

**SUPPLEMENTAL APPLICATION FOR  
EMPLOYMENT PRACTICES LIABILITY COVERAGE - UTAH and VIRGINIA**

**NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

The term "Applicant" means all corporations, organizations or entities proposed for this insurance.

AGENCY/ BROKER	CODE	NAME	POLICY NUMBER
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**GENERAL**

- Name and address of Applicant : \_\_\_\_\_  
(to be shown on Declarations) \_\_\_\_\_  
\_\_\_\_\_
- A. Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
B. Percentage of total employees listed in Question #2 (A) that are union employees: \_\_\_\_\_  
C. Are all union employees subject to a collective bargaining agreement?  Yes  No  Not applicable
- Indicate how many directors, officers and other employees have been terminated in the last 18 months:  
A. Terminated by Applicant: Employees: \_\_\_\_\_ Officers: \_\_\_\_\_ Directors: \_\_\_\_\_  
B. Resigned Voluntarily: Employees: \_\_\_\_\_ Officers: \_\_\_\_\_ Directors: \_\_\_\_\_  
C. Retired: Employees: \_\_\_\_\_ Officers: \_\_\_\_\_ Directors: \_\_\_\_\_
- Has the Applicant undergone within the last 12 months or does the Applicant plan on undergoing during the next 12 months any:  
A. Type of company restructuring that may lead to employee layoffs, early retirements or reassignment of duties?  Yes  No  
B. Sale of any business division, subsidiary or unit?  Yes  No  
C. Closure of any business division, subsidiary or unit?  Yes  No

If the answer to Question 4A., B. or C. is "Yes", on a separate sheet of paper please provide the details of any employee layoffs and/or early retirement; please include the percentage of total employees and total number of employees affected by layoffs and/or early retirement, and provide name of outside labor counsel, if applicable, who advised you.

- Describe prior Employment Practices Liability coverage. (If none so state);

Insurer	Limit of Liability	Policy Period	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HUMAN RESOURCES**

1. Does the Applicant have a Human Resources/Personnel department, or a full-time Human Resource/Personnel Director?
  - Yes No
  - If No, who handles Human Resource functions and what are their responsibilities and prior training?
2. Does the Applicant have a written human resources manual, or equivalent written guidelines?
  - Yes No
3. Please provide the month/year this was last reviewed and updated with outside labor counsel? \_\_\_\_\_  
 Please provide the name of outside labor counsel: \_\_\_\_\_
4. Do you currently have in place the following:
  - A. Written application for employment for all positions? Yes No
  - B. Written hiring and interviewing procedures for all positions? Yes No
  - C. An Employee Handbook? Yes No
    - 1) If “Yes” to C., is a copy distributed to all employees? Yes No
    - 2) Does each employee sign an acknowledgement of receipt/understanding? Yes No
  - D. When was the Handbook last updated? \_\_\_\_\_(date)
  - E. Standard objective job descriptions for each position given to employees? Yes No
  - F. Procedures for responding to grievances? Yes No
  - G. Do all new employees participate in an orientation procedure? Yes No
  - H. Standard performance appraisal, review or similar forms for all employees? Yes No
  - I. Are the appraisals done at least annually? Yes No
  - J. Standardized procedures for exit interview for all employees? Yes No
  - K. Documented procedures on illegal discrimination distributed to all employees? Yes No
  - L. Documented procedures on handling of sexual harassment complaints distributed to all employees? Yes No
  - M. Documented procedures for equal opportunity distributed to all employees? Yes No
  - N. Documented procedures for employee disciplinary actions? Yes No
  - O. Documented procedures for termination’s, layoffs and early retirements? Yes No
  - P. Do all employees undergo regular drug testing? Yes No
  - Q. Are all of the procedures listed above implemented and followed at all locations? Yes No  
 If “No”, please provide details.
  - R. Do your supervisory and management employees receive specific training in the proper implementation of your personnel policies and procedures? Yes No
  - S. Describe Applicant’s policy for handling calls for reference on Applicant’s past employees.

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## LOSS HISTORY

1. Have any claims such as would come within the scope of the proposed Employment Practices Liability coverage been made against any entity or person proposed for this coverage during the last three (3) years, whether insured or not? Yes No
  
2. Has the Applicant been involved in any complaint, grievance, charge or administrative hearing involving any of the following in the past three (3) years?
  - A. Title VII of the Civil Rights Act of 1964 Yes No
  - B. Age Discrimination in Employment Act Yes No
  - C. Americans with Disabilities Act Yes No
  - D. Equal Employment Opportunity Commission Yes No
  - E. Family and Medical Leave Act Yes No
  - F. Any State or Local Government Agency related to employment practices Yes No

If "Yes" to any question above, provide on a separate attachment full details concerning the nature and status of such proceedings, including the costs of defense and amount of any settlements or judgments, whether insurance responded to any aspect of the claims, and any corrective procedures implemented.

3. Are there any facts or circumstances which may result in a claim under this policy? Yes No  
If "Yes", attach details as noted above.

**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim arising therefrom is excluded from this proposed insurance.**

**THE UNDERSIGNED AUTHORIZED AGENT OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE. IF THE INFORMATION IN THIS SUPPLEMENTAL APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS SUPPLEMENTAL APPLICATION.**

**THE SIGNING OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE REQUESTED COVERAGE. IT IS AGREED THAT IF THE REQUESTED COVERAGE IS GRANTED, THIS SUPPLEMENTAL APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE RELATED THERETO AND SHALL BE PHYSICALLY ATTACHED TO AND PART OF THE POLICY UNDER WHICH SUCH COVERAGE IS PROVIDED, AND THE COMPANY WILL HAVE RELIED UPON THIS SUPPLEMENTAL APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN GRANTING SUCH COVERAGE.**

G.J. Sullivan Co. Excess and Surplus Lines Brokers, on behalf of the Insurer, is hereby authorized to make any investigation and inquiry in connection with this application as they may deem necessary.

At the sole discretion of the Insurer, any outstanding quotation may be modified or withdrawn.

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Signature (Must be signed by Chairman of the Board, President or Administrator.)

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Title

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Applicant

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Date

***Attention: Insureds in AR, DC, FL, KY, ME, MN, NJ, OH, and PA***

**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.**

***Attention: Insureds in NY***

**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.**

***Attention: Insureds in CO***

**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 agencies.**

***Attention: Insureds in TN and VA***

**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.**

***Attention: Insureds in LA and NM***

**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.**

***Attention: Insureds in OK***

**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.**