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## Employment Practices Proposal Form

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8. Does the Company have outplacement programs for terminated employees?  
Yes No

9. Are there any planned transactions or events that would significantly increase the number of employees stated above?  
Yes No

**If yes**, please provide details in an attachment to this Proposal Form.

10. Does the Company require the submission of an employment application for all applicants?  
Yes No

**If no**, please provide details in an attachment to this Proposal Form.

11. Does the Company use tests, including but not limited to drug, alcohol, and psychological tests, for screening applicants or for continued employment?  
Yes No

**If yes**, please provide details in an attachment to this Proposal Form.

12. Does the Company have a Human Resources Department?  
Yes No  
**If No**, describe how human resource functions are administered in an attachment to this Proposal Form.

13. Does the Company have a human resources manual?  
Yes No  
**If Yes**, does the manual contain policies and procedures addressing the following areas: YES NO

- a. Compliance with the Americans with Disabilities Act:
- b. Compliance with Title VII of the Civil Rights Act of 1964 and the 1991 Civil Rights Act:
- c. Compliance with the Family Medical Leave Act:
- d. Prohibited discriminatory practices in hiring, promotion and compensation:
- e. Employee performance evaluations:
- f. Employee disciplinary actions and discharge:
- g. Sexual harassment and the work environment:
- h. Employee grievance reporting and resolution processes:

**If No, to any of the above**, please provide details in an attachment to this proposal form.

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- |     |   | YES | NO |
|-----|---|-----|----|
| 14. | Do all managerial and supervisory personnel;                                |     |    |
|     | a. have a copy of the human resources manual?                               |     |    |
|     | b. receive training in the implementation of these policies and procedures? |     |    |

**If No**, explain how human resources policies and procedures are communicated to managers and supervisors in an attachment to this Proposal Form.

15. Are all employees provided with and required to acknowledge receipt of a handbook that addresses the areas details in item 13 above?

Yes    No

16. Have there been during the last five years, or are there now pending, any employment related civil, criminal, administrative or arbitration proceeding (including any proceeding initiated before the Equal Opportunity Commission) brought against?
- |  |  |     |    |
|--|--|-----|----|
|  | a. the Company or its Subsidiaries?  | Yes | No |
|  | b. any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries? | Yes | No |

**If yes**, please provide details in an attachment to this Proposal Form. Provide details including the nature of the allegations, the date the proceeding was initiated, the current status, and loss (including defense costs) incurred.

17. Have there been during the last five years, or are there now pending, criminal, administrative or arbitration proceedings by any customer, client or other third party against the Company, its subsidiaries or any person purposed for this insurance alleging discrimination, harassment or violations of civil rights based upon discrimination or harassment.
- Yes    No

**If yes**, please provide details in an attachment to this Proposal Form.

**IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING DESCRIBED IN 16 OR 17 ABOVE IS EXCLUDED FROM THE PROPOSED COVERAGE.**

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18. Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries which he or she has reason to believe might result in any future Employment Practices Claim under the policy to which this Proposal Form will be attached? Yes    No

**If yes**, please provide details in an attachment to this Proposal Form.

**IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.**

19. Current or prior Employment Practices Liability Insurance (stand-alone or incorporated into some other coverage):

Insurer	Limit	Retention
Premium	Policy Period	

- a. has any claim been made or has any notice been given to any insurer?  
Not Applicable    Yes    No
- b. has any insurer cancelled or non-renewed the above coverage?  
Not Applicable    Yes    No

**If yes**, please provide details in an attachment to this Proposal Form.

**NOTICE TO ARKANSAS 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 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.”

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**NOTICE OF 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 IN THE THIRD DEGREE."

Also provide: Agent name: \_\_\_\_\_ License number: \_\_\_\_\_

**IOWA APPLICANTS:**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

(PRODUCER)

**NOTICE TO KENTUCKY 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**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 MEXICO 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 CRIMINAL PENALTIES."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR 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 OR STATEMENT OF CLAIMS 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."

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**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 PENNSYLVANIA APPLICANTS:** “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.”

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particular and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) and agreed by the Company and the Insured Persons that the statements in this Proposal Form or any information provided herewith are their representations, they are material, and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

**This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial of the Company.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please include a copy of Company’s employment applications, Human Resources Manual, Employee Handbook, or, if these do not exist, a copy of the Company’s documentation on human resources policies and practices, the most recent EEO-1 report, and the most recent annual report for the Company. These materials will be considered part of the Proposal Form.

**Note:** This Proposal Form including any material submitted herewith shall be treated in strictest confidence.