



7. Do you maintain written records of all disciplinary actions?.....  Yes  No
8. Do you have a formal annual review process for all employees?.....  Yes  No
9. Do you require physical examinations of job applicants? .....  Yes  No  
**If Yes**, do you do so only after a conditional offer of employment is made? .....  Yes  No
10. a. Do you conduct drug and alcohol testing on applicants or employees? .....  Yes  No  
**If yes**, do you have policies/procedures addressing the scope and results of testing?.....  Yes  No
- b. If existing employees test positive, are they given an opportunity for treatment before termination? .....  Yes  No

11. Are qualifications/skills/aptitude/personality tests required for job applicants? .....  Yes  No  
**If yes**, are arrangements made to accommodate persons with disabilities? .....  Yes  No
12. Are all employee files maintained in a secure place? .....  Yes  No
13. a. Are employee medical records maintained? .....  Yes  No  
 b. Are medical records kept separate from other personnel records and secured? .....  Yes  No  
 c. Are there written guidelines that specify how and under what circumstances employee medical files can be inspected? .....  Yes  No
14. Have written emergency and/or evacuation procedures been reviewed to ensure that the needs of persons with disabilities have been considered? .....  Yes  No
15. Do you use private employment agencies to recruit job applicants? .....  Yes  No  
**If yes**, are they contractually required to comply with the Americans with Disabilities Act?.....  Yes  No
16. Are you in compliance with the Americans with Disabilities Act? .....  Yes  No
17. Are I-9 forms submitted to verify eligibility of individuals who were hired after 1986? .....  Yes  No
18. How many staff members have been terminated in each of the last three years and the basis for termination of each?  
 Last Year: \_\_\_\_\_ Basis for Termination:  Staff Reduction  For Cause  
 2 Yrs. Prior: \_\_\_\_\_ Basis for Termination:  Staff Reduction  For Cause  
 3 Yrs. Prior: \_\_\_\_\_ Basis for Termination:  Staff Reduction  For Cause
19. Indicate the annual turnover rate for last three years? Last Year: \_\_\_\_\_% 2 Yrs. Prior: \_\_\_\_\_% 3 Yrs. Prior: \_\_\_\_\_%
20. Are all federal/state mandated posters conspicuously displayed? .....  Yes  No
21. After inquiry of each agency personnel, are there any known circumstances or incidents which may result in an employment or ADA related claim being made against the agency? .....  Yes  No  
**If yes**, what is the total number of these potential claims? \_\_\_\_\_  
**Complete a Claim Supplement for each potential claim.** (Not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)
22. Have any employment or ADA related claims or incidents been made against the agency or any of its past or present personnel or predecessor agency, within the last 5 years? .....  Yes  No  
**If yes**, what is the total number of these claims? \_\_\_\_\_  
**Complete a Claim Supplement for each claim/incident.** (Not required for claims or incidents previously reported to Westport Insurance Corporation's Claims Dept.)
23. Has any policy or application for employment practices insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? .....  Yes  No  
**If yes**, please indicate: **Year:** \_\_\_\_\_  
**Reason:**  Claim Experience  Carrier withdrew from market  Agency Operations  Non-Payment  
 Other (Describe) \_\_\_\_\_

24. Please provide the following on the agency's prior 5 years of employment practices insurance: (✓ if "None" )

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

	/ /	\$	\$	\$	/ /	<input type="checkbox"/>
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25. Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

26. Requested Limit: \$100,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

27. Requested Deductible: \$5,000 \$10,000 \$15,000 \$25,000 \$50,000

### **NOTICE TO APPLICANT**

I hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

#### ***For your protection, the following Fraud Warning is required to appear on this application:***

The following Fraud Warning applies to **Arkansas**: 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.

The following Fraud Warning applies to **Colorado**: 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 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.

The following Fraud Warning applies in **Kentucky**: 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.

The following Fraud Warning applies to **Louisiana**: 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.

The following Fraud Warning applies in **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in **Ohio**: Any person who, with intent to defraud or knowing that he 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.

The following Fraud Warning applies in **Oklahoma**: 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.

The following Fraud Warning applies in **Tennessee**: 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.

The following Fraud Warning applies in **All Other States**: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER or OFFICER.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

*The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application.*