



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

EMPLOYMENT PRACTICES LIABILITY RENEWAL APPLICATION

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1. Current Kinsale Policy Number: _____
2. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy:

3. Please list all other business/dba names for which you are seeking coverage under this policy: _____

4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): _____

5. Primary location address: _____
6. County of primary location: _____
7. Total number of branches? _____ List all addresses for additional branches: _____

8. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 12 months or are any such changes contemplated for the next 12 months? Yes No
9. Does any entity own or control your business or does your business own or control any entity? Yes No

EMPLOYEES (including Subsidiary employee information on a separate sheet)

1. Please describe the nature of the Applicant's business (type of product or services provided): _____

2. Number of Employees Currently: Full Time: _____ Part Time: _____
Number of Employees Projected 12 Months from today: Full Time: _____ Part Time: _____
3. Salary Ranges (including bonuses, dividends and commissions)
Number of full time employees Number of part time employees
\$50,000 or less: _____
\$50,001 to \$100,000: _____
\$100,001 and over: _____
TOTAL: _____

4. If you have multiple locations, please list employees by state:

	State:	State:	State:	State:	State:
Full-Time					
Part-Time					

5. Does the Applicant use seasonal or temporary employees? Yes No
 If so, when and how many? _____
 Are these employees included in #4 above? Yes No
6. Does the Applicant use leased workers? Yes No
 If Yes, how many have been retained by the Applicant in the past 12 months? _____
 Are these employees included in #4 above? Yes No
7. Does the Applicant use independent contractors? Yes No
 If Yes, how many work solely for the Applicant? _____
8. How many employees are covered by collective bargaining or other union agreements? _____
9. In the past 12 months, how many officers have left your employ? _____
 Of the above, how many were terminated? _____
10. In the past 12 months, how many other employees have left your employ? _____
 Of the above, how many were terminated? _____

FINANCIAL AND OPERATING INFORMATION

1. Please answer the following four (4) questions for the Applicants listed in #1 and #2 of the General Information Section, including its subsidiaries, for the most recent fiscal year end:
- What are the Applicant's total assets? _____
 - What are the Applicant's total gross revenues? _____
 - Does the Applicant currently have: Net Income or Net Loss Amount \$ _____
 - Does the Applicant currently have: Positive Cashflow or Negative Cashflow Amount \$ _____
2. Has an auditor in the previous 12 months recommended a "going concern" opinion of the financial information for the Applicant? (If Yes, please provide details on a separate sheet.) Yes No
3. Are you: Publicly Held? If Yes, please provide stock symbol _____
 Privately Held?
 Non-Profit?
 Other? Please explain. _____

EMPLOYMENT PRACTICES

1. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate or for any other reason? (If Yes, please complete the Reduction In Force supplement.) Yes No
2. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off, closure of any division, office or facility that you own or operate or for any other reason? (If Yes, please complete the Reduction In Force supplement.) Yes No

In Force supplement.)

3. If during the next 12 months, circumstances of which are you currently unaware make it necessary for you to decrease the number of your employees by ten percent (10%) or five (5) employees, whichever is great, through the implementation of any reduction in force, systematic layoff, closure of any division, office or facility that you own or operate or for any other reason (with any such reduction, lay-off or closure not known, anticipated or planned by you as of the date of this Application), do you agree that you will consult with, and adopt the advice of, a lawyer who specializes in labor and employment law (may include in-house counsel, but only if that counsel is qualified and experienced in the practice of labor and employment law) as respects the implementation of such reduction, lay-off or closure? *(If No, please explain on a separate sheet.)* Yes No
4. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty-five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees? *(If Yes, please provide full details on a separate sheet.)* Yes No

HUMAN RESOURCES

1. Please provide a summary of any significant changes to your Human Resources policies or procedures made during the past 12 months or contemplated for the next 12 months. _____

THIRD PARTY INFORMATION

1. Estimated number of employees with customer/client contact: _____
2. Please describe the frequency and nature of customer/client interactions. _____

3. Has the Applicant or its predecessors received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant in the past 12 months? *(If Yes, please provide details on a separate sheet.)* Yes No
4. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Yes No
5. Are there procedures for reporting and dealing with complaints by customers/clients? Yes No
6. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Yes No

OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate, in the last 12 months, does anyone have any other Material Facts to disclose? *(If Yes, please provide such Material Facts on a separate sheet.)* Yes No

A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.

INSURANCE AND LOSS HISTORY

1. After inquiry with each person as appropriate, in the last 12 months, has any wrongful termination discrimination, sexual harassment claims or any other wrongful employment practices liability claim or suit, including third party claims, ever been made against the Firm or any predecessor firm or any current or former member of the Firm or predecessor firm? Yes No

If "Yes," how many? _____ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.

2. Of the total number of EEOC/state agency charges filed against any Applicant over the last 12 months, indicate the number of primary allegations as follows:

1) Location No.	2) Racial Discrimination	3) Age Discrimination	4) Religious Discrimination	5) Other Ethic Discrimination	6) Equal Pay Act Violation	7) Other Gender Discrimination	8) Violation of Am. With Disabl. Act

3. With respect to litigated cases (including wrongful termination suits under state law other than antidiscrimination law) and EEOC/state agency charges over the last 12 months for which any settlement was or may be paid, please provide the following information, which must be currently valued:

Date Occurrence	Claimant	Allegation	Damages Paid	Damages Reserved	Legal Expenses Paid	Legal Expenses Reserved

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Director of Human Resources or other
Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____