



Mid America Specialty Markets  
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**Employment Practices Liability Insurance Application**

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_  
 Customer #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**A. GENERAL INFORMATION**

1. Named Insured: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Entity type: \_\_\_\_\_
4. Additional Locations: \_\_\_\_\_
5. Contact Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_
7. Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
8. Number of years under current management: \_\_\_\_\_
9. Describe the nature of the applicant's operations: \_\_\_\_\_
10. Year of incorporation: \_\_\_\_\_
11. Each EPLI Claim Limit requested: \_\_\_\_\_
12. Deductible requested: \_\_\_\_\_
13. Defense costs inside or outside policy limits? \_\_\_\_\_
14.  Yes  No Is Third Party Liability Coverage desired?
15.  Yes  No Are you also quoting D&O coverage for this applicant?
16.  Yes  No (NOT APPLICABLE IN MISSOURI) Has any policy or coverage ever been declined, cancelled or non-renewed?
17.  Yes  No Has the proposed coverage been purchased before? If yes, please fill in the following:  
 Prior Carrier Name \_\_\_\_\_  
 Limit \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Deductible \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Claims Made  Yes  No Retroactive Date \_\_\_\_\_
18. Current GL Carrier: \_\_\_\_\_ Current Limit of Liability: \$ \_\_\_\_\_
19.  Yes  No Is coverage for Volunteer Workers desired?
20.  Yes  No Include coverage for Independent Contractors?
21. Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
22. Retroactive date of Applicant's current policy: \_\_\_\_\_

**B. EMPLOYEES**

1. Number of Employees at all locations:  

Full-Time Employees	
Part-Time Employee	
Temporary/Seasonal/Leased Workers	
Independent Contractors	
Volunteers	
2. What was applicant's employee turnover rate for the last 3 years?  

	Last Year	Prior Year	2 <sup>nd</sup> Prior
	_____ %	_____ %	_____
3. How many employer-initiated terminations have you had in the last 3 years? \_\_\_\_\_
4. Percentage of employees that are: Salaried \_\_\_\_\_ % Non-salaried \_\_\_\_\_ %
5. How many employees have an income of: \$50,000 to \$100,000 \_\_\_\_\_ \$100,000 and over \_\_\_\_\_
6. Percent of workforce that are union members: \_\_\_\_\_ %

**C. LOSS HISTORY**

1.  Yes  No Is applicant aware of any circumstances which may give rise to a claim?  
 If yes, please describe \_\_\_\_\_
2.  Yes  No Has applicant had any EEOC or NLRB charges, state or local judgments or demand letters from current or former employees or their attorneys in the past five years?
3.  Yes  No Has applicant had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee in the past five years?

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## D. BUSINESS

1.  Yes  No Has applicant had any office, branch, facility or plant closings, consolidations, layoffs, or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the last 12 months?

If yes, please describe \_\_\_\_\_

2.  Yes  No Does applicant anticipate any office, branch, facility or plant closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the next 12 months?

If yes, please describe \_\_\_\_\_

## E. HUMAN RESOURCES

1.  Yes  No Does applicant use an employment application during your hiring process? If yes, please attach.
2.  Yes  No Has the applicant's manager/supervisors received training or education on employment related issues in the past twelve months?  
If yes, please describe: \_\_\_\_\_
3.  Yes  No Does applicant have a human resources department?
4.  Yes  No Does applicant have a written internal communication procedure or policy for grievances, anti-harassment, sexual and non-sexual harassment and discrimination? If yes please attach.
5.  Yes  No Does applicant have a written employee evaluation form? If yes, please attach.
6.  Yes  No Does applicant have a written equal opportunity statement? If yes, please attach.
7.  Yes  No Does applicant have a written employee handbook?
8.  Yes  No Does applicant use outside counsel for review and approval of employment policies and procedures?
9.  Yes  No Does applicant post all notices, required by law, in a conspicuous place for all employees and applicants to view?
10.  Yes  No Does applicant have personnel files on all employees?
11.  Yes  No Does applicant have a written progressive disciplinary program in which you distribute to supervisors?  
If yes, please attach.
12.  Yes  No Does applicant require that the personnel having human resource responsibilities review all employment terminations?
13.  Yes  No Has applicant informed supervisory personnel, in writing, of their responsibility to provide management with prompt notice of any claims, incidents, or allegations?
14. Does applicant make use of any of the following tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?  
 Psychological or personality tests  Drug or alcohol tests  Pre-employment offer medical tests

## F. OTHER MATERIAL FACTS – MUST BE COMPLETED

PLEASE DECLARE ANY MATERIAL FACTS ON A SEPARATE SHEET. A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT OF THIS RISK, THE PREMIUM CHARGED AND TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT WOULD BE CONSIDERED MATERIAL YOU SHOULD DECLARE IT.

NONE  Describe below

\_\_\_\_\_  
\_\_\_\_\_

# Employment Practices Liability Insurance Application

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

The Applicant on behalf of the Proposed Insured/s further declares that if the information supplied on this application changes between the date of this application and the inception date of the Policy, he/she will immediately notify us of such change. Signing the 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 part of the Policy should the Policy be issued.

**Fraud Warning**

Please refer to Acord 63 for state specific fraud warnings.

**All Other States:** Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

\_\_\_\_\_  
Applicant's Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name (please print or type)

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

**FRAUD STATEMENTS**

AGENCY		CARRIER West Bend Mutual Insurance Company	NAIC CODE 15350
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

\_\_\_\_\_  
APPLICANT'S SIGNATURE\_\_\_\_\_  
DATE (MM/DD/YYYY)