



CAMICO

**EMPLOYMENT
PRACTICES
LIABILITY
INSURANCE
APPLICATION**



Tel: (800) 652-1772

Apply for a CAMICO Employment Practices Liability (EPL) Policy

This is an application for a “**Claims Made and Reported**” policy. The policy applies only to employment practices claims first made against the Insured and reported to the Company while the policy is in force and for employment practices occurring after the prior acts date. The limit 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 or multiple claims. The policy will be issued in reliance upon the statements in the application. Therefore, it is important that all questions be answered accurately.

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

- 1. Review all definitions at the bottom of the page.**
- 2. Please type or print clearly, and do not use pencil.**
- 3. Complete Parts I through VII, 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 application, which may result in a gap in your coverage.**
- 4. Complete supplemental application(s) only when appropriate.**
- 5. Sign on page 6 and make a copy of the completed application for your records.**
- 6. Return the completed application (see page 6 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. Please review the Policy carefully and discuss the coverage with your CAMICO representative.

FIRM

The term “Firm” means the entity listed in Part I, question 1 of this application and any individual owner (proprietor, stockholder, partner) and any individual employee of the entity listed in Part I, question 1 of this application.

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.

PART-TIME

Persons who work more than 32 hours per week or 1,600 hours per year, even if seasonal, are Full-Time. Persons who work less than 32 hours per week or 1,600 hours per year are considered Part-time.

Part I: Firm Information

1. Firm Name: _____

2. Contact Person: _____ 3. Requested Effective Date: _____

4. Title: _____ 5. E-mail Address: _____

6. Primary Office Address: _____

Street Address City County State Zip

If your Firm operates from any other office location(s), please complete Part I, Question 6, of the EPL Insurance Supplement (E-1).

7. Telephone: _____ 8. Fax: _____ 9. Web Site: _____

10. Mailing Address: _____

(if different from #6) Street Address City County State Zip

11. Entity Type: Sole Proprietorship Partnership Corporation LLP LLC PC Other (list): _____

12. Firm's Federal ID#: _____ 13. Date Firm Established (mm/dd/yyyy): _____

(or SS#, if sole proprietor)

14. List Name(s) of all Partners/Owners.

Name	% Ownership	Title	Professional Organization Memberships	E-mail Address

Please use Part I, Question 14, of the EPL Insurance Supplement (E-1) if additional room is needed.

Part II: Firm Profile

15. For the location listed above in Question 6, please list the total number of employees, workers and independent contractors, broken down by Full-Time employees, Part-Time employees, Contract Workers, Leased Workers and Independent Contractors, for each of the last three years (please refer to explanation of staff types below):

If your Firm operates from any other office location(s), please complete Part II, Question 15, of the EPL Insurance Supplement (E-1).

PLEASE DO NOT INCLUDE PARTNERS IN THE FIRM

	Current Year	Prior Year	2 Years Ago
# of Full-Time Employees			
# of Part-Time Employees			
# of Contract Workers			
# of Leased Workers			
# of Independent Contractors (On-site)			
# of Independent Contractors (Off-site)			
Total			

EXPLANATION OF STAFF TYPES:

Full-Time Employee:

Defined as a person employed by the Named Insured for wages or salary or any non-equity partners of the firm. Employee does not include any Contract Worker, any Independent Contractor, any employee of an Independent Contractor, or any Leased Worker.

Part-Time Employee:

Defined as employees working less than 32 hours per week/1600 hours per year.

Contract Worker:

Defined as a natural person who contracts directly with the Named Insured to provide professional services on behalf of the Named Insured. For example, a seasonal tax worker performing services for the firm’s clients would be considered a Contract Worker.

Leased Worker:

Defined as a person leased to the Named Insured by a labor leasing firm under an agreement between the Named Insured and the labor leasing firm to perform duties related to the conduct of the Named Insured’s business. Leased worker does not include a Contract Worker.

Independent Contractors “On-Site”:

Defined as independent contractors/per diem workers that are on site. For example, an individual working in a non-client related area, such as IT/telephone/data maintenance, would be considered an independent contractor.

Independent Contractors “Off-Site”:

Defined as independent contractors/per diem workers that are primarily at a remote location (remote from the employees). For example, an individual working in a non-client related area, such as IT/telephone/data maintenance, would be considered an independent contractor.

16. If you wish to include coverage by endorsement for Independent Contractors, please indicate by answering “Yes.” (See Question 15 for an explanation of what constitutes an Independent Contractor) Yes No

Unless specifically amended by an endorsement, there is no coverage for any claims brought by Independent Contractors. To obtain this endorsement, please complete Part II, Question 16, of the EPL Insurance Supplement (E-1). Please note that an Independent Contractor can never be an “Insured” under your policy.

17. Breakdown of current Full-time employees (excluding partners/owners) by their total cash compensation (salary + bonus):

PLEASE DO NOT INCLUDE PARTNERS/OWNERS IN THE FIRM

Salary Ranges	# of Employees	% of Total Employees
\$30,000 or less per year		
\$30,001–\$100,000 per year		
Over \$100,000 per year		
Total		100%

18. Based on your Firm’s fiscal year-end data, please provide the following gross revenue figures (accrual basis income):

Next Fiscal Year (projected)	Current Fiscal Year (estimated)	Last Fiscal Year
\$	\$	\$

19. a. Have you had any branch or office closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the past 24 months? Yes No

If “Yes,” please provide details under Part II, Question 19a, on the EPL Insurance Supplement (E-1).

- b. Do you anticipate any of the above within the next 12 months? Yes No

If “Yes,” please provide details under Part II, Question 19b, on the EPL Insurance Supplement (E-1).

- 20. Involuntary Turnover:** Total number of employer-initiated terminations of Full-Time and Part-Time employees.
Voluntary Turnover: Total number of Full-Time and Part-Time employees who initiated their own separations and voluntarily terminated their employment.

DO NOT INCLUDE SEASONAL WORKERS, RETIREES, INDEPENDENT CONTRACTORS OR INTERNS IN VOLUNTARY TURNOVER COUNT.

	Involuntary Turnover:	Voluntary Turnover:
Current Year		
Previous Year		
2 Years Ago		

Part III: Loss History

- 21. Within the last five years, has the company 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 a claim, suit, grievance, or demand brought against them? Yes No
- If “Yes,” to either a and/or b, please provide details under Part III, Question 21, on the EPL Insurance Supplement (E-1).

- 22. Are you aware of any facts, incidents, or circumstances that may result in a claim(s) being made against you?** Yes No
- If “Yes,” please provide details under Part III, Question 22, on the EPL Insurance Supplement (E-1).

THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS OR CIRCUMSTANCES EXIST WHICH MAY REASONABLY GIVE RISE TO A CLAIM UNDER THIS PROPOSED POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE THEREUNDER. FAILURE TO DISCLOSE SUCH KNOWN FACTS, INCIDENTS OR CIRCUMSTANCES HERE MAY ENTITLE THE COMPANY TO VOID THE PROPOSED POLICY IN ITS ENTIRETY IF THE COMPANY ESTABLISHES THAT AN INSURED HAS MISREPRESENTED OR CONCEALED FACTS, INCIDENTS OR CIRCUMSTANCES THAT ARE MATERIAL TO THE RISK AND/OR THAT CONTRIBUTED TO A CLAIM FOR WHICH COVERAGE IS SOUGHT.

Part IV: Insurance Information

- 23. Do you currently carry Employment Practices Liability insurance?** Yes No
- If “Yes,” please attach a copy of your current declarations page and provide:

Carrier:	Limit (per claim/aggregate):
Policy Term: From: _____ To: _____	Retroactive Date:
Deductible:	Co-Insurance Amount, if any:
Premium:	

- 24. Has any insurer ever canceled or non-renewed this type of coverage?** (Not applicable in Missouri) Yes No
- If “Yes,” please provide details under Part IV, Question 24, on the EPL Insurance Supplement (E-1).

25. Requested limit of liability and deductible (check all options you wish quoted):

Limit of Liability: Per Claim / Policy Aggregate	Deductible
<input type="checkbox"/> \$100,000 / \$100,000 *	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$250,000 / \$250,000 *	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$20,000
<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$1,000,000 / \$2,000,000	

* Not available in AR, LA or NM.

26. Do you currently carry PROFESSIONAL LIABILITY INSURANCE? Yes No

If "Yes," Carrier: _____ Expiration Date: _____

Limit of Liability: _____

Part V: Risk Management Practices

27. Do you make use of any of the following tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?

- a. Psychological or personality tests? Yes No
- b. Drug or alcohol tests? Yes No
- c. Pre-employment offer medical tests? Yes No

If "Yes," please provide details under Part V, Question 27, on EPL Insurance Supplement (E-1).

28. a. Have all your employment-related policies and procedures been reviewed and approved by outside counsel? Yes No

If "Yes," when? _____

b. Have all recommendations from that review been implemented? Yes No

If "No," please explain or provide time frame for implementation under Part V, Question 28b, on the EPL Insurance Supplement (E-1).

29. a. Who is responsible for the Human Resources or Personnel functions?

Name: _____ Title: _____ E-Mail: _____

b. Is this contact the person to whom all employment related incidents are reported? Yes No

If "No," to whom are these incidents reported? _____

c. Do you require that all employment terminations be reviewed by personnel having Human Resource responsibility? Yes No

30. Do you distribute an Employee Handbook to your employees? Yes No

If "Yes,"

a. Do you require employees to acknowledge that they have received and understood the Handbook? Yes No

b. 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

If "No,"

Do you have written policies on any of the above that are distributed separately? Yes No

Please specify which policies are distributed separately: _____

- 31. Do you provide training to your employees, including management, on any of the following employment practice topics?**
- a. Sexual Harassment, Yes No
- b. Discrimination, Yes No
- c. Americans with Disabilities Act, Yes No
- d. Family Medical Leave Act, Yes No
- e. Reporting Incidents of Complaints. Yes No
- 32. Do you use an employment application during your hiring process?** Yes No
- If "Yes," does it contain:
- a. an employment-at-will statement? Not applicable due to our State laws Yes No
- b. authorization to check references and criminal conviction records? Yes No
- c. the applicant's signature attesting that all representations are true? Yes No
- d. an equal employment opportunity statement? Yes No
- 33. Management/Supervisor Training**
- a. Do you have a progressive disciplinary program? Yes No
- If "Yes," has it been distributed to supervisors in writing? Yes No
- b. Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law? Yes No
- c. When requested by employees, do you distribute information as required by federal law regarding the Family Medical Leave Act? Yes No
- d. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No
- e. Do you keep supervisors/management continually informed on any changes in employment practices? Yes No
- 34. Does the Firm have a Management succession plan?** Yes No
- If "Yes," what tools does your firm utilize for succession planning? _____
- 35. Do employees have a venue for reporting any serious concerns relating to incorrect financial reporting, and/or unethical or illegal conduct concerning the Firm?** Yes No
- If "Yes," are these employees protected from any possible retaliation when they do report such activities? Yes No
- 36. Does the Firm have a documented process for handling all employee complaints?** Yes No
- 37. Do all employees receive a written performance evaluation?** Yes No
- If "Yes," how often? _____
- 38. Are employee salaries benchmarked?** Yes No
- If "Yes," when did the last benchmarking analysis take place? _____
- 39. Does the Firm offer Medical, Dental and 401(k) benefits to each employee?** Yes No
- 40. Does the Firm offer bonuses or other financial incentives for acknowledging exceptional work performance?** Yes No

Part VI: Additional Information

Please attach each of the following, if they exist. If they do not exist, please explain under Part VI on the EPL Insurance Supplement (E-1).

- Your employee handbook
- Employment application form(s)
- Equal employment opportunity policy
- Discrimination and sexual harassment policy
- Separation agreement form

Part VII: Signature

The undersigned proprietor, authorized partner of the partnership, authorized stockholder of the corporation, or authorized individual responsible for the human resources function represents to the best of his or her belief and knowledge, after reasonable inquiry, including inquiry of all stockholders, partners and employees and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue a policy.

The firm understands and agrees this application and any supplements thereto shall be incorporated into any policy that may be issued and the underwriters are relying on the truth of the statements set forth herein in making a determination to issue any policy.

The undersigned individual represents that he or she is duly authorized and empowered to make this application, including this representation, on behalf of the firm or any individual who may seek coverage under any binder or insurance policy issued in reliance hereon.

Name: (Please Print) _____

Signature: _____ Date: _____

Position/Title: _____

Applicant/Firm: _____

Enclose the application and appropriate forms and send to:

CAMICO Mutual Insurance Company

1235 Radio Road, Second Floor

Redwood City, CA 94065-1217

Questions: 1.800.652.1772

e-mail: inquiry@camico.com

website: www.camico.com

fax: 1.800.496.9910

Thank you for applying for CAMICO coverage.

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.)



Firm: _____

EPL Insurance Supplement

E-1

To be completed by any applicant with “Yes” response to questions 6, 14, 15, 16, 19, 21, 22, 24, 27, or 28 on the standard insurance application, or with interest in coverage for Independent Contractors, or if insufficient room to answer the question on the main portion of the application.

Part I: Firm Information

Question 6

Complete if the Firm has more than one office location.

	Primary Office Per Question #6 of Application	Location #2	Location #3
Location/Address			
Name of Partner in Charge			
Total # of Employees (excluding partners and owners)			
Percent of Firm’s Total Revenue at Location			

Question 14

List Name(s) of additional Partners/Owners.

Name	% Ownership	Title	Professional Organization Memberships	E-mail Address

Part II: Firm Profile

Question 15

For office locations, other than location identified as “Primary Office” in Question #6 on the Application.

PLEASE DO NOT INCLUDE PARTNERS IN THE FIRM

	Current Year		Prior Year		2 Years Ago	
	Location #2 Per Q #6 of E-1	Location #3 Per Q #6 of E-1	Location #2 Per Q #6 of E-1	Location #3 Per Q #6 of E-1	Location #2 Per Q #6 of E-1	Location #3 Per Q #6 of E-1
# of FT Employees						
# of PT Employees						
# of Contract Workers						
# of Leased Workers						
# of IC (On-site)						
# of IC (Off-site)						
Total						

Question 16

Provide details for all independent contractors for which you want coverage for under this insurance for claims brought by such workers. Include number of workers, type of work, and whether the workers are primarily on-site or off-site.

Question 19

a. Details of branch or office closings, consolidations, layoffs/staff reductions (greater than 10% of the workforce), mergers or acquisitions within the past 24 months:

b. Details on any of the above anticipated in the next 12 months:

Part III: Loss History

Question 21

a. Details of any employment-related inquiry, complaint or charge from any municipal, state, or federal regulatory authority or any other governmental entity within the last five years: (Provide date, names of parties, complete description, amount demanded, and amount paid and/or reserved.)

b. Details of any claim, suit, grievance, or demand within the last five years: (Provide date, names of parties, complete description, amount demanded, and amount paid and/or reserved.)

Question 22

Details of any facts, incidents, or circumstances which may result in a claim(s) being made against you including names of parties:

Part IV: Insurance Information

Question 24

Details of canceled or non-renewed Employment Practices Liability insurance:

Carrier: _____

Cancellation or Non-renewal Effective Date: _____

Reason: _____

Part V: Risk Management Practices

Question 27

For tests used to screen employment applicants, to promote employees, or for the purpose of continuing employment, please describe:

- Type of test;
- How the test is administered, (i.e., to all employees or only certain segments of employees). Please detail procedures used; and
- Company creating the test and validation documentation.

Question 28

b. Explain any recommendations made by outside counsel that have not been implemented and reason why not implemented or timeframe estimated to complete implementation.

