



ESI-EPL
EMPLOYMENT PRACTICES
LIABILITY INSURANCE

This is an Application for a claims-made & reported policy.

Professional Liability Insurance Services®, Inc.
 P: 1.800.761.7547; 512.328.0677
 F: 512.327.5834
 W: www.plisinc.com
 E: underwriting@plisinc.com



SECTION A: COMPANY INFORMATION

1. Name of Company seeking coverage (include dba if applicable): _____
 (this Company will be the name identified on the Declaration as the Named Insured) NOTE: Complete the Additional Insured Supplement Questionnaire for any additional entities for which coverage is sought.

2. Sole Proprietor Corporation Partnership Joint Venture LLC LLP Other: _____

3. Is this a franchise?..... YES NO

4. Street Address: _____
 City/State/Zip: _____ County: _____

If more than one, provide schedule of locations and include the number of employees at each location.

Phone: _____ Fax: _____ Website: _____

5. Provide 2 Point of Contacts

Type	Name	Phone	Email
Management Contact			
Human Resource Contact			

6. Provide name of partners/joint venture/shareholders/members/individual(s) with majority ownership along with ownership percentage:

Name: _____ %	Name: _____ %
Name: _____ %	Name: _____ %
Name: _____ %	Name: _____ %

7. Are there any other entity(s) for which you or anyone identified here have a majority ownership interest that participate on this program? YES NO
 a) If yes, provide the name of the entity(s): _____

8. Describe Nature of Business: _____

9. How long have you been in business? _____ How long under current management? _____

10. Any merger or acquisition or sale of the company or any of its assets in the past 12 months or expected in the next 12 months?..... YES NO
If YES, complete the Mergers & Acquisitions Supplemental Questionnaire

11. **Gross Sales or Receipts For Year Ended (mm/dd/yy) Amount of Profit or Loss**

	Gross Sales or Receipts	For Year Ended (mm/dd/yy)	Amount of Profit or Loss
Past financial year.....	\$ _____		Net profit <input type="checkbox"/> Net loss <input type="checkbox"/> \$ _____
Present financial year.....	\$ _____	est.	Net profit <input type="checkbox"/> Net loss <input type="checkbox"/> \$ _____
Next financial year.....	\$ _____	est.	

12. Total number of employees for all locations and, if applicable, Additional Insureds (including Partners, Directors and Officers, Regular Employees, Independent Contractors, Temporary/Leased Employees, Seasonal Employees, Union Employees, Foreign Employees): _____

13. Of the total stated on question 12 above, please indicate the status below:

	Partners, Directors & Officers	Regular Employees	*Independent Contractors	Temp/Leased Employees	Seasonal Employees	**Union Employees	Foreign Employees (outside the U.S.)
Full Time							
Part Time							

**Please note outside companies & vendors are not considered independent contractors. If coverage is desired for independent contractors, provide the name(s) of independent contractors currently utilized, as well as a copy of the independent contractor agreement/contract. **If union employees, provide copy of union agreement.*

14. Agreements/Contracts – Please indicate any that apply. If yes, provide a copy of the document:

a) Written employment agreements or contracts with Partners, Directors or Officers?..... YES NO

b) Written employment contracts/agreements with Regular Employees?..... YES NO

i) If yes, how many: _____

c) Utilization of a third-party HR service, or have a relationship with a PEO or co-employer?..... YES NO

i) If yes, please provide the name of company for which services are utilized or the relationship had: _____

15. Please indicate the percentage (%) for each category of employees: **must equal 100%*
 Exempt Employees: _____% Non-Exempt Employees : _____% Commission Employees: _____%

16. Salary ranges (including bonuses & commissions):	No. of F/T	No. of P/T		No. of F/T	No. of P/T
	\$20,000 or less		\$50,001 to \$100,000		
	\$20,001 to \$50,000		\$100,001 and over		

17. How many employees, partners, directors or officers have been terminated in the past year? *If any partners, directors or officers, provide brief explanation of termination.*

Terminated by employer:	Employees:	Partners:	Directors:	Officers:
Resigned voluntarily:	Employees:	Partners:	Directors:	Officers:

18. What has been your annual percentage turnover rate of employees for the past one (1) year? _____

19. Any downsizing, reorganization or reduction in force, in the past 12 months or expected in the next 12 months?..... YES NO
If YES, complete the Downsizing Supplemental Questionnaire.

20. Current EPL insurance:

Year:	Renewal Date:	Carrier:	Limit:	Deductible:	Premium:
_____	_____	_____	_____	_____	_____

a) identify whether: stand-alone bundled with other coverage

21. Has any carrier/insurer ever canceled or non-renewed your EPLI coverage?..... YES NO
 If YES, please explain _____

22. Do you have public work or government contracts?..... YES NO
 If YES, provide a copy of the agreements & description of services _____

23. Do you currently have an Affirmative Action Program? YES NO
 If YES, indicate if it is a result of: government contracts EEOC Compliance - *(If checked, please provide brief explanation)*
 voluntary union agreement Other: _____

SECTION B: COVERAGE A EMPLOYMENT PROCEDURES

24. Do you have a Human Resources or Personnel Department?..... YES NO

25. Do you require all terminations to be reviewed by a central source (HR, Outside Risk Management or Legal Counsel)? YES NO

26. Do you publish, whether in hard copy or electronically, an Employment Handbook?..... YES NO
 a) If yes, provide date Handbook last updated: _____
 b) If no, do you publish, whether in hard copy or electronically, policies and procedures (set forth in question 27 below) in some other manner, please explain: _____

27. Please indicate the policies contained in the Employment Handbook or otherwise published in writing, whether in hard copy or electronically, to each individual employee:

a) Equal Opportunity Statement	YES <input type="checkbox"/> NO <input type="checkbox"/>	b) Open Door/Grievance Policy	YES <input type="checkbox"/> NO <input type="checkbox"/>
c) "At Will" language	YES <input type="checkbox"/> NO <input type="checkbox"/>	d) "Not an employment contract" language	YES <input type="checkbox"/> NO <input type="checkbox"/>
e) Sexual Discrimination/Harassment Policy	YES <input type="checkbox"/> NO <input type="checkbox"/>	f) Family Medical Leave Act Policy	YES <input type="checkbox"/> NO <input type="checkbox"/>

28. Are employee signatures and/or acknowledgments obtained on handbook and/or policies? YES NO

29. Is an Employment Application used? *If yes, please answer the 29 a) and 29 b). If no, please explain using 29 c)* YES NO
 a) Does the application Include an At-Will Statement YES NO
 b) Does the application Include an Equal Opportunity Statement YES NO
 c) If no to either a or b above, please explain _____

30. Do you utilize written Arbitration Agreements? *(If yes, please provide a copy)* YES NO

31. Do you post/publish required Dept. Of Labor FMLA notifications to employees regarding FMLA leave? YES NO

32. Do you require management and supervisory employees to attend annual training, educational programs/seminars or staff meetings that cover employer/employee relations? YES NO
If yes, indicate all that apply:
 Hiring/Firing Basic Supervisory Skills ADA FMLA Harassment Discrimination Other _____

SECTION C: COVERAGE B & COVERAGE C (Third Party) Employment Procedures

33. Please indicate if the following third-party procedures are in place:

a) Do you provide customer/client relations training to employees?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>
i) <i>If YES, is the training conducted as a part of a formalized course?.....</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) Do you have documented guidelines for accepting/rejecting clients or client relationships?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c) Do you have written procedures for handling complaints made by third parties of discrimination and/or harassment?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>
d) Do you record all complaints of discrimination and/or harassment?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>
e) Do you record or monitor telephone calls?.....	YES <input type="checkbox"/> NO <input type="checkbox"/>
f) Do you have a written business use technology ownership policy? (ie: fax, email, internet).....	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION D: FAIR LABOR STANDARDS ACT (WAGE & HOUR) (by endorsement)

34. Does your company retain payroll records for all employees for the past 3 years? YES NO

35. Does your company retain all time sheets, time cards or time records for non-exempt employees for the past 3 years? YES NO

36. Do you offer paid sick leave, if required by state law or local ordinance? YES NO N/A
37. Do you document time off for meal periods of thirty (30) minutes or more, for non-exempt employees, if required by state law or local ordinance? YES NO N/A
38. Does your Company provide wage statements for every employee for each pay period, that are in compliance with your states regulations? YES NO N/A
39. Do you deduct from wages for uniforms, tools, breakages, shortages, if required by state law or local ordinance? YES NO N/A

If YES, provide details: _____

SECTION E: LOSS HISTORY

LOSS HISTORY FOR COVERAGE A:

40. Please indicate below whether or not you have had any dealings or been involved with any of the following agencies and/or under any of the following Acts: If yes, to any question below, please complete the Claim Supplement.
- | | | | |
|---|--|--|--|
| a) Title VII Civil Rights Act of 1964/1991 (EEOC) | YES <input type="checkbox"/> NO <input type="checkbox"/> | b) National Labor Relations Board | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c) Harassment Claims (EEOC) | YES <input type="checkbox"/> NO <input type="checkbox"/> | d) U.S. Department of Labor (including FMLA) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e) Americans with Disabilities Act (EEOC, Department of Justice, Department of Labor or State Agency) | YES <input type="checkbox"/> NO <input type="checkbox"/> | f) IRCA - Immigration Reform & Control Act (Department of Justice) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| g) Age Discrimination in Employment Act | YES <input type="checkbox"/> NO <input type="checkbox"/> | h) Fair Labor Standards Enforcement Act (Federal or State Agency) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| i) Department of Fair Employment & Housing (California only) | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| j) Any state or local government agency such as the Labor Department or State Fair Employment Agency? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| k) Any employment related retaliation or tort claim, lawsuit or hearing? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
41. Have you had any written or oral complaints, claims and/or allegations of discrimination, harassment, retaliation, wrongful termination or any other inappropriate adverse employment action in the last 5 years?..... YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each*
42. Does any Partner, Director, Officer, Management or Supervisory employee, have knowledge of any fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) as of the date this Application is signed, which could reasonably give rise to a claim and/or allegation? YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each.*
- b) *If YES, have you reported such fact(s), circumstance(s), situation(s), transaction(s), event(s), lawsuit(s), potential claim(s) or claim(s) to your current carrier? YES NO*

EMPLOYMENT LOSS HISTORY

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) *Making a complaint to a supervisor or management of discrimination, harassment or unfair employment practices; or*
- ii) *Threatening to hire an attorney or submission of a demand letter; or*
- iii) *Submitting a written request to toll or waive any statute of limitation; or*
- iv) *Requesting or demanding that discrimination, harassment, or unfair treatment cease; or*
- v) *Frequent complaining of discrimination, harassment or unfair treatment to other employees.*

LOSS HISTORY FOR COVERAGES B & C:

43. Have you had any claims and/or allegations of discrimination and/or harassment from a third-party in the last five years? YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each.*
44. Have you ever been cited for an ADA violation? *If YES, how many? _____ Please complete the Claim Supplement for each.* YES NO
45. Have you ever had an ADA complaint? *If YES, how many? _____ Please complete the Claim Supplement for each.* YES NO
46. Does any Partner, Director, Officer or Management or Supervisory employee, have knowledge of any fact(s), circumstance(s), situation(s), transaction(s), event(s), potential claim(s) or claim(s) as of the date this Application is signed, which could reasonably give rise to a third-party claim?..... YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each.*
- b) *If YES, have you reported such fact(s), circumstance(s), complaint(s), lawsuit(s) or claim(s) to your current carrier?..... YES NO*

THIRD PARTY LOSS HISTORY

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a third party (other than an employee, director, officer, manager, owner) has expressed dissatisfaction by:

- i) *Making a verbal or written complaint of discrimination or harassment to management or supervisory employee; or*
- ii) *Threatening to hire an attorney or submission of a demand letter.*

LOSS HISTORY FOR Fair Labor Standards Act (Wage & Hour) (by endorsement):

47. Have you had any claims or potential claims and/or allegations of wage and hour violations in the last 5 years, including but not limited to claims before state labor commissions or Department of Labor Standards Enforcement?..... YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each*
48. Does any Partner, Director, Officer or Management or Supervisory employee, have knowledge of any fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) as of the date this Application is signed, which could reasonably give rise to a wage and hour violation and/or allegation?..... YES NO
- a) *If YES, how many? _____ Please complete the Claim Supplement for each*
- b) *If YES, have you reported such fact(s), circumstance(s), complaint(s), lawsuit(s) or claim(s) to your current carrier?..... YES NO*

Fair Labor Standards Act (Wage & Hour) LOSS HISTORY

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim and/or allegation may be brought against you if a current or former employee has expressed dissatisfaction with the employment relationship by:

- i) Making a complaint to management of misclassification, failure to reimburse expenses, failure to provide accurate wage statement(s), failure to pay reporting time, failure to provide meal or rest breaks, retaliation for complaining of such alleged violations.

It is agreed that if any Partner, Director, Officer, Management or Supervisory employee has knowledge, or if it is reasonable that the person have knowledge, of any such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s), requested in Section E: Loss History, any lawsuit or Claim subsequently made arising from such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) is not covered under the insurance being applied for by this Application.

_____ Initial

The Insured should review and reference the Policy wording for the complete terms, conditions and exclusions of the Policy.

Neither the Policy nor the Fair Labor Standards Act of 1938 and Wage Claim Defense Sublimit Endorsement applies to any wage Claim made:

- by multiple employees in the same charge, demand or lawsuit; or
- by one employee on behalf of others similarly situated; or
- as a representative action; or
- as a class action, whether certified or uncertified.

_____ Initial

Multi-plaintiff or class action lawsuits alleging third party harassment or discrimination, whether certified or not, are excluded unless such coverage is quoted & bound.

_____ Initial

APPLICANT’S WARRANTY:

As a condition of purchase, it is hereby understood and agreed that the Applicant will implement or has implemented the program subjectivities. It is understood and agreed that should the Applicant not fulfill the subjectivity(ies) as defined within 30 days from the effective date or any reasonable extension agreed to in writing by Underwriters, that coverage may be jeopardized for any Claim which arises out of the failure to fulfill such subjectivity(ies). It is also understood that failure to complete the subjectivities as defined within the time period may subject the Policy and its coverage terms to voidance (meaning coverage never existed). The Applicant agrees to work with the designated risk management company assigned to this insurance program.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known. Signing of this Application does not bind the Insurer to an offer nor the Applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous Applications, along with any attachments and supplied information thereto, shall be a material and integral part of the Policy and a part of any Policy that may be issued by the Insurer. The statements made herein shall be construed as representations and warranties of the Applicant.

The Applicant further warrants that if the information supplied on this Application changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. _____

Initial

Applicant further understands and agrees that no person or entity other the Insurer or Applicant has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Insurer from asserting any right under the terms of the Policy.

This Application is for a "CLAIMS MADE & REPORTED" BASIS POLICY which limits liability to Claims first made against an Insured during the Policy Period and reported to the Insurer within the required time period. Coverage, if completed, may not apply to any known discrimination, harassment, retaliation, wrongful termination or any other inappropriate adverse employment action that occurred before the inception of the Policy Period. The Applicant agrees that in the event of covered Claims, the Applicant will be required to be defended by the Insurer's appointed attorneys and that the deductible under the Policy shall apply to Claims including but not limited to investigations costs and defense fees. If however, the Applicant elects to handle a Claim without in any way involving the Insurer, then no coverage for such a Claim is afforded to the Applicant under the Policy.

By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the ESI-EPL Employment Practice Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

Applicant's authorized signature of a Principal, Partner or Officer

_____ Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer



ESI-EPL
CLAIM/POTENTIAL CLAIM SUPPLEMENT
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Name of Company AS STATED IN SECTION A OF THE APPLICATION (include dba if applicable): _____

1. Full name and title of individual(s) involved in the claim / potential claim: _____

2. Full name and title of claimant: _____

a. Is/Was the claimant a: Partner, Director, Officer Regular Employee Independent Contractor
 Seasonal Employee Union Employee Foreign Employee

b. Was the claimant an employee of the applicant?..... YES NO

c. Was there an employment relationship?..... YES NO

d. Is the employee still employed by applicant? YES NO

e. Are other witnesses / involved parties still employed?..... YES NO

3. Indicate the current status: Lawsuit Administrative Proceeding Demand Potential Claim

a. Is this claim currently: Open Closed If Open, please provide details: _____

b. Description of the alleged act upon which the claimant bases the claim/potential claim. Include events leading to the claim/potential claim. Use additional space on back if the space below is insufficient: _____

c. List all the allegations identified: _____

4. Date of act giving rise to the claim / potential claim:

a. Date claim / potential claim made against the applicant: _____

b. Date claim/potential claim was reported to carrier/insurer: _____

c. Name of the carrier/insurer the claim / potential claim was reported to: _____

d. Was there an attorney involved?..... YES NO

e. Was the attorney appointed by the carrier/insurer?..... YES NO

5. If the claim / potential claim is still **open**, answer the following:

a. Claimant's settlement demand: _____

b. Current defense costs paid to date: _____

c. Carrier/Insurer's defense and/or loss reserves: _____

d. Applicant's offer for settlement/estimate of settlement amount: _____

e. Carrier/Insurer's offer for settlement/estimate of settlement amount: _____

6. If the claim / potential claim is **closed**, please answer the following:

a. What was the total amount of the settlement or judgement: _____

b. Total amount of the Deductible Applied (if applicable): _____

c. Total paid by applicant in excess of deductible (if applicable): _____

d. Out of court settlement?..... YES NO Date of Settlement: _____

e. Court Judgment?..... YES NO Date of Judgement: _____

f. Do you have a signed settlement/separation agreement?..... YES NO

g. If closed, explain what action(s) have been taken to prevent a recurrence or to mitigate damages of a similar claim / potential claim: _____

7. Was an investigation conducted?..... YES NO

If yes, please provide who conducted the investigation: _____

8. Name(s) of Supervisor(s)/owner(s) and the alleged violator involved in the claim/ potential claim: _____

The undersigned warrants and represents that the statements set forth are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known and agree that this supplement shall become the basis of any coverage and a part of any Policy that may be issued by the Insurer.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

 Applicant's authorized signature of a Principal, Partner or Officer

 Date

 Printed Name of Applicant's authorized signature of a Principal, Partner or Officer



ESI-EPL

Additional Insured(s) Supplemental Questionnaire

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Name of Company AS STATED IN SECTION A OF THE APPLICATION (include dba if applicable): _____

You must complete the second page of this supplement indicating each Additional Insured which coverage is sought.

- 1. Do all employees listed under the Additional Insured(s) follow the Company's answer to Section B Employment Procedures? YES NO
If no, please answer the following; if yes, skip to question 2.
 - a) Does each Additional Insured have its own separate employment handbook and/or policies/procedures? YES NO
 - b) Does each Additional Insured have its own application? YES NO*If YES, Please Attach a Copy of Each.*
- 2. Has the Additional Insured(s) had any written or oral complaints, potential claim(s), claim(s) and/or allegations of discrimination, harassment, retaliation, wrongful termination or any other inappropriate adverse employment action in the last 5 years? YES NO
If YES, how many? _____ Please complete the Claim Supplement for each
- 3. Does any Partner, Director, Officer, Management or Supervisory employee of the Additional Insured have knowledge of any fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) which could reasonably give rise to a Claim and/or allegations? YES NO
 - a) **If YES, how many? _____ Please complete the Claim Supplement for each.**
 - b) **If YES, have you reported such fact(s), circumstance(s), complaint(s), lawsuit(s) or claim(s) to your current carrier? YES NO**
- 4. If any other information from the Additional Insured(s) differs from the Company, please state the difference here: _____

If the Additional Insured(s) was the result of a Merger or Acquisition in the past 12 months, then the Merger & Acquisition Supplemental Questionnaire will need to be completed as well.

It is agreed that if any Partner, Director, Officer, Management or Supervisory employee has knowledge, or if it is reasonable that the person have knowledge, of any such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s), requested in Section E: Loss History of the application, any lawsuit or Claim subsequently made arising from such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) is not covered under the insurance being applied for by this Application.

Please be aware that newly formed or acquired organization(s) are not covered for any claim that results from any event that happened or first commenced before the Insured acquired or formed it; nor for any claim covered under any other insurance. Also, once the information requested on this Supplement has been received and reviewed by Underwriters, terms may change and/or additional subjectivities may be required to secure coverage for that newly formed or acquired organizations.

Applicant understands that all of the above information and any attachments becomes part of and subject to all the terms and conditions of the ESI-EPL Policy.

The Applicant agrees to complete the program subjectivities for any and all Additional Insured's and notify Underwriters within 30 days after the effective date of any additions. If any Additional Insured(s) are requested to be covered by this Policy, this Supplemental Questionnaire must be completed for confirmation of the implementation of the required subjectivities. It is understood and agreed that should the Applicant or any Additional Insured(s) not fulfill the subjectivity(ies) as defined within 30 days after the effective date, or any reasonable extension agreed to in writing by Underwriters, that coverage may be jeopardized for any Claim which arises out of the failure to fulfill such subjectivity(ies). Further, it is also understood that failure to complete the subjectivities may subject the Policy and its coverage terms to retroactive cancellation. The Applicant agrees to work with the designated risk management company assigned to this insurance product.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer



ESI-EPL Additional Insured(s) Supplemental Questionnaire

Page 2: Schedule of Entity(s) & DBA name(s) *(Use multiple copies as necessary)*

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Provide a schedule of locations and if more than one location per additional entity, include the number of employees at each location.

Name of Company AS STATED IN SECTION A OF THE APPLICATION (include dba if applicable): _____

Name of Additional Entity and/or DBA: _____ Nature of Business (if different than Section A, Question 8): _____

Street Address: _____ City/State/Zip: _____

County: _____ Phone: _____ Fax: _____ Website: _____

Provide name of partners/joint venture/stockholders/name of individual with majority ownership along with ownership percentage:

Name: _____ % Name: _____ %

Name: _____ % Name: _____ %

Employee count for additional entity: _____

	Partners, Directors & Officers	Regular Employees	*Independent Contractors	Temp/Leased Employees	Seasonal Employees	**Union Employees	Foreign Employees (outside the U.S.)
Full Time							
Part Time							

Name of Additional Entity and/or DBA: _____ Nature of Business (if different than Section A, Question 8): _____

Street Address: _____ City/State/Zip: _____

County: _____ Phone: _____ Fax: _____ Website: _____

Provide name of partners/joint venture/stockholders/name of individual with majority ownership along with ownership percentage:

Name: _____ % Name: _____ %

Name: _____ % Name: _____ %

Employee count for additional entity: _____

	Partners, Directors & Officers	Regular Employees	*Independent Contractors	Temp/Leased Employees	Seasonal Employees	**Union Employees	Foreign Employees (outside the U.S.)
Full Time							
Part Time							

Total Number of Employees for all additional entities listed above: _____

(employee count to equal total noted on page one of the Application)

(Use multiple copies as necessary)

This supplemental information is not intended to be a representation of coverage or a guarantee of a quote or indication. See policy wording for coverage details.



ESI-EPL

Schedule of Locations

For the Company AS STATED IN SECTION A OF THE APPLICATION

(Provide employee count for each location)

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Schedule of Locations	Full Time Employees	Part Time Employees	Seasonal Employees	Leased/Temp Employees	Contract Employees	Independent Contractors	Union Employees	Foreign Employees (Outside the US)
1. Address								
2. Address								
3. Address								
4. Address								
5. Address								
6. Address								
7. Address								
8. Address								
9. Address								
10. Address								
Total Number of Employees: <i>(employee count to equal total noted on Section A, Question #12)</i>								

(Use multiple copies as necessary)



ESI-EPL
Mergers & Acquisitions
Supplemental Questionnaire
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Complete if any merger or acquisition occurred in the past 12 months or is expected in the next 12 months

Name of Company AS STATED IN SECTION A OF THE APPLICATION (include dba if applicable): _____

1. Has the Company as stated in Section A of the Application:
 - a) been acquired by another company within the past 12 months or expected in the next 12 months YES NO
 - b) **acquired another company within the past 12 months** or expected in the next 12 months YES NO
 - c) merged with another company within the past 12 months or expected in the next 12 months YES NO
 - d) Did the applicant company purchase assets only? YES NO

2. Date the Merger or Acquisition occurred or will occur on _____

3. Name of company(s) involved in the merger/acquisition: _____

4. Is/was the merger or acquisition unfriendly or hostile? YES NO

5. How many employees acquired or will be acquired in the merger or acquisition? _____

	Partners, Directors & Officers	Regular Employees	*Independent Contractors	Temp/Leased Employees	Seasonal Employees	**Union Employees	Foreign Employees (outside the U.S.)
Full Time							
Part Time							

6. Does Section A, Q#12 on the first page of the Application include the acquired employees? YES NO

7. Number of Partners, Directors or Officers that were or will be terminated/laid off? _____

- a) How many severance packages: Offered? _____
- b) How many severance packages: Accepted? _____
- c) Were/will severance agreements/releases obtained? YES NO
 If YES, how many? _____

8. Number of employees that were or will be terminated/laid off? _____

- a) How many severance packages: Offered? _____
- b) How many severance packages: Accepted? _____
- c) Were/will severance agreements/releases obtained? YES NO
 If YES, how many? _____

9. Number of employees retained _____

10. Legal counsel is/was retained for the implementation of the downsizing or RIF? YES NO

a) Type of law firm (employment law, corporate, etc)? _____

11. Does any Partner, Director, Officer, Management or Supervisory employee at the have knowledge of any Claim(s), fact(s), circumstance(s), situation(s), transaction(s), potential claim(s) or event(s), which could reasonably give rise to a Claim? YES NO

- a) **If YES, how many? _____ Please complete the Claim Supplement for each. Refer to Section E: Loss History of the Application for examples.**
- b) **If YES, have you reported such fact(s), circumstance(s), complaint(s), lawsuit(s) or claim(s) to your current carrier? YES NO**

Complete the below questions regarding the other company involved in the merger or acquisition: Provide additional details for any response marked "Yes"

12. Any pending EEOC charges, complaints or claims (If yes, provide claim supplement for each) YES NO

13. Any reports of OSHA violations (fines / penalties)? YES NO

14. Any government contract violations ("whistleblowing")? YES NO

15. Are there any American's with Disabilities Act (ADA) or similar state law disability accommodations for any employees (schedules or requirements)? YES NO

16. Are any employees on Family Medical Leave? YES NO

17. Describe how employees were or will be transitioned to the applicant company (terminations / rehires): _____

a) Advise if transitioned employees follow the current applicant company's handbook, policies/procedures? YES NO

If YES, provide date implemented: _____ if no, provide explanation: _____

18. Have the other company had any written or oral complaints, claims and/or allegations of discrimination, harassment, retaliation, wrongful termination or any other inappropriate adverse employment action in the last 5 years? YES NO

a) **If YES, how many? _____ Please complete the Claim Supplement for each. Refer to Section E: Loss History of the Application for examples.**

It is agreed that if any Partner, Director, Officer, Management or Supervisory employee has knowledge, or if it is reasonable that the person have knowledge, of any such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s), requested in Section E: Loss History of the application, any lawsuit or Claim subsequently made arising from such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) is not covered under the insurance being applied for by this Application.

Applicant understands that all of the above information and any attachments becomes part of and subject to all the terms and conditions of the ESI-EPL Policy.

Please be aware that any acquired or formed organization is not covered for any claim that results from any event that happened or first commenced before the Applicant acquired or formed it; nor for any claim covered under any other insurance.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer



ESI-EPL

Downsizing Supplemental Questionnaire

This is an Application for a claims-made and reported policy.

Professional Liability Insurance Services®, Inc.

P: 1.800.761.7547; 512.328.0677

F: 512.327.5834

W: www.plisinc.com

E: underwriting@plisinc.com



Complete if any downsizing or reduction in force occurred in the past 12 months or is expected in the next 12 months

Name of Company AS STATED IN SECTION A OF THE APPLICATION (include dba if applicable): _____

1. Date of downsizing or reduction in force (RIF): _____
2. Provide details regarding the downsizing or RIF: _____
3. Select which applies to the downsizing or RIF: Acquisition Consolidation Merger Dissolution Reformation
 Other (please describe): _____
4. Number of employees affected and at which location? _____
5. Number of Partners, Directors or Officers that were or will be terminated/laid off? _____
 - a) How many severance packages: Offered? _____
 - b) How many severance packages Accepted? _____
 - c) Were/will severance agreements/releases obtained? YES NO
If YES, how many? _____
6. Number of employees that were or will be terminated/laid off? _____
 - a) How many severance packages: Offered? _____
 - b) How many severance packages Accepted? _____
 - c) Were/will severance agreements/releases obtained? YES NO
If YES, how many? _____
7. Number of employees retained _____
8. Legal counsel is/was retained for the implementation of the downsizing or RIF? YES NO
 - a) Type of law firm (employment law, corporate, etc)? _____

If completed for a mid-term change, complete the following:

9. Have any of the affected employees reported any written or oral complaints, claims and/or allegations of discrimination, harassment, retaliation, wrongful termination or any other inappropriate adverse employment action in the last 5 years? YES NO
10. Does any Partner, Director, Officer, Management or Supervisory employee at the have knowledge of any Claim(s), fact(s), circumstance(s), situation(s), transaction(s), potential claim(s) or event(s), which could reasonably give rise to a Claim? YES NO
 - a) If YES, how many? _____ Please complete the Claim Supplement for each. Refer to Section E: Loss History of the Application for examples.
 - b) If YES, have you reported such fact(s), circumstance(s), complaint(s), lawsuit(s) or claim(s) to your current carrier? YES NO

It is agreed that if any Partner, Director, Officer, Management or Supervisory employee has knowledge, or if it is reasonable that the person have knowledge, of any such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s), requested in Section E: Loss History of the application, any lawsuit or Claim subsequently made arising from such complaints, claim(s), fact(s), circumstance(s), situation(s), transaction(s), event(s) or potential claim(s) is not covered under the insurance being applied for by this Application.

Applicant understands that all of the above information and any attachments becomes part of and subject to all the terms and conditions of the ESI-EPL Policy.

In addition to all other terms and conditions:

Applicable in Kentucky. 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.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer