



**CAMICO**

**EMPLOYMENT  
PRACTICES  
LIABILITY  
INSURANCE  
QUESTIONNAIRE  
NEW YORK**

**NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK STATE INSURANCE DEPARTMENT. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.**

**THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. THE POLICY PROVIDES NO COVERAGE FOR *CLAIMS* ARISING OUT OF EMPLOYMENT PRACTICES WHICH TOOK PLACE PRIOR TO THE *RETROACTIVE DATE*. THE POLICY COVERS ONLY *CLAIMS* ACTUALLY MADE AGAINST AN *INSURED* WHILE THE POLICY REMAINS IN EFFECT. ALL COVERAGE UNDER THE POLICY CEASES UPON THE TERMINATION OF THE POLICY EXCEPT FOR THE BASIC *EXTENDED REPORTING PERIOD*, OR UNLESS THE *NAMED INSURED* PURCHASES SUPPLEMENTAL *EXTENDED REPORTING PERIOD*. THE LIMITS OF LIABILITY AVAILABLE TO PAY *DAMAGES* OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS *CLAIM EXPENSES*, INCLUDING FEES AND EXPENSES INCURRED IN THE INVESTIGATION, ADJUSTMENT, AND DEFENSE OF A *CLAIM* FOR LIMITS OF \$100,000 OR GREATER. SUCH *CLAIM EXPENSES* SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE BY THE AMOUNT OR PERCENTAGE STATED IN THE POLICY. PLEASE REFER TO THE POLICY FOR THE EXACT TERMS AND CONDITIONS CONCERNING THE COMPANY'S LIMITS OF LIABILITY.**



**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. If any question, or part thereof, does not apply, print “NA” in the space provided - leave no blanks. Failure to answer all questions will delay our ability to underwrite this questionnaire, which may result in a gap in your coverage.
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*

The Policy is a claims-made 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 while the Policy is in force. Please review the Policy carefully and discuss the coverage with your CAMICO representative.

*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?  Yes  No
  - b. Had any employment-related claim, suit, grievance, or demand brought against them?  Yes  No

*If “Yes”, please attach separate sheet with date, names of parties, description, amount demanded and amount paid or reserved.*
8. Are you aware of any facts, incidents or circumstances that may result in a claim or claims being made against you?  Yes  No  
*If “Yes”, please attach separate sheet providing details including names of parties.*
9. Do you currently carry EPL insurance?  Yes  No  
*If “Yes”, please attach a copy of your EPL declarations page.*

**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**  
 45 Broadway, 16<sup>th</sup> Floor  
 New York, NY 10006-3792

**Phone:** 1.800.652.1772  
**Fax:** 1.800.496.9910  
**E-mail:** [inquiry@camico.com](mailto:inquiry@camico.com)  
**Web:** [www.camico.com](http://www.camico.com)

**WARNING – NEW YORK RESIDENTS ONLY:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.