

## **EmPloyrite**

# **EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION**

### **(FOR MORE THAN 50 EMPLOYEES)**

**THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY.**

**FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.**

**INSTRUCTIONS:**

1. Answer all questions (if not applicable, show N/A) and attach all additional information/ explanations as required.
2. Application must be dated and have two signatures.
3. Financials.
4. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

### **1. GENERAL INFORMATION**

A) Name of Parent Company (Applicant): \_\_\_\_\_

B) Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

C) Person to contact: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

D)

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Sole Proprietor               | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Joint Venture                 | <input type="checkbox"/> Franchise   | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Limited Liability Partnership |                                      |   |

Describe nature of business: \_\_\_\_\_

F)

	<u>Gross Sales or Receipts</u>		<u>For year ended: mm/dd/yy</u>
Past financial year	C\$	est	_____ / _____ / _____
Current financial year	C\$	est	_____ / _____ / _____
Next financial year	C\$	est	_____ / _____ / _____

G) How long has the company been in business? \_\_\_\_\_ Years

H) How long has the company been under current management? \_\_\_\_\_ Years

I) Limits requested: From C\$500,000/\$500,000 aggregate to C\$5,000,000/C\$5,000,000 aggregate \_\_\_\_\_

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J) Deductible requested: C\$ \_\_\_\_\_ (Minimum C\$5,000)

K) Effective date requested: \_\_\_\_\_

L) Have you acquired any companies in the past two (2) years  YES  NO

M) With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers?  YES  NO

NO

If Yes, how many? \_\_\_\_\_

*(If you have answered YES to either L or M above, please provide details on a separate sheet)*

N) Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 30 day period within the next eighteen (18) months?  YES  NO

*(If YES, please provide details on separate sheet)*

O) Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage?  YES  NO

<u>Year</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>

P) Has any insurer ever canceled or non-renewed this type of coverage?  YES  NO

*(If YES, please provide details on separate sheet)*

## II. Loss History

A. Furnish loss history (5 years) for all terminations which included a claim for an extended notice period because of the unfair manner of termination, discrimination and sexual harassment claims: None  See attached

Total number of claims in the last 5 years: \_\_\_\_\_

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.**

B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or have any reasonable way to foresee that a claim may be brought?  YES  NO

**PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.**

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire a lawyer;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.

C) Has the applicant been involved in any charges, inquiries, investigations, grievances or other hearings before the federal or provincial Human Rights Commission or any other governmental agency?  YES  NO

*(If you answer YES, please provide details on a separate sheet)*

**The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section II will be excluded from coverage.**

## III. Employees

A. Number of employees: Cdn Full Time: \_\_\_\_\_ Cdn Part Time : \_\_\_\_\_  
US Full Time: \_\_\_\_\_ US Part Time: \_\_\_\_\_

Please provide, on a separate sheet of paper, a breakdown of US employees by state.

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B.

Salary ranges (including bonuses and commissions)	Number of Full Time Employees	Number of Part Time Employees
C\$20,000 or less		
C\$20,001 to C\$50,000		
C\$50,001 to C\$100,000		
C\$100,001 and over		

C. Does the Applicant use seasonal employees? CDN  YES  NO  
US  YES  NO

If so, when and how many? \_\_\_\_\_

Do you use an employment agency? \_\_\_\_\_

Which one? \_\_\_\_\_

Are these employees included in A and B above? CDN  YES  NO  
US  YES  NO

D. Does the Applicant use temporary employees? CDN  YES  NO  
US  YES  NO

If so, please advise number of temps utilized and total billable hours: \_\_\_\_\_

Are these employees included in A and B above? CDN  YES  NO  
US  YES  NO

E. In the last 12 months how many officers have left your employ? \_\_\_\_\_

Of the above: how many left voluntarily? \_\_\_\_\_

How many were terminated? \_\_\_\_\_

F. In the last 12 months how many other employees have left your employ? \_\_\_\_\_

Of the above: how many left voluntarily? \_\_\_\_\_

How many were terminated? \_\_\_\_\_

**IV. Human Resources**

A. Does the Applicant have written employment agreements with all employees? CDN  YES  NO  
US  YES  NO

B. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? CDN  YES  NO  
US  YES  NO

If YES, who has attended? \_\_\_\_\_

If YES, who conducts? \_\_\_\_\_

If NO, is the Applicant willing to implement such training? CDN  YES  NO  
US  YES  NO

C. Does the Applicant have its employment policies/procedures reviewed by an employment or labour law lawyer annually/bi-annually? CDN  YES  NO  
US  YES  NO

If NO, is the Applicant willing to do so? CDN  YES  NO  
US  YES  NO

D. Does the Applicant have a Human Resources or Personnel Department? CDN  YES  NO  
US  YES  NO

If NO, who handles this function? \_\_\_\_\_

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- E. Does the Applicant publish an employment handbook? CDN  YES  NO  
US  YES  NO  
If NO, is the Applicant willing to do so? CDN  YES  NO  
US  YES  NO
- If YES, does the Applicant distribute it to all employees? CDN  YES  NO  
US  YES  NO
- If YES, do employees sign for receipt/acceptance? CDN  YES  NO  
US  YES  NO
- F. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? CDN  YES  NO  
US  YES  NO
- G. Has the Applicant implemented sexual harassment policies/procedures?  YES  NO
- H. Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees?  YES  NO
- If so, what kind and are they performed in-house or by a third party? \_\_\_\_\_
- I. Does the Applicant require all terminations to be reviewed by:  YES  NO  
its Human Resources/Personnel Department? CDN  YES  NO  
US  YES  NO
- or its Legal Department? CDN  YES  NO  
US  YES  NO
- or outside counsel? CDN  YES  NO  
US  YES  NO
- If NO, is the Applicant willing to do so? CDN  YES  NO  
US  YES  NO
- J. Does the Applicant maintain a personnel file for each employee? CDN  YES  NO  
US  YES  NO
- K. Does the Applicant have any written grievance or complaint procedures? CDN  YES  NO  
US  YES  NO
- If NO, is the Applicant willing to implement such procedures? CDN  YES  NO  
US  YES  NO
- L. Does the Applicant regularly consult with an employment or labour law lawyer? CDN  YES  NO  
US  YES  NO
- If YES, who is your counsel? Canada \_\_\_\_\_ US \_\_\_\_\_
- How is this person/firm utilized? \_\_\_\_\_

### V. Other Material Facts

- A. Please declare any Material Facts on a separate sheet; None  See attached

*A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.*

- B. Do you have any operations or Employees within the province of Quebec? CDN  YES  NO  
US  YES  NO
- (If YES, please provide details on separate sheet)

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

**VI. Notice Concerning Personal Information**

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**VII. Warranty Statement**

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change in writing. Signing this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

**QUEBEC RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

\_\_\_\_\_  
Applicant's Authorized Signature of a Principal, Partner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant's Authorized Signature of Individual in Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\* Please ensure that additional information for the following questions is attached where applicable:

Section I: L & M - Acquired companies.  
N - Anticipated layoffs.  
P - Cancelled/non-renewed coverage.

Section II: A - Claims history for the last 5 years.  
B - Circumstances which could foreseeable give rise to a claim.  
C - Human rights or other governmental agency charges, inquiries, investigations etc.

Section III: A breakdown of US employees by state.

Section V: A - Any additional Material Facts.  
B - Quebec operations or Employees.

Most recent financial statement.