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**APPLICATION FOR
 EMPLOYMENT PRACTICES
 LIABILITY INSURANCE**

NOTICE: The Policy for which this application is made is a Claims Made and Reported Policy. Except as otherwise stated in the Policy, this insurance is limited to liability for only those **Claims** that are first made against the Insured during the **Policy Period** or the Extended Reporting Period, if exercised, and reported to the Company during the **Policy Period** or the Extended Reporting Period, if exercised. Please read the Policy carefully.

PART I - General Information

1. Full legal name of proposed **Named Insured**: _____
2. (a) Principal place of business (**Location (1)**): _____
 (b) **Telephone No.** of primary place of business: _____
3. (a) **Date business operations began** under current and all former corporate names: _____
 (b) If Named Insured is subsidiary, name of **parent company**: _____
4. Please list all other insured locations, including addresses and **corporate names** (e.g.; **subsidiaries**) on a separate sheet of paper and attach it to this application.
5. Estimated **Annual Sales** for Policy Period: _____ **Annual Payroll**: \$ _____
6. Name of **present EPLI insurer**, **limits** and **retroactive date**: _____
7. Describe **business activities** and **SIC codes** applicable to each insured location and show number of all employees at each such location. (**Note: Include all temporary and seasonal employees as well as officers, owners and partners who are active in the business (including all affiliates.)**)

Location No.	Primary Business Activities	SIC Code	# Full-time Reg.	# Full-time Seas/Temp	# Part-time Reg.	# Part-time Seas/Temp
(1)						
(2)						
(3)						
(4)						

8. Indicate **employment turnover during the last three years (please, show separate figures for voluntary and involuntary terminations)**:

# Full-time Employees hired	# Full-time Employees terminated (vol./invol.)	# Part-time Employees hired	# Part-time Employees terminated (vol./invol.)
	/		/

9. Indicate **current number of employees by length of employment**:

Less than 2 years	2-5 years	6-10 years	11-20 years	Over 20 years

10. Indicate current number of employees whose salaries exceed \$100,000: _____
11. Indicate total number of **charges filed with the EEOC or state agency**, whether by current employees, terminated employees or employees not hired, over the last **seven** years:

199__	19__	19__	19__	19__	19__	2000

12. Of the total number of EEOC/state agency charges filed, indicated the **primary allegations** as follows:

(1) Racial Discrimination	(2) Age Discrimination	(3) Religious Discrimination	(4) Other Ethnic Discrimination	(5) Fair Labor Standards	(6) Gender Discrimination/ Sexual Harass.	(7) Violation of Am. with Disab. Act	(8) All Others

13. With respect to **litigated cases** (including wrongful termination suits under state law other than anti-discrimination law) **and EEOC/state agency charges over the last seven years for which any settlement was or may be paid**, please provide the following information, which **must be currently valued**:

Date of Occurrence	Claimant	Allegation (if applicable, use # from Qtr. 9)	Damages Paid	Damages Reserved	Legal Expense Paid	Legal Expense Reserved

14. Does any proposed insured plan to close any office or plant during the next twelve months? Yes No. If yes, please explain: _____
15. Does management of any insured plan to form any new businesses, open any new locations or acquire any new companies during the next twelve months? Yes No. If yes, please explain: _____
16. Is management of any insured aware of any facts, incidents or circumstances that may result in claims being made against any insured in the next twelve months? Yes No. If yes, please explain: _____
17. Are all the proper notification posters required by the EEOC display prominently? Yes No. If not, please explain: _____
18. Have job descriptions been drafted for most regular full-time positions? Yes No. If not, please explain: _____
19. How many disabled persons are employed (for all locations)? _____ How does management make accommodations for their disabilities? _____
20. **The following additional documents and information must accompany this application and form a part of the application** (check those that are submitted with this submission--**those marked with an * are mandatory, all others must be included only if applicable or if they exist**):

- | | |
|--|--|
| <input type="checkbox"/> Employment Application Forms * | <input type="checkbox"/> EEO-1 filings for the last 7 years (if applicable) |
| <input type="checkbox"/> Last Audited Financial Statement (if available)* | <input type="checkbox"/> Supervisory & employment manuals (if any) |
| <input type="checkbox"/> Written Employment Contracts (if any) | <input type="checkbox"/> Employment evaluation forms (if any) |
| <input type="checkbox"/> Collective bargaining agreements (if applicable) | <input type="checkbox"/> Other (specify Question # reference): _____ |
| <input type="checkbox"/> Affirmative Action plans (if applicable) | |

If this is a non-profit entity, provide names and present employment of all board members

WARRANTY: The signatory below warrants that he/she has been authorized on behalf of the applicant(s) to make the representations contained herein, and that the information contained herein is substantially true to the best of his or her knowledge and shall become the basis of the policy of insurance for which application is hereby made.

Name of Applicant (Please Print)

Title (Officer, partner, etc.)

Signature of Applicant

Date

FRAUD PREVENTION – WARNING

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 MISLEADING 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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION, AND CONFINEMENT IN STATE PRISON.

WARNING – Colorado Residents: 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.

WARNING – Florida Residents: Any person who knowingly and with intent to injure, defraud, 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.

WARNING – New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

WARNING – New Mexico: 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 civil fines and criminal penalties.

WARNING—New York Residents: 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 \$5,000 and the stated value of the claim for each such violation.

WARNING – Pennsylvania: 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.