

LEXINGTON *INSURANCE COMPANY*

200 STATE STREET
BOSTON, MA 02109

Application EMPLOYMENT PRACTICES LIABILITY

Instructions:

1. Answer all questions. If answer to any question is NONE, please state NONE.
 2. Attach a separate piece of paper as necessary.
 3. Application must be signed and dated by the owner, partner, or officer and a human resource or personnel officer.
 4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.
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I. GENERAL INFORMATION

A. Name and Address of Applicant: _____

B. Risk Management or Human Resource Contact:

Name Title

Address (If different)

Phone Number E-Mail Address

C. Business: Corporation _____ Partnership _____
Individual Proprietor _____ Other (specify) _____

D. Describe Nature of Business: _____

E. Principal Products/Services: _____

F. (1) Number of Locations: _____

(2) List the five states with greatest number of employees (largest to smallest):

(3) Are there any foreign operations? Yes _____ No _____.

G. Coverage Desired (if different from expiring): Limit of Liability: _____
 Deductible: _____

H. Has any insurer ever canceled or non-renewed this type of coverage?
 Yes _____ No _____. If YES, please explain on a separate piece of paper.

II. LOSS HISTORY

A. Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination and sexual harassment claims, both state and federal, civil and administrative in the space provided below:

Date of Claim	Claimant Name	Nature of Claim	Defense Amount	Indemnity Amt.	Reserve, if open	Current Status

*Please provide all requested information.

*If additional space is required please attach additional claims information on separate sheet.

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

III. EMPLOYEES

A. Number of FULL-time employees: _____. Percentage CA: ____, MI ____, TX ____.

B. Number of PART-time employees: _____. Percentage CA: ____, MI ____, TX ____.

C. For each of the past five years, what has been your annual percentage turnover rate of employees:
 199__ __% 199__ __% 199__ __% 199__ __% 199__ __%

D. Percentage of employees with salaries greater than \$100,000 _____%

Percentage of employees with salaries greater than \$250,000 _____%

IV. HUMAN RESOURCES

A. HUMAN RESOURCES DEPARTMENT:

1. Does the Applicant have a Human Resources or Personnel Department?
 Yes _____ No _____. If NO, on a separate piece of paper, please provide details on the handling of this function.

2. How many employees are in this Department? _____

3. Does the Applicant have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes _____ No _____.
If YES, please describe on a separate piece of paper.
- B. Do you anticipate any layoffs within the next 12 months? Yes. ___No____. Have you had any layoffs in the last 12 months? Yes ___No____. If YES, please provide details on a separate piece of paper. Please include the date of the layoff, the number of employees laid off, job category, the manner in which the layoffs were/will be conducted and the terms of severance.
- C. How many employees or officers have been terminated in the past two (2) years?
With Cause: Employees _____ Officers _____.
Without Cause: Employees _____ Officers _____.
- D. Do you use an employment application for all of your applicants for hire?
Yes ___No_____.
- E. Do you use any tests to screen applicants for employment or to promote employees?
Yes _____No_____.
- F. Do you have a formal orientation program for all new employees and is an orientation checklist maintained for each? Yes ___ No ____.
- G. Do you publish an employment handbook? Yes ___ No ____.
If YES, do you distribute to all employees? Yes ___No_____.
- H. Do you provide regular, written performance evaluations for all employees?
Yes ___No_____.
- I. Has the Applicant formally implemented and adopted anti-sexual harassment policies
Yes ___No____. If YES, is it distributed annually to all workers? Yes ___No____. *Please attach a copy.*
- J. Do you have a written procedure for handling employee complaints of discrimination and sexual harassment? Yes ___No_____.
- K. Does the Applicant have a policy on AIDS or on assisting employees with life-threatening or communicable diseases? Yes ___No_____.
- L. Does the Applicant have a policy on accommodating the disabled now required by the Americans With Disabilities Act? Yes ___No_____.
- M. Does the Applicant comply with the Family Medical Leave Act? Yes ___No_____.
- N. Does the Applicant require terminations to be reviewed by:
(1) Its Human Resources Department? Yes ___No____.
(2) Its Legal Department? Yes _____No_____.
(3) Its outside counsel? Yes ___No_____.
- O. Does the Applicant conduct exit interviews? Yes ___No_____.

V. CORPORATE HISTORY

If you answer *YES* to any of the following, please attach details on a separate piece of paper.

- A. Have you acquired any companies in the past 10 years? Yes__No_____.
- B. Did the purchase include assumption of liabilities? Yes__No_____.
- C. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes_No_____.
- D. Have you sold any companies in the last ten years? Yes__No_____.

VI. CLAIMS HANDLING

- A. (1) Who in the Applicant Organization has been designated to handle claims?

Name	Address	Phone
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(2) With respect to claims, incidents, etc., do you have a written procedure for obtaining information? Yes_____No_____. If *YES*, please attach a copy.

VII. CURRENT NON-EPL LIABILITY INSURANCE

A. D&O

- 1. Carrier(s): _____
- 2. Limit: _____
- 3. Premium: _____
- 4. Expiration Date: _____

B. CGL

- 1. Carrier(s): _____
- 2. Limit: _____
- 3. Premium: _____
- 4. Expiration Date: _____

C. Umbrella

- 1. Carrier(s): _____
- 2. Limit: _____
- 3. Premium: _____
- 4. Expiration Date: _____

CHECKLIST: Have you attached:

- ? ? Most recent EEO-1 Report.
- ? ? Latest Annual Report.

- ? ? Procedure for handling Employee Complaints of Sexual Harassment.

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, IT WILL IMMEDIATELY NOTIFY LEXINGTON INSURANCE COMPANY OF SUCH CHANGES. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

Date	Applicant's Authorized Signature of a Principal, Partner or Officer	Title
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Date	Applicant's Authorized Signature of Individual In Charge of the Human Resources or Personnel Dept.	Title
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