

Standard Program

Employment Practices Liability Insurance
Houston Casualty Company



New Business Application

Section 1. General Information

Please type or print clearly

Name of Applicant Organization:			
Mailing Address:	City	State	Zip Code
HR Contact Name:	Telephone	Fax	
Email Address:			
Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other_____			
Indicate Primary SIC Code:		Nature of Business:	
How long has your organization been in business? _____ years			
Indicate your organization's annual receipts and payroll for the following financial years:			
	Receipts	Payroll	
(1) Last Financial Year	\$ _____	\$ _____	
(2) Current Financial Year	\$ _____	\$ _____	
(3) Next Financial Year	\$ _____	\$ _____	

Section 2. Prior Employment Practices Liability Insurance Coverage

Do you currently have an Employment Related Practices or Employment Practices Liability Insurance Policy or Coverage in force?		Yes___	No_____
If Yes, indicate the insurer:	Expiration date:	Limits \$	
Has an insurer ever canceled or non-renewed this type of insurance? If Yes, explain in the Remarks Section. (Question not applicable to Missouri applicants).		Yes _____	No _____

Section 3. Loss History (Both questions 1 and 2 must be answered)

Provide specific claim details for each employment practice claim, lawsuit or incident.						
1. Furnish first dollar Loss History (3 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach. Note: If <u>no</u> claims, check here: <input type="radio"/>						
Date of Claim	Claimant Name	Nature of Claim	Defense Amt	Indemnity Amt	Reserve Amt	Current Status
2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you? <input type="radio"/> Yes <input type="radio"/> No If YES provide details on a separate sheet.						

Section 4. Corporate History/ Plan (provide details in the Remarks Section for any Yes answers)

1. Has your organization acquired any other organizations within the past two (2) years?	Yes_____	No_____
2. If Yes, were any of the employees or officers of the acquired organization terminated?	Yes_____	No_____
3. If Yes, do you plan in the next eighteen (18) months to terminate any of the employees or officers of the acquired organization?	Yes_____	No_____
4. Does your organization anticipate any of the following in the next twelve (12) months? Selling, closing, consolidating or spinning-off any plants, offices, subsidiaries or divisions?	Yes_____	No_____
5. Down-sizing, right-sizing, layoffs or any other reduction in number of employees?	Yes_____	No_____
6. Acquiring or merging with any other organization?	Yes_____	No_____
7. Creation of any new business, subsidiary, division, or location?	Yes_____	No_____
8. Increase in the number of "employees" by more than 20%?	Yes_____	No_____

Section 5. Employees

Indicate the total number of workers currently on your payroll below:	
Type of Individual (Please do not include independent contractors or leased workers. See below.)	No.
Full-time, regular and temporary persons working a standard workweek	
Part-time, regular and temporary persons working a standard workweek	
Interns	
Seasonal Employees	
Volunteers	
Total	
Of the total number of workers, indicate the number who are union members :	

Please provide a breakdown by state of the number of workers for each category					
State	Full-time	Part-time	Interns	Seasonal	Volunteers
1. Does your organization use leased workers?				Yes_____	No_____
2. If yes, would you like to cover them under this policy?				Yes_____	No_____
3. If yes, indicate the total number of leased workers to be covered				Total:	
4. Does your organization use independent contractors?				Yes_____	No_____
5. If yes, would you like to cover them under this policy?				Yes_____	No_____
6. If yes, indicate the total number of independent contractors to be covered:				Total:	
Please attach a copy of your employee leasing agreement and or independent contractor agreement					

Of the total number of employees indicated above, indicate how many are in each of the following categories. (Do not include leased workers and independent contractors)	
Salary and bonus between \$50,000 and \$100,000	
Salary and bonus between \$100,000 and \$250,000	
Salary and bonus in excess of \$250,000	

What is your organization's annual employee turnover for each of the last three (3) years: (Indicate Highest Number of Employees employed at any one time during the year)			
Years	20_____	20_____	20_____
Number of Employees			
Involuntary Termination			
Voluntary Termination (non-retirement)			
Retired			

Section 6. Human Resources and Corporate Policy

1. Do you publish an employment handbook?	Yes_____	No_____
(a) - Do you distribute it to all employees?	Yes_____	No_____
(b) - Do you obtain a signed acknowledgment from your employees that they have received it?	Yes_____	No_____
(c) - Does it contain an at will statement?	Yes_____	No_____
(d) - When was it last updated?	Year :	
2. Have you adopted and implemented anti-sexual harassment policies and written procedures?	Yes_____	No_____
3. Do you have a written employee grievance or complaint procedures?	Yes_____	No_____
4. Do you have an EEOC Statement or have you adopted and implemented anti-discrimination policies and developed written procedures?	Yes_____	No_____
5. Do your managers and supervisors attend training, education program or seminars on employer-employee relations and conflict resolution?	Yes_____	No_____
6. If Yes, was such training conducted during the last year?	Yes_____	No_____
7. Does your organization have a formal Human Resources/Personnel Department?	Yes_____	No_____
8. Are all terminations reviewed by a third party <i>prior</i> to any action being taken?	Yes_____	No_____
If Yes, by whom?	Check all that apply.	
• Owners/upper management/managing partners		
• HR manager or person in charge of HR		
• Outside legal counsel experienced in employment law		
• In-house counsel		
9. Does your organization have in-house counsel that consults in employment related matters?	Yes_____	No_____
10. Does your organization have a labor law firm with which you regularly work?	Yes_____	No_____
(a) - If Yes, what is the name of the firm?		
(b) - Does this firm periodically review your employment policies and procedures?	Yes_____	No_____
11. Do you use an employment application for all job applicants?	Yes_____	No_____
(a) If Yes, does it contain an "at will" statement?	Yes_____	No_____
12. Do you provide a formal training program for all new "employees"?	Yes_____	No_____
13. Do you provide all employees with regular, written performance evaluations?	Yes_____	No_____
- If Yes, are they evaluated at least annually?	Yes_____	No_____
13. Do you provide periodic education on illegal discrimination and harassment to your employees?	Yes_____	No_____
- If Yes, is it provided at least annually?	Yes_____	No_____
14. Do you have written job descriptions for each position?	Yes_____	No_____
15. Do you have any written arbitration procedures?	Yes_____	No_____

Section 7. Important Notices

1. If the inception date of the policy period is more than thirty (30) days after the date of this application, a signed declaration that statements and information provided in this application have not changed or a new signed and dated application will be required.
2. Employee Handbook, written policy and procedures, and employment application should be available upon request.
3. If you have more than 100 employees attach a copy of your last EEO-1 Report submitted to the Equal Employment Opportunity Commission.
4. If you are signing this application, note the following:

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

Section 8. Applicant's Representations and Signature

1. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
2. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
3. Signing of this Application does not bind the Insurer 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 to and made part of the policy should a policy be issued.

Applicant's Authorized Signature of a Principal, Partner or Officer.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Producing Broker: _____ License No.: _____

THIS APPLICATION MUST BE SUBMITTED TO:
Professional Indemnity Insurance Agency, Inc. (PIA)
50 California Street, Ste. 940, San Francisco, CA 94111
Telephone: 415-277-2462 Fax: 415-288-0771

Section 9. REMARKS (Use a separate sheet(s) of paper if necessary)
