

# Employment practices liability insurance

Application form

**MARKEL**



# Employment practices liability insurance

Application form



This is an application for a claims made and reported policy. Various provisions within the policy will restrict coverage.  
**Please answer all questions.**

If space is insufficient, attach details by addendum.

## General Information

### A. Insured information

Applicant	
Principal address	
Province/State of incorporation	
Website address	

The Applicant has continuously been in business since.

Nature of business.

Products and services.

**B. Operations**

Type of Business Entity (please check (✓) applicable description):

- |  |  |
|--|--|
| <input type="checkbox"/> Corporation                       | <input type="checkbox"/> Limited Partnership/Limited Liability Company |
| <input type="checkbox"/> Not for Profit/Tax exempt company | <input type="checkbox"/> Union/Labour Organization                     |
| <input type="checkbox"/> Partnership/Joint Venture         | <input type="checkbox"/> Other (please specify)                        |

If 'Other'.

Does the Applicant act as a general partner, partnership manager or participate in any joint ventures?  Yes  No

If 'Yes', and coverage is required, please attach a list of these entities and indicate for each the nature of business and percentage ownership held by the Applicant.

Are there any entities owned less than 51% for which coverage is requested?  Yes  No

If 'Yes', and coverage is required, please attach a list of these entities and indicate for each nature of business and percent of ownership held by Applicant.

	Canada	US	Other	Please specify country if other
Number of Locations				
% of Sales	%	%	%	%
% of Assets	%	%	%	%

Has the Applicant at any time over the last three years been in breach of any debt covenants or loan agreements?  Yes  No

If 'Yes', attach details.

Has the Applicant in the past 12 months completed or agreed to, or does it contemplate within the next 12 months, any of the following, whether or not such transactions were or will be completed:

A merger, acquisition, consolidation or tender offer?  Yes  No

Sale, distribution or divestiture of any assets or stock other than in the ordinary course of business in an amount exceeding 25% of the Applicant's consolidated assets?  Yes  No

Any registration for a public offering or private placement of securities, including debt or shares?  Yes  No

Protection under the Companies' Creditors Arrangement Act (CCAA) in Canada or Chapter 11 in the U.S.A., or reorganization or arrangement with creditors under provincial or state law or similar provisions in any other jurisdiction?  Yes  No

Any branch, location, facility, office or subsidiary closings, or layoffs?  Yes  No

Changing auditors?  Yes  No

If 'Yes' to any of the above questions attach details.

Does the Applicant perform any professional services for a fee?  Yes  No

If 'Yes', attach details.

**C. Financial**

Please complete the following information for the current year: or provide the most recent Quarterly and Annual financial statements.

Total Assets

Current Assets

Current Liabilities

Total Debt

Annual Revenue

Net Income

Cash flow from Operations

Name of auditor / accountant

How often is an audit done?

Has the Applicant changed its auditor / accountant in the last five years?  Yes  No

If 'Yes', attach details.

**D. Requested Insurance**

Coverage Type	Limit	Retention	Policy Period	
<input type="checkbox"/> Directors and Officers			to	
<input type="checkbox"/> Employment Practices Liability			to	
<input type="checkbox"/> Fiduciary Liability/Pension Trust Liability			to	

# Employment Practices Liability Module

## A. Insured information

	Canada	US	Other	Please specify country if other
Number of Full Time Employees – Non Unionized				
Number of Full Time Employees - Unionized				
Number of Part Time Employees – Non Unionized				
Number of Part Time Employees – Unionized				
Number of Contract Employees (the company has assumed liability of)				
Number of Volunteers				

	Texas	California	New York	New Jersey	Michigan	Illinois	Florida
Number of US Employees by state							

Turnover as % of total. 12 Months \$   
24 Months \$

Total percentage of current employees with annual compensation greater than \$100,000.  %

## B. HR Practices

Does the Applicant have an Human Resources Department.  Yes  No

If 'No', does the applicant have other qualified staff members serving equivalent functions.  Yes  No

If 'No' how are Employment Concerns handled and by whom?

- Does the Applicant have a written Human Resources Manual in place?  Yes  No
- If 'Yes' does the Human Resources Manual address the following Discrimination
  - Sexual Harassment  Yes  No
  - A policy on providing accommodations in the workplace?  Yes  No
  - Progressive Discipline  Yes  No
  - Performance Management  Yes  No
  - A standardized severance program for terminations and layoffs?  Yes  No
  - A formal orientation program for new employees that addresses workplace conduct and grievance procedures?  Yes  No
- For all positions:
  - Written job descriptions?  Yes  No
  - Regular written performance evaluations?  Yes  No
  - An application form for employment?  Yes  No
  - A personnel file?  Yes  No
- When was the Human Resources Manual last updated and distributed?

Are employment issues relating to the following handled by:	Human Resource Dept.	Outside Legal Counsel	Legal Dept.
Layoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Are job descriptions and contracts updated when promotions occur?  Yes  No
- Are any layoffs or terminations of employees anticipated or being contemplated in the next 18 months or has occurred in the past 18 months?  Yes  No
- If 'Yes' please answer the following:
  - What percentage of employees will be affected?  %
  - Will Outside Counsel be utilized?  Yes  No
  - Will severance be offered to all affected employees?  Yes  No
  - Are procedures in place to assist affected employees find work?  Yes  No

**C. Prior Knowledge**

In the past three years, has the Applicant or any person(s) applying for this insurance been involved in any litigation or proceedings related to employment including, but not limited to, wrongful dismissal?  Yes  No

Other than those identified in your response to question above, is there any claim now pending, or has any other claim been brought at any time during the last three (3) years, against any Applicant or any proposed entity or person in his or her capacity as a director, officer or other managerial position of any entity?

Yes  No

If 'Yes' to any of the above Prior Knowledge questions attach details.

**D. No Prior Insurance Warranty**

If no prior Employment Practices Liability insurance please skip.

No Applicant or any person(s) applying for this insurance is aware of any facts, circumstances or situations which could reasonably be expected to give rise to a claim under the proposed insurance coverage related to employment including, but not limited to, wrongful dismissal?

Yes  No

Has the Applicant or any director, officer or other proposed entity or person given written notice under the provisions of any prior or current Employment Practices liability policy, or similar policy, of specific facts or circumstances which might give rise to a claim being made against any proposed entity or person?

Yes  No

Have any loss payments been made on behalf of any Applicant or any director, officer or other proposed entity or person under any prior or current Employment Practices Liability policy or similar insurance?

Yes  No

**E. Prior Employment Practices Liability Insurance**

Insurer	Limit	Retention	Policy period	Premium	Pending and Prior Litigation date

**F. Additional information required**

Please attach the following as applicable:

- Copy of Employee handbook

It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER OR HUMAN RESOURCES MANAGER.

**(no other signature is acceptable).**

*Signature of Applicant (authorized representative):	Name:
*Title:	Date:

For contact information visit: [www.markel.ca](http://www.markel.ca)