



Hull and Company/Atlanta
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EMPLOYMENT-RELATED PRACTICES LIABILITY APPLICATION

NOTICES: THE EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

IF AN EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS AND REPORTED BASIS. PLEASE READ THE ENTIRE EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.

INSTRUCTIONS: The words "you," "your" and "Applicant" refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment. This Application, its respective attachments, and any other related information or documentation you provide (or indicate is available on a website) will constitute a single "Application."

1. Named Applicant: _____
2. Address of Named Applicant: _____
City: _____ Primary State of Operations: _____ Zip Code: _____
3. Applicant's Primary Nature of Business: _____ SIC Code (if known): _____
4. Please select the Limit of Liability you would like to purchase:
☐ 100,000* ☐ \$250,000* ☐ \$500,000 ☐ \$1,000,000
* Please note limit not available in Arkansas or New Mexico.
5. Please select the Deductible you would like to purchase:
☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000*
* Please note the minimum Deductible for California risks is \$5K.
6. Would you like your quote to include coverage for claims brought by third party customers and vendors? ☐ Yes ☐ No
7. Years of continuous operation:..... _____
8. Has the Insured filed for bankruptcy within the past five years or received any negative opinions from an accountant as to its ability to continue as a "going concern"?..... ☐ Yes ☐ No
9. Total Number of Insured Locations: _____

10. Please complete grid below:

a. Total Number of Employees:

	California			Alabama, Alaska, District of Columbia, Florida, Illinois, Michigan, New York or Texas			All Other States		
	Current	Prior	2 nd Prior	Current	Prior	2 nd Prior	Current	Prior	2 nd Prior
Full-Time Employees including: Full-time Seasonal, Temporary and Leased Employees, Volunteers and Independent Contractors									
Part-Time Employees including: Part-time Seasonal, Temporary and Leased Employees, Volunteers and Independent Contractors									

b. Percentage of employees that are: Salaried: _____% Non-salaried: _____%

c. Employee turnover summary (by percentage):

	Last Year	Current Year	Projected
Voluntary Termination			
Involuntary Terminations			
Layoffs			
Other			

d. Are there any staff reductions and/or mergers and acquisitions planned within the next twelve (12) months? ☐ Yes ☐ No

If "Yes," please provide details: _____

e. What is the percentage of union workers?..... _____%

f. Compensation distribution: _____% < \$50,000 _____% \$50,000-\$100,000 _____% > \$100,000

11. Does the Applicant utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?..... ☐ Yes ☐ No

If "Yes," do employees sign or acknowledge receipt of the handbook?..... ☐ Yes ☐ No

a. Are all job applicants required to complete and sign an employment application? ☐ Yes ☐ No

b. Is there a dedicated Human Resource Department/Function?..... ☐ Yes ☐ No

c. Do all employees have written performance evaluations? ☐ Yes ☐ No

If "Yes," how often? _____

d. Do you post all notices required by law? ☐ Yes ☐ No

12. Has the Applicant implemented a formal procedure for recording and handling employee discrimination and harassment complaints? ☐ Yes ☐ No
13. Does the Applicant have a policy against harassment, discrimination, and civil rights violations with respect to customers, clients and other third parties? ☐ Yes ☐ No
14. Are the Applicant's employees trained on the company's anti-harassment and anti-discrimination policies? ☐ Yes ☐ No

Please Complete the Following for New Business Applicants Only:

15. Have there been any past or are there any present claims or lawsuits alleging an act of harassment, discrimination or wrongful termination against the Applicant, its business, its employees or an executive officer of the Applicant? ☐ Yes ☐ No
(If "Yes," please provide complete details.)
16. Have there been any claims or lawsuits alleging an act of harassment, discrimination, or violation of civil rights that have been received from customers, clients, and/or third parties within the past three years? ☐ Yes ☐ No
(If "Yes," please provide complete details.)
17. Does the Named Applicant, its subsidiaries, or any director, officer or manager of the applicant know of any act, incident, error or omission which could give rise to a claim(s), suit(s) or action(s) under the proposed Employment Practices Liability coverage? ☐ Yes ☐ No
(If "Yes," please provide complete details.)

It is agreed that with respect to Questions 15., 16. and 17. above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim or action arising there from or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

18. Has the Applicant ever had an application for employment practices liability coverage declined or have you ever had an employment practices liability policy cancelled or non-renewed? ☐ Yes ☐ No
19. Is the applicant currently insured under any Employment Practices Liability insurance policy? ☐ Yes ☐ No

Current EPL Carrier: _____
Limit: _____ Deductible: _____ Premium: _____

(If "Yes," please provide a copy of the Declarations page and the EPL coverage form)

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR 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 BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

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

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

NOTICE TO ILLINOIS APPLICANTS REGARDING THE RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT:

THIS IS TO PROVIDE NOTICE THAT, PURSUANT TO ILLINOIS DEPARTMENT OF INSURANCE COMPANY BULLETIN 2011-06 (CB 2011-06), THIS POLICY IS IN COMPLIANCE WITH THE ILLINOIS RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT ("THE ACT," 750 ILL. COMP. STAT. 75/1). THE ACT, WHICH BECAME EFFECTIVE ON JUNE 1, 2011, CREATES A LEGAL RELATIONSHIP BETWEEN TWO PERSONS OF EITHER THE SAME OR OPPOSITE SEX WHO ESTABLISH A CIVIL UNION. THE ACT PROVIDES THAT PARTIES TO A CIVIL UNION ARE ENTITLED TO THE SAME LEGAL OBLIGATIONS, RESPONSIBILITIES, PROTECTIONS AND BENEFITS THAT ARE AFFORDED OR RECOGNIZED BY THE LAW OF ILLINOIS TO SPOUSES, WHETHER THEY ARE DERIVED FROM STATUTE, ADMINISTRATIVE RULE, POLICY, COMMON LAW OR ANY SOURCE OF CIVIL OR CRIMINAL LAW. IN ADDITION, THIS LAW REQUIRES RECOGNITION OF A SAME-SEX CIVIL UNION, MARRIAGE, OR OTHER SUBSTANTIALLY SIMILAR LEGAL RELATIONSHIP, EXCEPT FOR COMMON LAW MARRIAGE, LEGALLY ENTERED INTO IN OTHER JURISDICTIONS. THE ACT FURTHER PROVIDES THAT "PARTY TO A CIVIL UNION" SHALL BE INCLUDED IN ANY DEFINITION OR USE OF THE TERMS "SPOUSE," "FAMILY," "IMMEDIATE FAMILY," "DEPENDENT," "NEXT OF KIN" AND OTHER TERMS DESCRIPTIVE OF SPOUSAL RELATIONSHIPS AS THOSE TERMS ARE USED THROUGHOUT THE LAW. ACCORDING TO CB 2011-06, THIS INCLUDES THE TERMS "MARRIAGE" OR "MARRIED" OR ANY VARIATIONS THEREOF. CB 2011-06 ALSO STATES THAT IF POLICIES OF INSURANCE PROVIDE COVERAGE FOR CHILDREN, THE CHILDREN OF CIVIL UNIONS MUST ALSO BE PROVIDED COVERAGE.

FRAUD 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 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding 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, 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudu-

lent insurance act, which is a crime and subjects such person to criminal 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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: 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.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD 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 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.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN WHERE INDICATED. IF THE EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART IS ISSUED, THIS SIGNED STATEMENT IS DEEMED TO BE

ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EX-

TENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THE EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

APPLICANT'S NAME/TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)