



**THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY**

**INSTRUCTIONS:**

1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
2. Applications must be dated and have two signatures.
3. "Applicant" refers to the Temporary Staffing Firm and all proposed Insureds.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

**I. General Information**

A. Name and address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Person to contact: \_\_\_\_\_  
(name, title, telephone)

C. List of other locations (indicate states/countries): \_\_\_\_\_

D. Does the Applicant seek coverage for claims made by Temporary Workers for Wrongful Employment Practices or Staffing Services Discrimination (Insuring Agreement B) (as those terms are defined in the Policy)?  Yes  No

**APPLICANTS ANSWERING YES MUST COMPLETE SECTION VI OF THIS APPLICATION**

E. Does the Applicant seek coverage for Wrongful Employment Practices Claims made by Temporary Workers against any of its clients (Insuring Agreement C)?  Yes  No

**APPLICANTS ANSWERING YES MUST COMPLETE INSURING AGREEMENT C SUPPLEMENT**

F. In the past twelve (12) months, has your total number of In-House employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?  Yes  No  
(If Yes, please complete the Reduction In Force supplement (H))

G. In the next twelve (12) months, do you anticipate the total number of your In-House employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate?  Yes  No  
(If Yes, please complete the Reduction In Force supplement (I))

H. If, during the next 12 months, circumstances of which you are currently unaware, make it necessary for you to implement a Reduction in Force, that affects ten percent (10%) of your workforce or five (5) Employees, whichever is greater. Do you agree that you will consult with, and adopt the advice of the HR Experts at EPLI PRO (TEL: 800-387-4468 or EMAIL: [HRdirectors@ePlaceInc.com](mailto:HRdirectors@ePlaceInc.com))? This is part of the free loss control services included with the purchase of this insurance policy. You may also utilize in-house counsel for this Reduction in Force procedure, but only if that counsel is qualified and experienced in the practice of labor and employment.  Yes  No

I. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of In-House employees?  Yes  No  
(If Yes, please provide full details on a separate sheet)

J. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage?  Yes  No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____

K. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage?  Yes  No  
(If Yes, please provide details on a separate sheet)

**II. Financial Information**

A. Please answer the following questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

- i) What is the Applicant's Gross Revenue? \$ \_\_\_\_\_
- ii) What are the Applicant's Total Assets? \$ \_\_\_\_\_
- iii) What are the Applicant's Total Liabilities? \$ \_\_\_\_\_
- iv) What are the Applicant's Current Assets? \$ \_\_\_\_\_
- v) What are the Applicant's Current Liabilities? \$ \_\_\_\_\_
- vi) Does the Applicant currently have: Net Income  or Net Loss   
Amount \$ \_\_\_\_\_

B. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant?  Yes  No  
(If Yes, please provide details on a separate sheet)

**III. Loss History**

A. Furnish details of all Wrongful Employment Practice Claims (as those terms are defined in the Policy) against the Applicant within the last 5 years. None  See attached

(Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)

Total number of Claims in the last 5 years \_\_\_\_\_

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.**

- B. **(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)**  
Does any director, officer, partner, shareholder, principal, or employee  Yes  No  
with personnel responsibility have knowledge of any circumstances that  
could give rise to a Claim or in any other way suspect that a Claim may be brought?
- C. Have any losses, lawsuits, administrative proceedings, hearings or demands been made  
against the Applicant or any entity or person proposed for this insurance during the past  
five (5) years alleging violation of any **Wage and Hour Law**?  Yes  No
- D. Have any losses, lawsuits, administrative proceedings, governmental investigations,  
hearings or demands been made against the Applicant or any entity or person proposed  
for this insurance during the past five (5) years alleging violations of the Immigration  
Reform Control Act of 1986 or any other similar federal, state or local laws or  
regulations?  Yes  No

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET**  
**(Please refer to Circumstance Section at the end of the Application for guidance)**

**IV. Employees**

- A. Number of In-House employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
- B. Salary ranges (including bonuses, dividends and commissions)
- |                          | Number of full time employees | Number of part time employees |
|--------------------------|-------------------------------|-------------------------------|
| Less than \$25,000       | _____                         | _____                         |
| \$ 25,001 to \$75,000 :  | _____                         | _____                         |
| \$ 75,001 to \$150,000 : | _____                         | _____                         |
| \$150,001 and over :     | _____                         | _____                         |
- C. Does the Applicant use seasonal or temporary In-House employees?  Yes  No  
If so, when and how many? \_\_\_\_\_  
Are these employees included in A and B above?  Yes  No
- D. Does the Applicant use In-House leased workers?  Yes  No  
If yes, how many have been retained by the Applicant in the past 12 months? \_\_\_\_\_  
Are these employees included in A and B above?  Yes  No
- E. Does the Applicant use independent contractors?  Yes  No  
If Yes, how many? \_\_\_\_\_  
Do you want coverage for these Independent Contractors?  Yes  No
- F. In the past 12 months, how many officers have left your employ? \_\_\_\_\_  
Of the above, how many were terminated? \_\_\_\_\_
- F. In the past 12 months, how many other In-House employees have left your employ? \_\_\_\_\_  
Of the above, how many were terminated? \_\_\_\_\_

**V. Human Resources – (In-House)**

- A. Have the Applicant’s managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months?  Yes  No
- B. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel?  Yes  No
- C. (i) Does the Applicant have an employee handbook?  Yes  No  
(ii) If no, would the insured be willing to implement one provided with this Insurance product?  Yes  No
- D. Does the Applicant maintain a personnel file for each In-House employee?  Yes  No

**VI. Coverage for Claims by Temporary Workers for Wrongful Employment Practices and/or Staffing Services Discrimination**

**ONLY APPLICANTS ANSWERING “YES” TO SECTIONS I.D. AND I.E. MUST COMPLETE THIS SECTION**

- A. Total Number of billable hours completed by Temporary Workers during the past twelve (12) months: \_\_\_\_\_
- B. Number of placed Temporary Workers in the following job classifications:
  - Medical \_\_\_\_\_
  - Professional \_\_\_\_\_
  - Legal \_\_\_\_\_
  - Clerical \_\_\_\_\_
  - Manual \_\_\_\_\_
- C. Does the Applicant maintain a separate file for each Temporary Worker? (if Yes, how often are these filed updated)?  Yes  No updated \_\_\_\_\_
- D. Furnish details of all Wrongful Employment Practice Claims or Claims of Staffing Services Discrimination by a Temporary Worker (as those terms are defined in the Policy) against the Applicant in the last 5 years.  
(Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)  
  
Total number of Claims as described in VI.F., above, in the last 5 years \_\_\_\_\_

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.**

- G. **(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)** Does any director, officer, partner, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in Section VI.F., above, or in any other way suspect that such a Claim may be brought?  Yes  No

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET. (Please refer to Circumstance Section at the end of the Application for guidance).**

**VIII. Privacy Violation Coverage**

**Please note that this supplement and warranty is in respect of the above new coverage extension only. Answering these questions is not a guarantee of coverage.**

1. Do you restrict employee access to employees' personal information such as social security numbers, account information and health care information?  Yes  No

2. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personal information, or which might otherwise result in a claim against you with regard to the insurance sought? If yes, please give details.  Yes  No

Details:

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**Please also ensure that any additional information is attached where applicable.**

**The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.**

**The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify Underwriters of such change. Signing of this application does not bind Underwriters 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 and made a part of the Policy should a policy be issued.**

_____	_____	_____
Date	Signature of Applicant's Authorized Principal or Officer	Title
_____	_____	_____
Date	Signature of Applicant's Authorized Human Resources Representative	Title

**(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)**

**Circumstance Referral Section**

*For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a current or former employee, including officers, or an applicant for employment, has expressed dissatisfaction with the employment relationship or the employment application process by:*

- i) making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;*
- ii) otherwise complaining of discrimination, harassment, or unfair treatment;*
- iii) threatening to hire an attorney; or*
- iv) asking for a severance package in excess of what was offered.*

**The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section III will be excluded from coverage.**

**Insuring Agreement C Supplement (Client Coverage)**

**ONLY APPLICANTS ANSWERING “YES” TO SECTION I.E. MUST COMPLETE THIS SECTION**

- A. Please attach a sample copy of the typical Client Contract that you utilize?
- B. Furnish details of all Wrongful Employment Practice Claims by a Temporary Worker (*as those terms are defined in the Policy*) against a client listed on the attached schedule within the last 5 year years. *(Please include all demands and lawsuits, as well as all charges, Inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental Agency with responsibility for employment practices.)*

Total number of Claims as described in VII.D, above, in the last 5 years \_\_\_\_\_

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.**

- C. **(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)**  
Does any director, officer, partner, shareholder, principal, or employee  Yes  No with personnel responsibility have knowledge of any circumstances that could give rise to a Claim as described in Section VII.D., above, or in any other way suspect that such a Claim may be brought?

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.**

**(Please refer to Circumstance Section at the end of the Application for guidance)**

Date	Signature of Applicant's Authorized Principal or Officer	Title
Date	Signature of Applicant's Authorized Human Resources Representative	Title

**(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)**

**SUPPLEMENTAL CLAIM INFORMATION**

Claimant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Claim status:                    Incident                                  Claim                                  Suit

Venue:  
(Court or  
Agency)                                  \_\_\_\_\_

Date of act(s) causing claim / incident:                                  \_\_\_\_\_

Date claim / incident reported to the  
applicant:                                  \_\_\_\_\_

Nature of Claim and allegations:

  
  

Name of defense attorney and law firm: \_\_\_\_\_

Name of plaintiff attorney and law firm: \_\_\_\_\_

If Closed, total paid (defense and loss): \_\_\_\_\_

If Open:

1. Claimant's demand: \_\_\_\_\_
2. Insurer's defense and/or loss reserves: \_\_\_\_\_
3. Defense costs incurred to date: \_\_\_\_\_
4. Applicant's settlement offer: \_\_\_\_\_
5. Applicant's estimate of settlement: \_\_\_\_\_

Remedial action taken to prevent a similar claim:

**Reduction In Force Supplement (H)**

- A. How many employees were laid off? \_\_\_\_\_
- B. What date(s) did the lay-off's take place? \_\_\_\_\_
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?  Yes  No
- D. Were severance packages offered to all laid-off employees?  Yes  No
- E. Were signed releases gained from all laid-off employees?  Yes  No
- F. Were exit interviews completed with all laid-off employees?  Yes  No
- G. Did any of the laid off employees express that they were considering bringing any sort of complaint or claim?  Yes  No
- H. Please provide available details on the above.



**Reduction In Force Supplement (I)**

A. How many employees will be laid off? \_\_\_\_\_

B. What date(s) will the lay-off be effective? \_\_\_\_\_

C. Do you agree to consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?  Yes  No

D. Will severance packages be offered to all laid-off employees?  Yes  No

E. Will signed releases be gained from all laid-off employees?  Yes  No

F. Will exit interviews be completed with all laid-off employees?  Yes  No

G. Please provide available details on the above.