



Evanston Insurance Company
 SHAND MORAHAN PLAZA
 EVANSTON, ILLINOIS 60201

EPLI-Only Salting-Only EPLI & Salting

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE
 (and/or Salting Liability Insurance Policy)

RISK IDENTIFICATION & INFORMATION (QUESTIONS 1 THRU 9)

1. Full Legal Name of Named Insured: _____
2. (a) Principal place of business (Location #1): _____
 (b) Telephone No. of Location #1: _____
3. (a) Years in business under current and all former corporate names for Named Insured: _____
 (b) If Named Insured is subsidiary, name of parent company: _____
4. Show all other related locations, including addresses and corporate names (e.g., subsidiaries, affiliates):

Location No.	Name of Insured Entity & Relationship to Named Insured	Complete Address	Years In Business
2.			
3.			
4.			

(Note: if there are multiple locations within a state, show only main location for each state.)

5. Estimated Annual Sales for Policy Period: \$ _____ Annual Payroll: \$ _____

6. Name of present EPLI insurer, limits and retroactive date: _____

7. Show current number of all employees, including seasonal, temporary, owners, partners, etc.

Location No.	Primary Business Activities	SIC Code	# Full-time Reg.	# Full-time Seas./Temp.	# Part-time Reg.	# Part-time Seas./Temp.
1.						
2.						
3.						
4.						

(Note: if there are multiple locations within a state, show total employment for each state.)

8. Indicate total employment turnover during the last three years (in columns asking for terminations, show separate figures for voluntary and involuntary terminations):

# Full-time Employees hired	# Full-time Employees terminated (vol./invol.)	# Part-time Employees hired	# Part-time Employees terminated (vol./invol.)
	/		/

9. Indicate estimated employment turnover for the next twelve (12) months: (in columns asking for terminations, show separate figures for voluntary and involuntary terminations):

# Full-time Employees to be hired	# Full-time Employees to be terminated (vol./invol.)	# Part-time Employees to be hired	# Part-time Employees to be terminated (vol./invol.)	Seasonal or temporary employees to be hired
	/		/	

EMPLOYMENT DEMOGRAPHICS (QUESTIONS 10 THRO 12)

10. Indicate current number of employees by length of employment:

Less than 2 years	2-10 years	Over 10 years

11. Indicate current number of all personnel for all insured locations by salary range, as follows:

Managers/ Supervisors	Sales & Marketing Personnel	Full-time non-manage-rial Employees	Part-time Em-ployees	Salary Range
				\$15,000 or less
				\$15,001-\$60,000
				\$60,001-\$100,000
				Over \$100,000

12. Name(s) of person(s) responsible for personnel, human resources, labor relations and industrial safety (indicate precisely all the duties, authority and experience/credentials of each such person):

Name	Duties	Authority	Experience/Credentials

CLAIMS HISTORY (QUESTIONS 13 THRO 15)

13. Indicate total number of employment-related charges filed with the NLRB, EEOC or state agency, whether by current employees, terminated employees or employees not hired, over the last six years:

19	19	19	19	19	19	19

14. Of the total number of NLRB/EEOC/state agency charges filed, indicate primary allegations as follows:

1. Racial Discrimination	2. Age Discrimination	3. Religious Discrimination	4. Other Ethnic Discrimination	5. Fair Labor Standards Act Violation	6. Gender Discrimination/Sexual Harass.	7. Violation of Am. with Disab. Act	8. Unfair Labor Practice	9. Others

15. With respect to litigated cases involving any of the above allegations, whether or not agency charges were filed, please provide the following information, which must be currently valued:

Date of Occurrence	Claimant	Allegation (if applicable, use allegation number from Qu. 14, above)	Damages Paid	Damages Reserved	Legal Expense Paid	Legal Expense Reserved

EMPLOYMENT PROCEDURES (QUESTIONS 16 THRO 19)

16. Describe your pre-employment screening procedures, including testing:

17. Describe all procedures for disciplining and terminating employees, including grievance or review procedures, and procedures for investigating employee complaints about working conditions, sexual harassment and pay disparities (if contained in manuals, then so state):

18. Describe methodology used for promoting employees and/or increasing salaries and wages (if contained in manuals, then so state):

19. Provide names & positions of persons with whom any insured has written employment agreement(s):

MISCELLANEOUS ISSUES (QUESTIONS 20 THRO 27)

20. Does any proposed insured or location plan to close any office or plant or sell any part of the business during the next twelve months? Yes No If yes, please explain:

21. Does management of any insured, at any location, plan to form any new businesses, open any new locations or acquire any new companies during the next twelve months? Yes No If yes, please explain:

22. Is management of any insured, at any location, aware of any facts, incidents or circumstances that may result in claims being made against any insured in the next twelve months? Yes No If yes, please explain:

23. (Answer only if applying for Salting Coverage) (a) Is management of any insured, at any location, aware of any current salting effort? Yes No If yes, please explain:

(b) Is the Named Insured a member of Associated Builders & Contractors? Yes No

24. Are all the proper notification posters required by law displayed prominently? Yes No If not, please explain:

25. Have job descriptions been drafted for most regular full-time positions? Yes No

26. How many disabled persons are employed (for all locations)? How does management make accommodations for their disabilities?

27. How long do you keep employment applications on file?

28. The following additional documents and information must accompany this application and form a part of the application: (Check those that are submitted with this submission—those marked with an * are mandatory; all others must be included only if applicable or if they exist):

- Employment Application Forms*
Current 12 month income statement & balance sheet*
Written Employment Contracts (if any)
Employee evaluation forms (if any)
EEO-1 filings for the last 3 years (if applicable)
Last audited financial statements (if any)
Supervisory & employment manuals (if any)
Other (specify Question # reference):
If Insured is a non-profit organization, names and occupations of members of board of directors

WARRANTY: The signatory below warrants: 1) that he/she has been authorized on behalf of the applicant(s) to make the representations contained herein; and 2) that the information contained herein is substantially true to the best of his or her knowledge and shall become the basis of the policy of insurance for which application is hereby made and is deemed incorporated therein if Evanston Insurance Company evidences its acceptance of this application by issuance of a policy or by any other evidence of insurance. The representations contained in Questions 8 and 9, 13 through 15 and 19 through 24 are particularly material and must be substantially correct.

Signature: _____

Name: _____ Title: _____

Date: _____

N.B.: Signing this form does not bind the applicant or Legion Indemnity Company to complete the contract of insurance. This application must be signed and dated in order to be considered for firm quotation purposes.



SHAND MORAHAN & COMPANY, INC.

Ten Parkway North, Suite 100, Deerfield, Illinois 60015
(847) 572-6000 Fax (847) 572-6137

EPL Loss Prevention Services Enrollment Form

Note: The insurance company to which you are applying for Employment Practices Liability Insurance (EPLI), provides their EPLI policyholders with value-added loss prevention services to assist them with employment practices and other day-to-day human resource challenges at no additional cost. These services, and the conditions of their use, are described on the next page. Binding of your EPLI policy is subject to the completion and submission of this enrollment form along with the insurance application. Please print or type clearly.

PART I - GENERAL INFORMATION

1. Full legal name of proposed policyholder: _____
2. Address: _____ 3. City: _____ 4. State: _____
5. Zip: _____
6. Is your organization Internet connected? Yes ___ No ___ 7. Web-Site: _____
8. Number of locations (including offices, plants, centers and other facilities): _____
9. Number of clients served annually: _____ 10. Annual operating budget or sales: \$ _____
11. Do you have a human resource department or professional on staff? Yes ___ No ___
12. Name of your EPLI agent: _____ Company: _____
Phone: (____) _____

PART II - AUTHORIZED USERS OF LOSS PREVENTION SERVICES

A. Authorized Hotline User: Please designate one person from your organization to have access to employment practices specialists via a toll-free, telephone hotline. (The person who handles the most Human Resource functions is typically designated.)

1. Name of Authorized Hotline User: _____ 2. Title _____
3. Phone: (____) _____ Ext.: _____ 4. Fax: (____) _____ 5. E-Mail: _____
5. User Name: _____ (4-8 Letters) 6. PIN Number: _____ (4-8 Numbers)

Note: All Authorized Users (including on-line users) should choose their own User Names and PIN Numbers.

B. Authorized On-Line Users: If you are Internet connected, please designate up to two (2) additional people from your organization to have on-line access to loss control specialists and other on-line loss prevention services.

Name of Authorized On-Line User & Title		E-Mail Address	User
Name	PIN Number	(4-8 Letters)	(4-8 Numbers)

1. _____

2. _____

Thank you for completing this form. If your EPLI policy is bound by the insurance company, a representative from WH Solutions will contact the authorized users designated above to fully explain the Employment Practices Liability loss prevention services. Please alert each authorized user to expect a brief call.

I agree to complete and submit this form along with the EPLI application. I hereby acknowledge and accept the EPL Loss Prevention Services Conditions on behalf of the proposed policyholder.

Name (please print)

Title

Signature

Date