



AMERICAN INTERNATIONAL COMPANIES®
NATIONAL UNION FIRE INSURANCE COMPANY
OF PITTSBURGH, PA.
 70 Pine Street, New York, NY 10270
 (A Capital Stock Company)
 (212) 770-7000

WORKPLACE ASSURANCE

APPLICATION

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Limits of Insurance requested Each Insured Event/Aggregate:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

4. Deductible (% of Each Insured Event Limit):

1% 2.5% 5% 10% 50%

5. Description of Applicant's business activities _____

6. Total annual sales current year: _____ Prior Year: _____ -

7. Total No. of Locations: (attach schedule) _____

8. Total No. of employees: _____
 Total No. of employees at largest location: _____
 Percentage of workforce that are temporary
 or leased workers. _____
 Percentage of workforce that are independent
 contractors. _____

9. Please indicate if the following practices and procedures are followed: Attach documentation for any "Yes" answer.

Employee Assistance Program (EAP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Background checks on prospective hires	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Written in-force company policy on workplace violence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Manager training to identify potential violence	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Procedures to report stalking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

10. Restructuring

Has the company announced or undertaken any plan for layoffs or restructuring in the past 12 months? If yes, please describe. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company plan any layoffs or restructuring in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have a job referral program/counseling for layoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company have any prior Employment Related Practice Suits in the prior 24 months? If yes, please describe. _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Physical Security

Does the applicant have closed circuit security monitors in all locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have ID/key card access in all locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant operate any locations on a 24-hour a day basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant keep cash or valuables excess of US\$25,000 on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. History

Has the applicant experienced any previous incidents of workplace violence? If yes, please describe below (include dates): _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant aware of the existence of information or fact that could give rise to a claim under this policy? If yes, please describe below. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES TO THE BEST OF HIS OR HER ABILITY THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.

NOTICE TO APPLICANTS:

This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of

the policy. The Applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO 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 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY 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.

NOTICE TO 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 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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY 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 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.

NOTICE TO OHIO APPLICANTS: 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.

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 (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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.

**Signature of Duly
Authorized
Representative :**

.....

**Name and Title of
Duly Authorized
Representative :**

.....

**Place and Date:
Producer:**

**License Number:
Address:**

