs / Private Social Clubs
- Entertainment

**Category 4**

- Auto Dealers
- Child Cared (School Affiliated)
- Educational Entities
- Investment Banking Firms
- Leasing / Term Firms
- Mutual Funds
- PEO's

- Broker / Dealer
- Churches
- Investment Advisor Firms
- Law Firms
- Money Center Banks
- Non-Profit Organizations
- Public Entities

**Category 5**

- Other
- Please specify:

**Locations**

How many locations does the applicant have?

**Employment Profile**

Employment Year	2007		2006	
Employee Region	United States	Overseas	United States	Overseas
Full-time employees:				
Part-time employees (incl. seasonal & temporary)				
Independent contractors:				

Please enter the percentage of employees for the following categories:

Union:	%
Non-union:	%

What was the annual employee turnover rate for the last 4 years?

2007	%	2006	%	2005	%	2004	%
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What percentage of employment terminations have been involuntary over the past 2 years?

2007	%	2006	%
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**Involuntary Employment Termination with respect to this application means notification to an employee that such employee will no longer be employed by the company or its subsidiaries, whether such notification is effective immediately or in the future. Involuntary Employment Termination shall also include actual or alleged constructive discharge.**

Percentage of employees with salaries (including bonuses) greater than \$100,000?

	%
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Has the applicant had any branch, location, or subsidiary closings, consolidations or layoffs in the last twenty-four (24) months?

- Yes  No

Does the Applicant anticipate any branch, location, or subsidiary closings, consolidation or layoffs?

- Yes  No

## Human Resources – Written Procedures

Does the Applicant have written procedures/guidelines in place with regard to the following?

- |  |  |
|--|--|
| 1. ADA Compliance                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Affirmative Action Program                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Discipline                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Discrimination                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Employment Assistance Program                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Employment at Will                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Equal Employment Opportunity                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Family Medical Leave Act                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Grievance Policy                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Hiring/Interviewing                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Regular Performance Appraisals/Reviews       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Sexual Harassment                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Sick Leave/Maternity Leave                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Termination Procedure/Progressive Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Human Resources – Risk Management

- |  |  |
|--|--|
| Does the applicant have a human resources department?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the human resources matters handled in branch offices and/or subsidiaries in the same manner or similar manner as the home office?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an employee handbook?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it distributed to all employees?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the applicant informed employees that incidents of sexual harassment may be reported without fear of retaliation by the applicant?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant use any tests to screen applicants either for hire or promotion?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all prospective employees required to complete an application prior to hire?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Applicant have a formal out-placement program which assists former employees in obtaining alternate employment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the Applicant's direction or control? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a policy concerning assistance provided to employees with AIDS or any other life-threatening or communicable disease?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all employment terminations subject to prior review by human resources / personnel department and legal review?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Coverage History

Do you currently have employment practices liability insurance?  Yes  No

Please list prior employment practices liability insurance for the past year (either stand-alone policies or supplemental coverage provided under some other type of insurance):

Inception	Expiration	Insurance Company	Limits	Retention	Premium

**MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION**

Has a previous insurer ever cancelled or non-renewed the Applicant for employment practices liability insurance (either on a stand-alone basis or as supplemental coverage provided under some other type of insurance)?  Yes  No

**Loss History**

In the last 3 years, have any employment practices claims ever been made?  Yes  No

What is the desired Pending & Prior litigation date for the applicant?

Does anyone for whom insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?  Yes  No

**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS PROPOSED INSURANCE.**

Has the Applicant ever been in any grievance or administrative hearing before the following agencies or under any of the following acts?:

- 1. Age Discrimination in Employment Act  Yes  No
- 2. American with Disabilities Act  Yes  No
- 3. Any other Governmental Agency or Act  Yes  No
- 4. Civil Rights Act of 1991  Yes  No
- 5. Equal Employment Opportunity Commission  Yes  No
- 6. National Labor Relations Board  Yes  No

**IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.**

**Corporate History**

Has the Applicant acquired any companies or partnerships in the last three years?  Yes  No

With respect to any acquisitions, were any employees, partners, or officers terminated or does the Applicant plan in the next eighteen (18) months to terminate any employees, partners or officers?  Yes  No

Please provide details:

Has the Applicant sold any companies in the last three (3) years?  Yes  No

Please provide details:

**Requested Coverage**

Requested Effective Date:

month	day	year

Limits of Liability:

<input type="checkbox"/> \$250,000/\$250,000	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000
<input type="checkbox"/> \$3,000,000/\$3,000,000	<input type="checkbox"/> \$4,000,000/\$4,000,000	<input type="checkbox"/> \$5,000,000/\$5,000,000	

Retention:

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000
<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000		

NOTICE TO APPLICANT – PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY SHALL APPLY ONLY TO CLAIMS MADE (OR DEEMED MADE) TO THE UNDERWRITER DURING THE POLICY PERIOD OR TO CLAIMS MADE TO THE UNDERWRITER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE CLAIMS EXPENSES AND, IN SUCH EVENT, THE UNDERWRITER SHALL NOT BE LIABLE FOR CLAIMS EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COST OR LIMIT EXCEEDS THE LIMIT OF LIABILITY IN THE POLICY; AND
- (III) CLAIMS EXPENSES THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

**NOTICE TO ARIZONA APPLICANTS:** For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 TO FLORIDA APPLICANTS:** 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.

**NOTICE TO IDAHO APPLICANTS:** Any person who, knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer in guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact that applicant resides or is domiciled in a state other than this state, 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 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 (\$5,000) and the stated value of the claim for each such violation.

**NOTICE TO 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.

**NOTICE TO OKLAHOMA APPLICANTS - WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON 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 ARKANSAS AND LOUISIANA 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 fines and confinement in prison.

**NOTICE TO MAINE, NEW MEXICO AND WASHINGTON 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 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 include imprisonment, fines and denial of insurance benefits.

**I UNDERSTAND AND ACKNOWLEDGE THAT THE ATTACHED POLICY CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT DEFENSE COSTS WILL REDUCE MY LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER LEGAL DEFENSE COSTS AND DAMAGES.**

APPLICANT		
BY <i>(President and/or Executive Officer)</i>	TITLE	DATE

NOTE: This Application is signed by the undersigned authorized agent of the **Applicant** on behalf of the **Applicant** and all of its partners, owners, shareholders, officers, and employees.

**REQUIRED INFORMATION**

PRODUCED BY <i>(Insurance Agent)</i> Please print and sign name _____ _____
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INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and Zip)</i>	
EMAIL ADDRESS	

SUBMITTED BY <i>(Insurance Agency)</i>	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS <i>(No., Street, City, State, and ZIP)</i>		