



**PRIVATE COMPANY PROTECTION PLUS - OREGON
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

UNDERWRITTEN BY PHILADELPHIA INDEMNITY INSURANCE COMPANY OR TOKIO MARINE SPECIALTY INSURANCE COMPANY

NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

INSTRUCTIONS

Whenever used in this Application the term **Applicant** shall mean the Named Corporation and its majority owned Subsidiaries and their respective Employees.

SUBMISSION REQUIREMENTS

- Copies of the latest versions of the **Applicant's** employee handbook and employment applications
- Applicant's latest fiscal year end financial statement (CPA prepared), if the total number of employees exceeds three hundred (300). Financial statements are required for all California submissions.

SECTION I - GENERAL INFORMATION

1. Applicant Name:
2. Address:
Telephone: Website address: www. Phone:
Risk Management Contact:
Email:
3. Standard Industrial Classification (SIC) Code:
Federal Employer Identification Number (FEIN):
4. Date established: State of incorporation:
Form of Incorporation (Inc., Ltd., LLC., etc.):
5. Please describe the nature of the Applicant's operations:
6. Is the Applicant a franchisor or franchisee of any franchise operations? Yes No
If yes, please describe:

7. Provide a list of all subsidiaries.

Name: Percent Owned by the Applicant:	%	Type of Business: Date created/acquired:
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SECTION II - EMPLOYMENT PRACTICES INFORMATION

1. Employment Practices Liability Insurance has been continuously in force since:

2. Employee Information

Located in the United States	Currently	One Year Ago
Full Time:		
Part Time:		
Temporary/ Leased:		
Independent Contractors:		
Volunteers:		
Total Located in the United States:		
Total Located outside of the United States:		

Total Number of Employees In the Following States	Currently	One year Ago
California		
Illinois		
Florida		
New Jersey		
New York		
Texas		
Washington		

3. Total number of current employees with annual compensation:

- Between \$100,000 - \$149,999:
- Between \$150,000 - \$249,999:
- Greater than \$250,000:

4. How many employees have been terminated or demoted in the past 12 months?

Voluntary: Involuntary: Laid off:

5. Is any reduction of employees or change of status anticipated or being contemplated in the next year? **If yes, number estimated:** Yes No

6. What percentage of the Applicant's employees are exempt? %

7. Human Resource Policies and Procedures

Does the Applicant:

- | | | |
|--|-----|----|
| a. Have a human resources department? | Yes | No |
| b. Have a standard employment application for all applicants? | Yes | No |
| c. Have an employment handbook? | Yes | No |
| d. Document the receipt of the employee handbook by the employee? | Yes | No |
| e. Have an "At Will" provision in the employment application? | Yes | No |
| f. Have a written policy with respect to sexual harassment and discrimination? | Yes | No |

- g. Conduct training for employees and board members on issues of sexual harassment and discrimination? Yes No
- h. Have written annual evaluations for employees? Yes No
- i. Have a written policy on progressive discipline for employees? Yes No
- i. Have a written policy for Family Medical Leave Act and the Americans with Disabilities Act? Yes No
- k. Offer severance arrangements in return for a release from future litigation? Yes No
- l. Have a formal process in place to ensure compliance with Federal and State Wage and Hour Laws? Yes No
- m. Consult with an attorney regarding how overtime is calculated and how they define "exempt" employees at each location? Yes No

Please provide an explanation by attachment for all no answers.

8. Third Party Policies and Procedures
Does the Applicant:

- a. Have policies or procedures outlining employee conduct when dealing with customers, clients, vendors, the general public or other third parties, including non-discrimination and non-harassment statements? Yes No
- b. Have policies or procedures for responding to complaints of harassment, discrimination, or civil rights violations from its customers, clients, vendors, the general public or other third parties? Yes No

SECTION III - GENERAL SUMMARY
(The Applicant must complete this section)

1. Current Coverage

Employment Practices Coverage	Insurance Company	Limit of Liability	Deductible	Effective Date	Premium
Currently		\$	\$		\$
Prior Year		\$	\$		\$

- a. With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? (Not Applicable in Missouri)
If yes, provide details by attachment. Yes No
- b. With respect to the above coverage, has any Underwriter indicated an intent not to offer renewal terms to the **Applicant**? (Not Applicable in Missouri)
If yes, provide details by attachment. Yes No

SECTION IV - CLAIM / WARRANTY SECTION

- 1. Has the Applicant, or any person proposed for this coverage been involved in any claim, proceeding or litigation, or has given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance?
If yes, please attach details. Yes No
- 2. Is the Applicant, or any person applying for this coverage aware of any facts or circumstances which they/ them has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicants has applied?
If yes, please attach details. Yes No

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations whether or not disclosed in #1 and #2 above is excluded from the proposed insurance.

Material Change

If there are any material changes to the answers of this Application's questions prior to the policy inception date, the **Applicant** must notify the Underwriter in writing. Any outstanding quotation may be modified or withdrawn.

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

APPLICABLE IN OREGON: 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 MAY COMMIT A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THAT PERSON TO CRIMINAL AND CIVIL PENALTIES.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR,
OR CEO)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)