(insert name of insurance company)
Name of Insurance Company to which Application is made

RENEWAL APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY

NOTICE: IF ISSUED, THIS POLICY PROVIDES CLAIMS MADE AND REPORTED COVERAGE. EXCEPT AS OTHERWISE SPECIFIED HEREIN, COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. CLAIMS MUST BE TIMELY REPORTED TO THE INSURER IN ACCORDANCE WITH THE APPLICABLE NOTICE PROVISIONS OF THE POLICY. PAYMENT OF LOSS (INCLUDING DEFENSE COSTS) REDUCES AND MAY COMPLETELY EXHAUST THE AVAILABLE LIMIT OF LIABILITY. A RETENTION APPLIES TO LOSS (INCLUDING DEFENSE COSTS). THE POLICY DOES NOT PROVIDE FOR ANY DUTY OR OBLIGATION ON THE PART OF THE INSURER TO DEFEND ANY INSURED. PLEASE READ THIS APPLICATION AND THE POLICY CAREFULLY AND DISCUSS THEM WITH YOUR AGENT OR BROKER.

Answer all questions. Questions left blank may be construed negatively. Insert "N/A" if a question does not apply.
If the space to answer any question fully is insufficient, please physically attach a separate sheet.
It is a requirement that this Application be signed and dated by the natural persons noted in the signature lines.
This application contains various warnings regarding fraud and dishonesty. Please consider them carefully.

1. GENERAL INFORMATION

Applicant Company name and primary address: _____
_____ ("Applicant Company" together with all **Subsidiaries,** the "Applicants")

Name, title, and email address of person to contact regarding this application: _____

Current Policy No:. _____ Expiration Date: _____

2. EMPLOYEE INFORMATION

a. Do the Applicants have any foreign operations? ☐ Yes ☐ No

(If coverage for foreign operations is desired, please complete Supplement II, Foreign Operations Exposure Questionnaire.)

b. Please provide the total number of **Employees** at all Applicants: _____ = TOTAL

Of them, how many are currently:

_____Full-Time _____Part-Time _____Independent Contractors _____Volunteers
_____Unionized Workers _____Temporary/Seasonal _____Outside the United States

Based on your TOTAL in 2.b, please answer 2.c – 2.d accordingly:

c. Please provide a breakdown of the total number of **Employees** or **Insured Persons** in the following geographical locations. Please include Independent Contractors: _____CA _____D.C. _____IL _____MA _____NJ _____NY

d. Please provide a breakdown of **Employees** with the following salaries:

$ 50,000 or less per year _____% $ 50,001 - $100,000 per year _____%

$100,001 - $250,000 per year _____% Over $250,000 per year _____%

e. Please also list the following numbers:

- *Involuntary Terminations*: _____ within the last 12 months
- *Layoffs*: _____ within the last 12 months

  Was severance available to all affected? ☐N/A ☐ Yes ☐ No

  Did all severance recipients sign a release? ☐N/A ☐ Yes ☐ No

  If "No," to either question, please provide full details (attach a separate sheet if necessary): _____

  _____

3. EMPLOYMENT POLICIES AND PROCEDURES

a. Do the Applicants conduct criminal background checks? ☐ Yes ☐ No

If "Yes," are all checks conducted post-offer? ☐Yes ☐No

b. Do the Applicants collect any biometric information from **Employees**? ☐ Yes ☐ No

If "Yes," please complete and attach the Biometric Privacy Information Questionnaire.

c. Are all of the Applicants' **Employees** subject to a mandatory arbitration agreement? ☐ Yes ☐ No

If "Yes," does it contain a class action waiver? ☐ Yes ☐ No

If "Yes," please provide a copy of the arbitration policy.

d. Please indicate with a check mark if there have been any changes in the following within the last 12 months:

☐ Employment Application

☐ Employment Evaluation Procedures

☐ Employment Handbook

☐ Employment Discipline Procedures

☐ Employment Termination /Separation Guidelines

☐ Equal Employment Opportunity Policy

☐ Non-Harassment Policy

☐ Employment-At-Will Policy

☐ Policy for accommodating the disabled in accordance with the Americans With Disabilities Act ("ADA")

☐ Procedures for handling employee complaints of discrimination or harassment

☐ Orientation Program for new employees

If any changes were indicated above, please provide copies of the revised materials.

4. CORPORATE HISTORY

a. Has the Applicant Company in the past 24 months completed, agreed to, or contemplated the occurrence within the next 12 months, of any of the following:

1) Merger, acquisition or consolidation with another entity? ☐ Yes ☐ No

If "Yes," please provide details. _____

_____

2) Sale, distribution or divestiture of any assets resulting in a reduction of the total number of **Employees** of the Applicants? ☐ Yes ☐ No

b. Has the Applicant Company been involved in any bankruptcy proceeding, or is it contemplating the filing of a petition for protection under the bankruptcy code? ☐ Yes ☐ No

If "Yes," please provide details. _____

_____

c. Has the Applicant Company's business name changed? If "Yes," list all former names: ☐ Yes ☐ No

_____

5. CLAIMS HANDLING PROCEDURES

Who in the Applicant Company's organization will be responsible for the reporting of **Claims** to the Insurer under any Policy that may be issued pursuant to this Application? *Name/Title*:_____

Telephone Number: _____ *Email Address*: _____

6. REDUCTION IN WORKFORCE

In the past 24 months has an Applicant completed or agreed to, or is an Applicant contemplating within the next 12 months, any plant, facility, branch or office closing, consolidation or layoff that has affected, or will affect, over 5% of the workforce or 600 employees, whichever is less? ☐ Yes ☐ No

If "Yes", please complete and attach the Reduction in Work In Workforce Questionnaire.

California Notice: The Hartford may charge a fee if this bond or policy is cancelled before the end of its term. The fee can range between 5% to 100% of the pro rata unearned premium. Please refer to the terms and conditions stated in the policy or bond. This notice does not apply to cancellations initiated by The Hartford.

Maryland Applicants Only - A binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. An Insurer may cancel a binder or policy during the underwriting period if the risk does not meet our underwriting standards of the Insurer. If the Insurer discovers a material risk factor during the underwriting period, the Insurer shall recalculate the premium for the policy or binder based on the material risk factor as long as the risk continues to meet the underwriting standards of the Insurer.

FRAUD WARNING STATEMENTS

ATTENTION ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY (OR WILLFULLY IN MARYLAND) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ATTENTION 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.

ATTENTION 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.

ATTENTION HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.[i]

ATTENTION KANSAS APPLICANTS: INSURANCE FRAUD IS A CRIMINAL OFFENSE IN KANSAS. A "FRAUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY 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. IN THE STATE OF KANSAS, COVERAGE FOR LOSS RESULTING FROM ILLEGAL

ACTIVITY IS SUBJECT TO KANSAS LAW (AND SUBJECT TO FEDERAL LAW, WHERE APPLICABLE). COVERAGE MAY THEREFORE BE LIMITED TO DEFENSE COSTS RELATED THERETO.

ATTENTION KENTUCKY, OHIO AND 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.

ATTENTION LOUISIANA, MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

ATTENTION NEW HAMPSHIRE AND NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION TO THE BEST OF HER/HIS KNOWLEDGE ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ATTENTION 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 CIVIL FINES AND CRIMINAL PENALTIES.

ATTENTION 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.

ATTENTION OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.

ATTENTION TEXAS 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED DECLARES ON BEHALF OF THE APPLICANTS THAT HE/SHE IS AUTHORIZED BY THE APPLICANT COMPANY TO SIGN THE APPLICATION, AND THAT STATEMENTS SET FORTH IN THIS APPLICATION AND IN ALL ATTACHMENTS HERETO, ARE TRUE.[1] THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE 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.[2] THE "EFFECTIVE DATE" IS THE DATE THE COVERAGE IS BOUND, OR THE FIRST DAY OF THE CURRENT **POLICY PERIOD**, WHICHEVER IS LATER.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANTS OR THE INSURER TO COMPLETE THE INSURANCE CONTRACT, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.[3]
ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

1- In New Hampshire the truth and completeness shall be to the best of her/his knowledge.
2- In Maine this sentence ends at the word "quotations."
3- The application shall actually attach in the following states: North Carolina

The undersigned authorized officer of the Applicant Company hereby acknowledges that:

1. This policy applies only to **Claims** first made, or deemed made, during the **Policy Period** or extending reporting period, if purchased, and

2. The Limit of Liability available to pay damages or settlements will be reduced, and may be completely exhausted, by the payment of **Claim Expenses**, and in such event, the Insurer shall not be responsible for the continued **Claim Expenses** or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit of Liability.

ATTENTION 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 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.

NOTE: BOTH SIGNATURE LINES MUST BE COMPLETED.

<signature page to follow>

Date	Applicant Company's Authorized Signature of President, Chief Executive Officer, Chief Financial Officer, General Counsel or Risk Manager Please Print Name	Title
Date	Applicant Company's Authorized Signature of the **Executive Officer** in Charge of Human Resources Please Print Name	Title

Name of Broker: _____

Name of Agency: _____

Address: _____

_____

Signed: _____

_____

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

(insert name and address)

_____