



## ANV Global Services

# Employment Practices Liability Insurance Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any for any reason. If additional space is needed, attach details on a separate sheet of paper. All applicants must sign the application where indicated.

**NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. IF ISSUED, THE POLICY ONLY APPLIES TO AN "EMPLOYMENT PRACTICES CLAIM" FIRST MADE DURING THE "POLICY PERIOD" (OR THE DISCOVERY PERIOD) AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE BUT IN ANY EVENT NO LATER THAN THIRTY (30) DAYS AFTER THE TERMINATION OF THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "COSTS OF DEFENSE." "COSTS OF DEFENSE" WILL BE APPLIED AGAINST THE RETENTION. IF A POLICY IS ISSUED, THE COVERAGE AFFORDED DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING IT.**

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

### GENERAL INFORMATION

1. a) Date and state of incorporation: \_\_\_\_\_
- b) Nature of operations: \_\_\_\_\_  
\_\_\_\_\_
- c) Name, title and phone # of the officer of the **Applicant** designated as the Risk Manager or equivalent contact: \_\_\_\_\_



**CURRENT INSURANCE**

2. D&O (Directors & Officers Liability) -  
Carrier(s) \_\_\_\_\_  
Limit \_\_\_\_\_  
Premium \_\_\_\_\_  
Expiration \_\_\_\_\_

Comprehensive General Liability:  
Carrier(s) \_\_\_\_\_  
Limit \_\_\_\_\_  
Premium \_\_\_\_\_  
Expiration \_\_\_\_\_

EPL (Employment Practices Liability) -  
Carrier(s) \_\_\_\_\_  
Limit \_\_\_\_\_  
Premium \_\_\_\_\_  
Expiration \_\_\_\_\_

Workman’s Compensation Liability:  
Carrier(s) \_\_\_\_\_  
Limit \_\_\_\_\_  
Premium \_\_\_\_\_  
Expiration \_\_\_\_\_

(Attach additional page as an attachment if space provided is insufficient.)

3. Have any of the **Applicant’s** D&O, EPL, CGL or Workman’s Comp carriers indicated an intent not to offer renewal terms? **(NOT APPLICABLE IN MISSOURI)**  Yes  No  
(If “Yes,” please provide details as an attachment to this Application.)

**FINANCIAL INFORMATION**

4. Please provide the following financial information for the **Applicant** and its subsidiaries. Information must be based on the most recent audited financials or interim financials if audited financials are not available.

a. Please provide the following Financial Information for the **Applicant** and its subsidiaries

Based on Financial Statements Dated:	(Year/Month)
Total Assets	\$
Total Liabilities	\$
Total Revenues/Contributions	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$
Cashflow from operations	\$

b. Has the **Applicant** or any of its subsidiaries changed auditors in the  Yes  No  N/A past year (If “Yes,” please provide complete details.)

5. Has the **Applicant** in the past twenty-four (24) months had, or in the next twenty-four (24) months anticipate any merger, acquisition, consolidation, reductions in force, early retirements, or any plant, facility, branch or office closing, consolidations, restructuring, terminations or layoffs?  Yes  No

(If “Yes,” please provide details by attachment to this Application.)



6. Please list all direct and indirect Subsidiaries. If included as an attachment herein, check here:   
 If not applicable, please check here:

Name	Business or Type of Operation	Percentage of Ownership	Date Acquired or Created	Domestic or Foreign and Country of Incorporation

A. Are you requesting coverage to be extended to all Subsidiaries? Yes  No

If "Yes" include complete list of Directors and Officers of each Subsidiary.

If "No" included complete list of Directors and Officers of each Subsidiary for which coverage is requested. If included as an attachment here, check here

B. Has the Applicant or any of its Subsidiaries had any mergers, acquisitions or consolidations in the past 18 months?  Yes  No

C. Are there any plans for a future merger, acquisition or consolidation of or by the Applicant or any of its Subsidiaries in the next 18 months?  Yes  No

D. Does the Applicant or any of its Subsidiaries anticipate any bankruptcy filings within the next 18 months?  Yes  No

**HUMAN RESOURCES INFORMATION**

7. Enter the TOTAL number of employees (by type) in the boxes below.

*Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)* **Number Employees in ALL STATES/JURISDICTIONS:**

Total Number of Employees: \_\_\_\_\_ (broken down as follows)

	Domestic		Foreign
	Union	Non-Union	
Full Time			
Part Time			
Total Number of Independent Contractors			



Enter the number of employees (by type) in the specified jurisdictions ONLY in the boxes below.  
*Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees (Non-Union if Domestic)* **Number of Employees located in CALIFORNIA ONLY:**

	Domestic	
	Union	Non-Union
Full Time		
Part Time		
Total Number of Independent Contractors		

**Number of Employees located in DISTRICT OF COLUMBIA, FLORIDA, MICHIGAN & TEXAS ONLY (collectively):**

	Domestic	
	Union	Non-Union
Full Time		
Part Time		
Total Number of Independent Contractors		

8. a) Percentage of employees with salaries (including bonuses):

- Less than \$25,000 \_\_\_\_\_ %
- \$25,000 - \$50,000 \_\_\_\_\_ %
- \$50,000 - \$100,000 \_\_\_\_\_ %
- Greater than \$100,000 \_\_\_\_\_ %

b) How many employees or officers have been involuntarily terminated in the past two (2) years?(Year 1) \_\_\_\_\_ (Year 2) \_\_\_\_\_

c) What percentage (%) of your employees has turned over in the past two (2) years? (Year 1) \_\_\_\_\_ (Year 2) \_\_\_\_\_

9. Does the **Applicant** --

- have a full-time Human Resources manager?  Yes  No
- have a written policy prohibiting discrimination?  Yes  No
- have a written policy prohibiting sexual harassment?  Yes  No
- have a written policy for handling complaints of sexual harassment?  Yes  No
- have a written policy for handling actual or alleged employment practices complaints?  Yes  No
- require all employees to complete an application for employment?  Yes  No
- have a written policy for family and medical leave?  Yes  No
- have an employee handbook?  Yes  No
- have posted employment policies and procedures?  Yes  No
- use outside legal counsel for employment practices advice, including terminations?  Yes  No
- have a formal "At-Will" statement in the employee handbook and employment application?  Yes  No
- require independent contractors performing services under the exclusive direction of the **Applicant** be subject to the **Applicant's** human resources policies?  Yes  No



10. Does the **Applicant** have policies or procedures outlining employee conduct when dealing with the general public or persons outside of the **Applicant's** direction or control?  Yes  No  
(If "Yes," please provide a copy.)
11. Does the **Applicant** have policies or procedures for dealing with complaints from the general public, customers, clients, patrons, visitors, or other third parties for issues involving harassment or discrimination?  Yes  No  
(If "Yes," please provide a copy.)
12. How often does the **Applicant** hold training seminars to teach managers and employees about illegal employment practices in the workplace? Yearly  Semi-Annually  Quarterly  Monthly
13. Are all employees provided with a copy of an employee handbook and required to acknowledge receipt of same in the form of a record maintained by the **Applicant**?  Yes  No
14. Is there a formal protocol for reporting employment practice violations conspicuously posted in the **Applicant's** workplace?  Yes  No
15. Please state the name of the **Applicant's** current employment practices consultant or law firm:
16. Please state the name of the **Applicant's** General Counsel or person most likely to address any employment practice complaint likely to exceed the Retention for this proposed insurance:
17. Are employees required to first resolve all employment practices complaints pursuant to arbitration?  Yes  No (If "Yes", please provide details)
18. Does the **Applicant** have a formal, written procedure that must be followed before an employee may be terminated?  Yes  No  
(If "Yes," please provide details or a copy of the procedures to be followed.)
19. Does the **Applicant** have a hiring system (i.e. 2 or more decision makers in hiring) in place that ensures diversity in the workplace?  Yes  No  
(If "Yes," please provide details)
20. How often does the **Applicant** evaluate its percentage of minority hires, generally, to the overall employee makeup of the Corporation and in the ranks of management to ensure compliance with all local, state and federal discrimination laws?  
Yearly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_
21. Does the **Applicant** engage in the EEOC's voluntary dispute resolution program to promptly resolve employment practices claims?  Yes  No
22. Does the **Applicant** have policies or procedures for dealing with complaints from the general public, customers, clients, patrons, visitors, or other third parties for issues involving harassment or discrimination?  Yes  No (If "Yes," please provide a copy.)



**PAST ACTIVITIES AND CLAIMS (RENEWAL CUSTOMERS MAY SKIP THIS QUESTION)**

23. Parts a) and b) below are representations.

a) No claim that may fall within the scope of the proposed insurance has been made against any person(s) or entity(ies) proposed for this insurance (including without limitation any claim against any such person(s) or entity(ies) for any employment practices claim, as described in the proposed insurance policy, or any notice of charge or complaint against any such person(s) or entity(ies) before the U.S. Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include loss payment and costs of defense): (If none, check here:  "None".)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) No person(s) or entity(ies) proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any actual, suspected or threatened audit, demand, grievance or claim against any such person(s) or entity(ies) for any employment practices claim, as described in the proposed insurance policy, or any actual, suspected or threatened notice of charge or complaint against any such person(s) or entity(ies) before the U.S. Equal Employment Opportunity Commission or any similar state or local authority) which might be the basis for any claim that may fall within the scope of the proposed insurance, except as follows: (If none, check here:  "None".)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED AS TO QUESTIONS 22 a) AND 22 b) ABOVE THAT IF ANY SUCH THREAT, CLAIM OR DEMAND EXISTS, OR ANY SUCH FACTS OR CIRCUMSTANCE EXISTS WHICH COULD GIVE RISE TO A CLAIM, THEN THE FOREGOING AND ANY CLAIM(S) ARISING FROM SUCH THREAT, CLAIM, DEMAND, FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THIS PROPOSED INSURANCE.**

**MATERIALS REQUESTED**

- 24. As part of this Application, please submit the following documents with respect to the **Applicant** --
  - a) most recent annual report or audited financial statements (including any notes or schedules).
  - b) summary and status of any litigation filed within the last thirty-six (36) months by or against any person(s) or entity(ies) proposed for this insurance (including any litigation that has been resolved).
  - c) any Human Resource manuals, guidelines or indemnification agreements between the **Applicant** and any leased worker or independent contractor.
  - d) copy of the employee handbook (if the **Applicant** has more than two hundred fifty (250) employees).

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY.**

THE UNDERSIGNED AUTHORIZED MANAGER OF THE **APPLICANT** DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE

INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE, ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES,



AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL FORM THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS, DOCUMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**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 FRAUDULATING OR ATTEMPTING TO FRAUD 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 FRAUDULATING OR ATTEMPTING TO FRAUD 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 AUHTORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF FRAUDULATING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, FRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 THE PERSON TO CRIMINAL PENALTIES.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS - WARNING:** 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 (365:15-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANT:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTE:** A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED BY THE CHIEF EXECUTIVE OFFICER OR PRESIDENT AND DATED.

**NOTE: THE SPONSOR ORGANIZATION (OR ANY PERSON SIGNING THIS APPLICATION ON BEHALF OF ANY INSURED) ACKNOWLEDGES, IS AWARE AND AGREES THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY COSTS OF DEFENSE AND, TO THE EXTENT THAT THE LIMIT OF LIABILITY OF THE POLICY IS EXCEEDED THE INSURER SHALL NOT BE LIABLE FOR COSTS OF DEFENSE, THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT, AND THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.**





DATE

SIGNATURE

TITLE

NAME OF BROKER

NAME OF AGENCY

ADDRESS

LICENSE NUMBER

DATE  
SIGNED

ADDITIONAL INFORMATION