



Eidya Insurance Services

7828 Vance Dr #107, Arvada, CO 80003 Phone: 877-455-0680 Fax: 630-455-0310

Employment Practices Liability Insurance

THIS PROPOSAL FORM IS FOR A CLAIMS MADE POLICY, RELATING TO CLAIMS MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

Name of **Named Insured**: _____
Street Address: _____
City / State / Zip Code: _____

General Information

1. Contact Person (name) _____
2. Telephone: _____ Fax: _____

3. Form of Organization:
 Corporation Partnership Individual/Proprietor
 Joint Venture Public Entity Non – Profit Organization
 Other:

4. Indicate SIC Code: _____
5. Nature of **Named Insured's** Business: _____
6. Named Insured has been in continuous operation since: _____
7. Standard Industry Code (SIC): _____

8. Organization Annual Receipts and payroll for the following financial year;

	Receipts	Payroll
Last Financial Year:	\$	\$
Current Financial Year:	\$	\$
Next financial Year:	\$	\$

9. Provide the following information on all **Subsidiaries** of the **Insured Entity**. If "None", so state. None

(a) Name: _____
(b) Date of acquisition/creation: _____
(if less than 100 percent list minority owners):
(c) Percent of ownership: _____
(d) Nature of business: _____

(e) Domestic or foreign: _____

10. Provide the following information on all plants, facilities, branches or offices of the **Insured Entity**.

If "None", so state. None

- (a) Location _____
- (b) Nature of business: _____
- (c) Estimated number of **Employees**: _____

11. Is the insured entity a federal government and/or subject to Executive Order 11246: Yes No

12. Has the Insured Entity been involved in any bankruptcy proceeding within the last 3 years or has the Insured Entity contemplated filing a petition for protection under bankruptcy code with the next 12 months?

Yes No

Coverage Requested

13. Indicate the lowest & highest limits of liability you would like quoted:

\$250,000; \$500,000; \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Indicate the deductibles you would like quoted:

\$5,000. \$7,500. \$10,000. \$15,000. \$20,000. \$25,000. Other \$

14. Has the **Insured Entity** had any **Subsidiary**, plant, facility, branch or office closings, consolidations or layoffs within the past 18 months, or anticipate any within the next 24 months? Yes No

15. Has the **Insured Entity** conducted any analysis or studies of any particular **Subsidiary**, plant, facility, branch or office which may relate to future restructuring of the **Insured Entity** or its workforce? Yes No

16. Have there been any changes in senior management in the last 3 years? Yes No

17.(a) Number of **Employees**:

	Total Number		Voluntary Terminations		Involuntary Terminations	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Current Yr.						
Prior Year						
2 Years Ago						

(b) Does the **Insured Entity** employ, during the course of the year, more than 10 percent of its total workforce in seasonal laborers, or utilize temporary **Employees**? Yes No

18. Annual pay ranges:

	Number of Full Time Employees	Number of Part Time Employees
\$50,000 or less	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 and over	_____	_____

19. (a) Does the **Insured Entity** currently employ a full time Human Resources professional? Provide details below, as appropriate. Yes No

If "Yes", what is the name and title of the senior Human Resources professional?

Name: _____ Title: _____

If "No", what is the name and title of the person who performs the Human Resource function?

Name: _____ Title: _____

(b) Does the **Insured Entity** currently utilize employment counsel? Provide details below, as appropriate.

Yes No

If "Yes", what is the name of the firm utilized? Firm: _____

20. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):

(a) Utilize employment applications for all prospective **Employees**? Yes No

(b) Conduct reference checks on all prospective **Employees**? Yes No

(c) Use any tests, including drug or skill tests to screen applicants, or to promote or monitor **Employees**? Yes No

(d) Maintain a personnel file on each **Employee**? Yes No

(e) Maintain confidential and segregated **Employee** medical records? Yes No

(f) Have a document retention policy for all **Employee**/employment related documents? Yes No

If "Yes", how long are they retained? _____

(g) Inform all **Employees** in writing that their employment relationship is "at-will"? Yes No

(h) Require the Human Resource Department to review and approve each proposed **Employee** termination? Yes No

(i) Have outside employment counsel review each proposed **Employee** termination? Yes No

(j) Document each **Employee**' s personnel file with all reasons for termination? Yes No

(k) Require any **Employee(s)** to retire upon attaining a certain age? Yes No

(l) Have written employment agreements with any **Employees**? Yes No

(m) Have collective bargaining agreements with any group of **Employees**? Yes No

(n) Maintain a written arbitration policy/procedure for employment related disputes? Yes No

(o) Maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? Yes No

(p) Have a policy prohibiting the display or distribution of material, whether printed or electronic, which may be deemed offensive to others, and distribute that policy to all **Employees**? Yes No

(q) Conduct mandatory periodic **Employee** education regarding prohibited forms of harassment? Yes No

(r) Periodically have its employment policies and procedures reviewed by outside employment counsel? Yes No

21. Indicate which formal written policies and procedures have been implemented and attach a copy of each. If "None", so state. None

- | | |
|--|--|
| <input type="checkbox"/> Written Employee Evaluation Policy | <input type="checkbox"/> Family Medical Leave Act Policy |
| <input type="checkbox"/> Anti-Discrimination Policy | <input type="checkbox"/> Sexual Harassment Policy |
| <input type="checkbox"/> Complaint / Grievance procedure | <input type="checkbox"/> Workplace Safety Policy |
| <input type="checkbox"/> Progressive Discipline Policy | |
| <input type="checkbox"/> Human Resources Manual (or equivalent guidelines) | <input type="checkbox"/> Adherence to Employment "at-will" relationship with all Employees |

Litigation and Claim Information

22. In the last 5 years, has any current or former **Employee** or third party made any **Claim**, or otherwise alleged discrimination, harassment, wrongful discharge and/or **Wrongful Employment Act(s)** against the **Insured Entity** or its directors, officers or **Employees**? Yes No

A **Claim** is not limited to the filing of a lawsuit or complaint with the EEOC or similar state or local agency. A **Claim** may also include a written demand or threat by any current or former **Employee** seeking relief in connection with an employment-related dispute or grievance. Please provide details of all incidents even if the matter has since been settled or otherwise resolved.

23. During the last 5 years, has the **Insured Entity** or any of its directors, officers or **Employees** thereof known of, or been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies and/or under any of the following forums?

- | | |
|--|--|
| (a) National Labor Relations Board? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Equal Employment Opportunity Commission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Office of Federal Contract Compliance Programs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) U.S. Department of Labor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Any state or local government agency such as the Labor Department or fair employment agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (f) U.S. District or state court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide details of all incidents even if the matter has since been settled or otherwise resolved.

IF "YES" TO QUESTION 23 OR ANY PART OF QUESTION 24., PROVIDE THE FOLLOWING INFORMATION FOR EACH ALLEGATION BY ATTACHMENT, OR BY COMPLETING A CLAIMS SUPPLEMENT FORM.

- | | | | | |
|----------------|----------------------------------|---|--|--------------------------|
| (a) Allegation | (b) Date Claim first made | (c) Paid damages/expenses including attorneys' fees attorneys' fees | (d) Outstanding damages/expenses including attorney fees | (e) Total costs incurred |
|----------------|----------------------------------|---|--|--------------------------|

24. Is the **Insured Entity** or its management aware of any fact, circumstance or situation involving any **Insureds** that he or she has reason to believe might result in a Claim, including, but not limited to, situations involving:

- (a) Threats by any current or former **Employee** or third party to take legal or other action against the **Insured Entity** or any of its **Employees**, or a demand or request by any current or former **Employee** for monetary or non-

monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Employment Act(s)**?

- (b) Knowledge that any current or former **Employee** is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?
- (c) Complaints or accusations by other **Employees** or third parties that a current or former **Employee** is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?
- (d) Warnings, reprimands, or other disciplinary measures taken against any current or former **Employee** for acts of discrimination, harassment, or other **Wrongful Employment Act(s)**?

Yes No

IF "YES" TO QUESTION 24., PROVIDE DETAILS BY ATTACHMENT.

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 22, 23, OR 24.

Documents Required

Please submit one copy of each of the following documents. These documents will be attached to and made a part of this Proposal Form.

- (a) Provide details to all "Yes" answers, when applicable, by attachment
- (b) The most recent Employee Handbook or Employee Policy Manual
- (c) All EEO-1 Reports filed by the Insured Entity for the last 3 years
- (d) Annual Report, including audited financial statements for the last 2 years
- (e) The most recent 10K filed with the SEC (if applicable)

Please Read Carefully

The undersigned Chairman of the Board of Directors, President or Chief Executive Officer and Human Resources Manager declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the Policy. It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the Policy inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Director or Officer or Employee**, except for those person or persons who executed the Proposal Form, shall be imputed to any other **Director or Officer or Employee** and further provided that if any person who executed the Proposal Form knew that such statement or representation was inaccurate or incomplete, then this Policy will be void as to all **Insureds**;
- the information contained in this Proposal Form shall not be used by any **Insureds** as notice as provided for in section VII. of the Policy, nor will the **Insurer** recognize and/or accept the information contained herein as notice as provided for in section VII. of the Policy;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 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 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 APPLICANTS OF FLORIDA, KENTUCKY, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Chairman of the Board of Directors, President or Chief Executive Officer Dated

Human Resources Manager (or equivalent position) Dated:

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Submitted by (PRODUCER) Dated:

AGENT'S NAME AGENT'S LICENSE NUMBER
(Please Print Name Here)