

THE HARTFORD SPECTRUM POLICY EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

Gene	ral Information				
	Applicant or Insured Business Name:				
	Proposed Coverage Effective Date:				
Cove	rage Choices				
	Select Coverage Limit: \$ 100,000 Each Claim/ \$ 200,000 Annual A \$ 500,000 Each Claim/ \$ 500,000 Annual A				
	Retroactive Date (if desired): (Mo/day/yr)				
	Deductible: \$5,000 deductible is mandatory. Optional:				
	□ \$7,500 □ \$10,000 □ \$25,000	00			
	Optional Coverage Selection: Number of	4			
F	Independent Contractors as employees. Independent Contractors	ctors			
-	Oyees:	0/ 0/ 0/			
1.	What is your annual percentage turnover rate for the last three years?	%%% Total:			
2. 3.	Total Number of employees, including temporary, part-time or leased workers: Indicate number of employees by salary range:				
з.	Less than \$25,000 \$25,001 to \$50,000				
	\$50,001 to \$100,000> \$100,000				
Busi	ness Operations/Corporate History				
4.	Is your company owned by a corporation domiciled outside of the U.S. or	Yes 🗌 No 🗌			
	Canada?				
5.	Does your company have operations outside the U.S. or Canada?				
6.	In the past 24 months, has any Officer, Director or member of the Board of	Yes 🗌 No 🗌			
	Directors resigned for reasons other than health, promotion, retirement or				
	expiration of term of office?				
7.	Does your company anticipate any plant, facility, branch or office closing, layoffs or workforce reduction in the next twelve months?	Yes 🗌 No 🗌			
Human Resources					
8.	Does your company utilize a written employment application?	Yes 🗌 No 🗌			
	Attach a copy of your Employment Application				
9.	Does your application include an employment-at-will statement or do you	Yes 🔄 No 🗌			
40	otherwise obtain a signed employment-at-will statement?				
10.	Does your company have the following policies in place: 1. Sexual or Other Harassment Policy/procedure				
	 Accommodating the disabled in accordance with the ADA 	Yes			
	3. AIDS or other life threatening Illnesses	Yes No No			
	4. Discipline/ Grievance	Yes No No			
11.	Does your company use tests to screen employees? If yes, please describe type of test and who is required to be tested.	Yes 🗌 No 🗌			
12.	Does your company distribute an employment handbook to all employees, or	Yes 🗌 No 🗌			
	have HR policies and procedures accessible to all employees?				
13.	Does your company conduct regular written performance evaluations of all your employees?	Yes 🗌 No 🗌			
14.	Does your company require terminations to be reviewed by Human Resources or Legal Counsel?	Yes 🗌 No 🗌			
15.	Does your company have a written procedure for reporting and tracking claim	Yes 🗌 No 🗌			
	and incident information?				

Prior Insurance and Claim Information

16.	Has your company ever had EPLI insurance canceled or been refused renewal? If yes, please provide reason(s) and details on a separate sheet. (Not applicable in Missouri)	Yes 🗌 No 🗌	
17.	Has your company or any proposed insured, given written notice under the provisions during the past five years of any prior or current policy of specific facts or circumstances which might give rise to a claim being made against any proposed Insured? If "yes", please provide details on a separate sheet.	Yes 🗌 No 🗌	
	Provide the loss experience for wrongful employment practices for the past five years.Include any claims, suits, incidents, complaints, charges or proceedings related to actual oralleged wrongful employment practices including: sexual harassment, sexual molestation, wrongfultermination, wrongful discrimination, breach of employment contract, unfair labor practices, orwage and hour violation of any type whether or not covered by insurance. Include any pending orprior litigation and any representative or class actions.For any claim against you please include what you have done to remedy the situation.Please use a separate page.		

Prior Knowledge

18.	Is any person proposed for coverage aware of any fact or circumstance or any	Ι
	actual or alleged act, error or omission which might give rise to a claim that	
	would fall within the scope of the proposed coverage? .	

Yes 🗌 No 🗌

Signing the application does not bind us or the applicant to offer or accept insurance, but we are relying on the information herein as the basis of our decision to accept or reject the application.

This application must be signed by the owner, partner or executive officer.

Date

Signature of owner, partner or executive officer

ive officer Title

Print Name

Insured's Name and Address (Street, City, State and Zip Code)

Agency _____

Code_____ Sub-Code_____

Agent's Signature

(Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds or an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Colorado

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.

Applicable in Virginia

The representations and statements contained herein are incorporated in and consitute part of the Coverage Part.