

HEFFERNAN PROFESSIONAL PRACTICE INSURANCE BROKERS

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Phone: 650-842-5229 Fax: 650-842-5201 Web Site: www.hppib.com

EMPLOYMENT PRACTICE LIABILITY APPLICATION

This is an Application for a "Claims Made and Reported" policy.

Section I. Coverage Requested

1. a. Effective Date Requested: _____ b. Retroactive Date: _____
2. a. Limit Desired (Each Claim & Annual Aggregate): \$500,000 or \$1,000,000
- b. Deductible (Each Claim): \$1,000, \$2,500, \$5,000, or Other: _____

Section II. Applicant Information

1. a. Name of Applicant: _____
- b. Principal Business Address: _____
- c. City: _____ State: _____ Zip Code: _____
- d. Principal Contact: _____ Title: _____ Phone: _____
2. a. Date Established: (mm/dd/yyyy): _____
- b. Type of Company: Sole Proprietor, Partnership, Corp, Ltd. Liability Co.
3. Within the last three (3) years:
 - a. Has the Applicant's name changed? Yes No
 - b. Has the Applicant been involved in any merger, acquisition or consolidation? Yes NoIf Yes, to any of the above, provide details by attachment to this Application.
4. In the next 12 months, does the Applicant expect any material change in the operation or ownership of the Applicant's firm? Yes No
If Yes, provide details by attachment to this Application.
5. Is the Applicant firm:
 - a. Owned or controlled by any other entity? Yes No
 - b. Affiliated with any other entity? Yes NoIf Yes, provide details by attachment to this Application.
6. Does the Applicant firm desire coverage for any subsidiary? Yes No
If Yes, provide details by attachment to this Application.

Section III. Employee Information

1. Please identify all of the Applicant's locations and number of specified employees at each such location:

Location (city & state)	Full Time Employees	Part Time Employees	Seasonal Employees	Independent Contractors	Total Employees Per Location
	#	#	#	#	#
	#	#	#	#	#
	#	#	#	#	#

2. a. Number of employees under age 40: # _____
 b. Number of employees age 40 and over: # _____

3. Number of employees by annual salary range:

Under \$25,000: # _____
 \$25,001-\$100,000: # _____
 \$100,001 - \$250,000: # _____
 Over \$250,000: # _____

4. For each of the past three years, compute the overall annual turnover of employees (calculated as the number of separations during the year divided by the average number of employees on the payroll for each year).

_____ % _____ % _____ %
 Year 1 Year 2 Year 3

5. For each of the past three years, provide the number of involuntary terminations:

_____ # _____ # _____ #
 Year 1 Year 2 Year 3

Section IV. Human Resources Policies & Practices Information

1. Does the Applicant have a Human Resources or Personnel Department? Yes No

2. In order to establish business contact information for the risk management services provided with this Coverage Part, please provide the following information about the Applicant's Chief Human Resources Executive or equivalent position:

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

3. Does the Applicant have all job applicants complete an employment application? Yes No

4. Does the Applicant have an employee handbook? Yes No

a. Is it distributed to all employees? Yes No

b. Is it updated regularly? Yes No

5. Does the Applicant have a written policy regarding discrimination or harassment of employees? Yes No
6. Does the Applicant have a written policy regarding discrimination or harassment of non-employees? Yes No
7. Does the Applicant provide formal training for all supervisors on administering your discrimination or harassment policy? Yes No
8. Does the Applicant have a written pay program, including pay ranges? Yes No
9. Does the Applicant have written job descriptions for most or all positions within the organization? Yes No
10. Does the Applicant have an internal dispute resolution or grievance process or arbitration policy? Yes No
11. Does the Applicant have a written disciplinary process? Yes No
12. Does the Applicant have a written employee evaluation process? Yes No
If yes, are all employees evaluated annually? Yes No
13. Are employee terminations reviewed by Human Resources? Yes No
 - a. Are employee terminations reviewed by legal counsel, either in-house or outside? Yes No
 - b. Does the Applicant use outside legal counsel for other employment advice?.... Yes No
14. Does the Applicant have a written policy regarding the Americans with Disabilities Act (ADA)? Yes No
 - a. Does access for the disabled to the Applicant's facilities comply with ADA requirements? Yes No
15. Does the Applicant have a written policy regarding the Family and Medical Leave Act? Yes No
16. Does the Applicant have federal contracts or serve as a subcontractor on contracts over \$50,000 per year? Yes No
 - a. If the Applicant does have federal contracts, does the Applicant have an Affirmative Action Plan with the Office of Federal Contract Compliance Programs (OFCCP)? Yes No
17. Does the Applicant conduct any tests, written or physical, to screen applicants or employees for continued employment or promotion? Yes No
18. Has the Applicant offered any consideration to an employee in exchange for a release from future litigation? Yes No

Section V. Warranty

It is hereby understood and agreed, after proper inquiry, that the information contained herein and in any supplemental applications required, is true, accurate and complete, and that no

material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the Application and prior to issuance of the policy, an acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes

Further, Applicant understands and acknowledges that:

1. if a policy is issued, the Insurer will have relied upon, as representations, this Application, any supplemental applications, and any other statements furnished to the Insurer in conjunction with this Application, all of which are hereby incorporated by reference into this Application and made a part of thereof;
2. this Application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Insurer from any current or prior insurer of the Applicant.

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

Signing this form does not bind the Applicant or the Insurer to complete the insurance, but this application shall be the basis of the insurance should a policy be bound and issued, and shall become part of the policy. The application must be signed to be considered for quotation.

MUST BE SIGNED AND DATED BY OWNER, PARTNER OR SENIOR OFFICER.

(Applicant Signature)

(Date: Mo/Day/Yr)

(Print or Type Name & Title)