



# Izzo Insurance Services

A division of Hull & Company, LLC

Exclusive providers of the Gold Shield Advantage™ specialty programs

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www.IzzoInsurance.com

## Employment Practices Liability Plus+® Policy

### APPLICATION

**NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO ANY "CLAIM" FIRST MADE OR DEEMED MADE AGAINST THE "INSURED" DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH "DEFENSE EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.**

**The term "Applicant" means all corporations, organizations or entities proposed for this insurance including subsidiaries.**

AGENCY/ BROKER	CODE 0415	NAME and LICENSE NUMBER Izzo Insurance Services Inc.	POLICY NUMBER
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### GENERAL

1. Name and Address of Applicant: \_\_\_\_\_  
(to be shown on the Declarations)

2. The policy for which application is made includes Risk Management Plus+ Online<sup>SM</sup>, an employment practices loss control program. Please provide the name and contact information for the individual responsible for training supervisors, updating policies and implementing employment related controls.

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_  
Contact Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Contact Fax \_\_\_\_\_

3. Description of Applicant's Business: \_\_\_\_\_

EIN#: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Choose all that apply:

- Corporation
  - Partnership
  - Proprietor
  - Other \_\_\_\_\_
  - Subsidiary of Foreign Parent
  - For Profit Entity
  - Not For Profit Entity
  - Contractor or service provider to any Federal or State Governmental body
- If so, please indicate Parent \_\_\_\_\_  
 Publicly Traded Entity

4. Years in Business: \_\_\_\_\_ 5. Annual Sales/Revenues: \$ \_\_\_\_\_

### INSURANCE INFORMATION

1. Expiring Employment Practices Liability Insurance: Limit: \_\_\_\_\_ Eff./Exp. Date: \_\_\_\_\_  
(or provide copy of Premium: \_\_\_\_\_ Retention: \_\_\_\_\_ Co-Insurance %: \_\_\_\_\_  
declarations page) Insurance Company: \_\_\_\_\_  
Special Coverages: \_\_\_\_\_

2. Requested Employment Practices Liability Insurance: Limit: \_\_\_\_\_ Eff./Exp. Date: \_\_\_\_\_  
Retention: \_\_\_\_\_ Co-Insurance %: \_\_\_\_\_

(Skip Question 3 for Missouri applicants)

3. Has Applicant ever been denied Employment Practices Liability Insurance or has such insurance been canceled or non-renewed?  Yes  No  
If yes, please provide details. \_\_\_\_\_

4. Please indicate if you have the following insurance products:

Policy	Limit	Deductible	Insurance Company	Effective Date	Premium
Directors & Officers	_____	_____	_____	_____	_____
Fiduciary Liability	_____	_____	_____	_____	_____
Errors & Omissions	_____	_____	_____	_____	_____
Crime	_____	_____	_____	_____	_____

**LOSS INFORMATION**

1. Have any employment-related claims, administrative proceedings, charges, hearings, demands or lawsuits been made against the Applicant or any entity or person proposed for this insurance during the past three years, whether or not insured, including claims involving employees, temporary, leased employees or independent contractors?  Yes  No  
 If yes, please attach details of each, including the type of complaint, how resolved, whether any insurance responded to any aspect of the claim, and any corrective procedures implemented.

2. Choose one of the following:

New policy with no prior similar coverage  
 a. Are there any facts or circumstances which may result in a claim under this policy?  Yes  No  
 If yes, please provide details on a separate attachment.

New policy with prior similar coverage  
 a. Prior similar coverage has been continuously in effect since \_\_\_\_\_  
 At the time of original application to the insurer who wrote such coverage, were there any facts or circumstances which might have resulted in claim being made against any insured?  Yes  No  
 b. Are there any pending lawsuits or claims?  Yes  No  
 c. During the past three years have any employment-related claims or lawsuits been brought against any entity or person which might involve the requested policy for which the prior carrier was not notified?  Yes  No  
 d. Is Applicant seeking a higher limit of liability than its prior policy?  Yes  No  
 If yes, with respect to such increased limit, are there any pending lawsuits or claims or any facts or circumstances which may result in a claim under this policy?  Yes  No

**To the extent that any lawsuit or claim required to be disclosed in response to questions b, c, or d above constitutes a "Claim" as defined by the Policy, such claim was made prior to the policy period requested hereunder and therefore would be excluded from coverage.**

If yes to any question above, please attach details, including the type of complaint, how resolved, and any corrective procedures implemented.

**EMPLOYEE AND LOCATION INFORMATION**

1. Total number of employees and turnover for last three years:

	Current Year	Year _____	Year _____		Current Year	Year _____	Year _____
Full Time	_____	_____	_____	Terminated	_____	_____	_____
Part Time	_____	_____	_____	Resigned	_____	_____	_____
Total	_____	_____	_____	Layoffs	_____	_____	_____

2. Maximum number of employees in the following classifications for the previous 12 months (regardless of whether they are full or part time):

Temporary	Leased	Seasonal	Labor Unions	Independent Contractors
_____	_____	_____	_____	_____

3. Number of employees that are in the following compensation ranges (compensation includes bonuses, commissions, and other cash payments):  
 \$30,000 or less \_\_\_\_\_ \$30,000 to \$100,000 \_\_\_\_\_ Over \$100,000 \_\_\_\_\_

4. Does the Applicant provide stock options to its employees as compensation or bonus?  Yes  No  
 If yes, what is the percentage of employees eligible to receive stock options? \_\_\_\_\_  
 What is the largest percentage of any one employee's total compensation consisting of stock options? \_\_\_\_\_

5. Locations by State or Country (if foreign) and current number of employees for each (attach schedule if necessary)

State or Country	# of Full-Time Employees	# of Part-Time Employees	# of Locations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Has Applicant acquired, merged, purchased, sold, closed, consolidated, or spun-off any corporation, partnership, entity, plant, office, subsidiary, or division or downsized or laid off employees within the past three years?  Yes  No  
 If yes, please provide details in an attachment and include how many employees were affected and in what manner, as well as what measures were taken to minimize the risk of employment-related litigation.
7. Does the Applicant anticipate any of the following in the next 12 months:  
 a. Selling, closing, consolidating, or spinning-off any plants, offices, subsidiaries, or divisions?  Yes  No  
 b. Downsizing, rightsizing, layoffs, or any other reduction in number of employees?  Yes  No  
 c. Acquiring or merging with any other business entity?  Yes  No  
 d. Creation of any new business, subsidiary, division, or location?  Yes  No  
 If yes to any of the above, provide details including what measures will be taken to minimize the risk of employment-related litigation on a separate attachment.

**HUMAN RESOURCES**

1. Does the Applicant have a Human Resources department? Number of HR employees: \_\_\_\_\_  Yes  No  
 If no, who handles Human Resources functions and what are their responsibilities and prior training?  
 Please use an attachment if additional space is needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Who handles Human Resources matters in locations or branch offices other than your principal place of business? \_\_\_\_\_  
 If local personnel, are they formally trained in Human Resources matters at least once a year?  Yes  No
3. Does the Applicant use a written employment application form for all employment applicants?  Yes  No
4. Does the Applicant have an Employee Handbook?  Yes  No  
 If yes, please answer the following:  
 a. Is a copy provided to every employee?  Yes  No  
 If yes, does each employee sign an acknowledgement of receipt and understanding?  Yes  No  
 b. When was the most recent update to the Employee Handbook? \_\_\_\_\_ (Date)
5. Please indicate whether the Applicant has formal written policies and procedures related to the following and indicate whether employees sign and acknowledge receipt and understanding:

	Yes	No	Receipt Acknowledged
Sexual harassment			
Discrimination			
Equal opportunity			
Disabled employees and accommodations			
Grievances			
Employee discipline			
Termination			
Performance evaluations			
Internet usage/employee privacy			
Pregnancy leave			
Internal job postings			
Hiring and interviewing			
Alternative Dispute Resolution/Arbitration			
Employment-at-will			

6. Has legal counsel reviewed the above policies prior to implementation?  Yes  No
7. Are employee performance evaluations written?  Yes  No  
 If yes, are employees provided with a copy of the written evaluations and given the opportunity to provide written comments?  Yes  No

8. With respect to employee terminations, does the Applicant:
- a. Consult with legal counsel or Human Resources personnel prior to every termination?  Yes  No  
If no, please describe procedures on separate attachment.
- b. Provide severance pay and require releases to be signed by terminated employees?  Yes  No  
If yes, has legal counsel reviewed the release?  Yes  No  
If no, please describe procedures on separate attachment.
- c. Conduct mandatory exit interviews?  Yes  No
9. Please indicate whether the Applicant conducts training on any of the following:
- For Managers and Supervisors*
- a. Conducting performance evaluations?  Yes  No
- b. Managing employment-related grievances, disputes, notifications, conflicts, or claims?  Yes  No
- c. Handling of sexual harassment complaints?  Yes  No
- d. Hiring and interviewing?  Yes  No
- For all employees*
- a. Sexual harassment  Yes  No
10. Does the Applicant involve an attorney in employment-related disputes?  Yes  No  
If yes, please identify the name of the attorney(s) who is usually involved, and indicate if he/she is in-house or outside counsel.
11. Does the Applicant have access to the Internet?  Yes  No
12. Is the Applicant a Federal Contractor?  Yes  No  
If yes, does the Applicant have an Affirmative Action Plan on file with the Office of Federal Contract Compliance (OFCCP)  Yes  No

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### REQUIRED ATTACHMENTS

Most recent Annual Report (or audited year-end financial statement) or SEC 10-K  
 List of all corporations, entities or organizations (include % owned & nature of business) proposed for this insurance  
 Most recent EEO-1 Report (if required by EEOC) and prior two years  
 Employee Handbook and/or Policies and Procedures Handbook  
 Employment/Job application form  
 Sexual Harassment Policy (unless contained in Employee Handbook)  
 Equal Employment Opportunity Policy (unless contained in Employee Handbook)



# INSURANCE FRAUD WARNINGS

*Attention: Insureds in AR, FL, KY, ME, MN, NJ, 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.

*Attention: Insureds in DC:*

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

*Attention: Insureds in NY*

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.

*Attention: Insureds 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.

*Attention: Insureds in TN and VA*

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

*Attention: Insureds in LA and NM*

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 fines and confinement in prison.

*Attention: Insureds in OK*

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.

*Attaches to all Applications*