



CAMICO

**EMPLOYMENT
PRACTICES
LIABILITY
INSURANCE
QUESTIONNAIRE**



Tel: (800) 652-1772



Apply for a CAMICO Employment Practices Liability (EPL) Policy

Please follow the steps listed below to complete your questionnaire for CAMICO coverage:

- 1. Review all 'Common Phrases And Definitions' below.
2. Complete all sections of the questionnaire, answering all questions completely.
3. Sign on page 2 and make a copy of the completed questionnaire for your records.
4. Return the completed questionnaire (see below for mailing address).

COMMON PHRASES AND DEFINITIONS

Claims Made And Reported

The Policy is a claims made and reported policy. Except to such extent as may otherwise be provided herein, the coverage of the Policy is limited to employment practices liability for only those claims that are first made against the Insured and reported to the Company while the policy is in force.

Prior Acts

Coverage for employment practices prior to inception of this policy may be requested where the Firm has current employment practices liability coverage.

If this policy is written with prior acts coverage it shall apply only to claims for damages as a result of employment practices which first take place on or after the prior acts (retroactive) date.

SECTION I: FIRM INFORMATION

- 1. Firm Name:
2. Firm Address:
City, ST Zip:
3. Tel:
4. Fax:
5. Primary contact for EPL insurance: E-mail:
6. Please list the total number of employees: PLEASE DO NOT INCLUDE EQUITY PARTNERS IN THE FIRM
7. Within the last five years, has the Firm or any individual proposed for this insurance:
a. Received any employment-related inquiry, complaint or charge from any municipal, state, or federal regulatory authority or any other governmental entity?
b. Had any employment-related claim, suit, grievance, or demand brought against them?
8. Are you aware of any facts, incidents or circumstances that may result in a claim or claims being made against you?
9. Do you currently carry EPL insurance?

SECTION II: EMPLOYMENT PRACTICES

- 10. Do you distribute an Employee Handbook to your employees? Yes No
 - a. If you distribute an Employee Handbook, do you require employees to acknowledge that they have received and understood it? Yes No
 - b. If you distribute an Employee Handbook, does it contain:
 - i. An employment-at-will statement? Not applicable due to our state law Yes No
 - ii. A written equal employment opportunity statement? Yes No
 - iii. A written sexual harassment and other harassment policies? Yes No
 - iv. A written internal complaint procedure for discrimination and sexual harassment claims? Yes No
 - c. If you do not distribute an Employee Handbook, do you have written policies on all of the above that are distributed separately? Yes No
Specify any that are not: _____
- 11. Do you provide sexual harassment training to employees? Yes No
- 12. Do you use an employment application during your hiring process? Yes No
- 13. Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law? Yes No
- 14. Do you have a documented process for handling all employee complaints? Yes No

SECTION III: ACKNOWLEDGEMENT OF NO-KNOWN CLAIMS

The below authorized owner or partner declares that the following is understood. After inquiry of all stockholders, partners and employees, I am not currently aware of any employment practices, incident, circumstance, dispute or problem which could reasonably be expected to be the basis of a claim being made against the firm, its predecessors or any partner, officer or employee, by any current or former employee, contract worker or applicant, that has not been reported to CAMICO. I also am aware that the failure of any *Insured* to disclose such known facts, employment practices, incident, circumstance, dispute or problem here may entitle CAMICO to void the proposed policy in its entirety if CAMICO establishes that any *Insured* has misrepresented or concealed any information that is material to the risk and/or that contributed to a claim for which coverage is sought.

Owner/Managing Partner: _____ Date: _____

DOCUMENTATION CHECKLIST

Mail or fax this form to the address below:

- Additional sheets with information as required in questions 7 and 8.
- A copy of your EPL insurance declarations page if you currently have coverage.

Sales Department
CAMICO Mutual Insurance Company
 1235 Radio Road, Second Floor
 Redwood City, CA 94065-1217

Phone: 1.800.652.1772
Fax: 1.800.496.9910
E-mail: inquiry@camico.com
Web: www.camico.com

WARNING – Residents of Arizona, Arkansas, Colorado, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Virginia, Washington and West Virginia

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and imprisonment. (For Arizona, Florida, Georgia, North Carolina, and Oregon residents only: All statements and descriptions in this application for insurance and in any negotiations therefore, by or behalf of the insured, shall be deemed to be representations and not warranties. For CO residents only: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)