EIC EPLIAPP-2 (2/96)

EVANSTON INSURANCE COMPANY

Shand Morahan Plaza
Evanston, IL 60201

APPLICATION FOR:

EMPLOYMENT PRACTICES LIABILITY INSURANCE

INSTRUCTIONS:

1. Answer all questions as completely and accurately as possible.
2. If space is insufficient to answer question(s) fully, use a separate sheet and attach to this application.
3. **Application must be signed and dated by owner, partner or authorized officer of the applicant.**
4. Please type or print all answers. This application becomes part of the policy.
5. **PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.**

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) Years in business under current and all former corporate names: _____
   (b) If Named Insured is subsidiary, name of *parent company:* _____
4. Show all other insured locations, including addresses and corporate names (e.g.; *subsidiaries*):

Location #/Name of Insured Entity & Relationship to Named Insured	Complete Address	Years in Business
(2)		
(3)		
(4)		

(Note: if there are multiple locations within a state, show only main location for each state.)

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)						

(Note: if there are multiple locations within a state, show total employment for each state.)

8. Indicate employment turnover at each insured location during the last three years (*in columns asking for terminations, show separate figures for voluntary and involuntary terminations*):

Location No.	# Full-time Employees hired	# Full-time Employees terminated (vol./invol.)	# Part-time Employees hired	# Part-time Employees terminated (vol./invol.)
(1)		/		/
(2)		/		/
(3)		/		/
(4)		/		/

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9. Indicate estimated employment turnover for each location for the next twelve (12) months: (*In columns asking for terminations, show separate figures for voluntary and involuntary terminations*):

Location No.	# Full-time Employees hired	# Full-time Employees terminated (vol./invol.)	# Part-time Employees hired	# Part-time Employees terminated (vol./invol.)
(1)		/		/
(2)		/		/
(3)		/		/
(4)		/		/

10. Indicate current number of employees for each location by length of employment:

Location No.	Less than 2 years	2-5 years	6-10 years	11-20 years	Over 20 years
(1)					
(2)					
(3)					
(4)					

(Note: if there are multiple locations within a state, show total employment for each state.)

11. Indicate current number of persons serving as partners, directors and officers by salary range:

# Partners	# Director/Officers	# Outside Directors	# Officers	Salary Range
				$50,000 or less
				$50,001-$100,000
				$100,001-$200,000
				Over $200,000

12. Indicate current number of all other employees for all insured locations by salary range, as follows:

Managers/Supervisors	Sales & Marketing Personnel	Full-time Non-managerial Employees	Part-time Employees	Salary Range
				$50,000 or less
				$50,001-$100,000
				$100,001-$200,000
				Over $200,000

13. Name(s) of person(s) responsible for personnel, human resources, labor relations and industrial safety (indicate precisely all the duties, authority and experience/credentials of each such person):

Names	Duties	Authority	Experience/Credentials

14. Indicate total number of charges filed with the EEOC or state agency against each location/state, whether by current employees, terminated employees or employees not hired, over the last(seven years:

Location No.	19	19	19	19	19	19	19
(1)							
(2)							
(3)							
(4)							

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

Location No.	(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
(1)								
(2)								
(3)								
(4)								

16. 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

17. Described all procedures for disciplining and terminating employees, including grievance or review procedures, and procedures for investigating employee complaints about working conditions, sexual harassment and pay disparities: _____

18. Does any proposed insured or location plan to close any office or plant during the next twelve months? [ ] Yes [ ] No. If yes, please explain: _____

19. Does management of any insured, at any location, 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: _____

20. Is management of any insured, at any location, 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:

21. Are all the proper notification posters required by the EEOC display prominently? [ ] Yes [ ] No. If not, please explain: _____

22. Have job descriptions been drafted for most regular full-time positions? [ ] Yes [ ] No. If not, please explain: ___

23. How many disabled persons are employed (for all locations)?_____ How does management make accommodations for their disabilities? _____

24. **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):***

[ ] Employment Application Forms *
[ ] Current 23 month income statement & balance sheet*
[ ] Written Employment Contracts (*if any*)
[ ] Employment evaluation forms (*if any*)
[ ] Affirmative Action plans (*if applicable*)
[ ] EEO-1 filings for the last 7 years (*if applicable*)
[ ] Last audited financial statements (*if any*)
[ ] Supervisory & employment manuals (*if any*)
[ ] Collective bargaining agreements (*if applicable*)
[ ] Other (specify Question # reference):_____

[ ] ***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 and is deemed incorporated therein if Evanston Insurance Company evidences its acceptance of this application by issuance of a policy or by any other evidence of insurance. ***The representations contained in Questions 8 and 9, 14 through 16 and 18 through 22 are particularly material and must be substantially correct.***

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

N.B.: Signing this form does not bind the applicant or Evanston Insurance Company to complete the contract of insurance. This application must be signed and dated in order to be considered for quotation purposes. **The soliciting insurance broker must be licensed in your state as a surplus lines broker.**

Surplus Lines Broker information:
Agency: HAWKINS INSURANCE GROUP
Address: 103 SOUTH FIRST P.O. BOX 100 EDINA, MO 63537
(660) 397-2351
Surplus Lines License No.: [redacted] State:

Date Submitted: _____