



**CAMICO**

**EMPLOYMENT  
PRACTICES  
LIABILITY  
INSURANCE  
APPLICATION**

**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**

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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. 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**

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### **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.

### **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)			
<b>Total</b>			

### **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.”  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.

	<b>Involuntary Turnover:</b>	<b>Voluntary Turnover:</b>
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 WILL VOID THE PROPOSED POLICY IN ITS ENTIRETY.**

### 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):**

<b>Limit of Liability: Per Claim / Policy Aggregate</b>	<b>Deductible</b>
<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	

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 all of the above that are distributed separately?  
 Specify any that are not: \_\_\_\_\_
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

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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 insured 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**

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

**Questions: 1.800.652.1772  
e-mail: [inquiry@camico.com](mailto:inquiry@camico.com)  
web site: [www.camico.com](http://www.camico.com)  
fax: 1.800.227.2090**

**Thank you for applying for CAMICO coverage.**

**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.



Firm: \_\_\_\_\_

## EPL Insurance Supplement – New York

**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
<b># of FT Employees</b>						
<b># of PT Employees</b>						
<b># of Contract Workers</b>						
<b># of Leased Workers</b>						
<b># of IC (On-site)</b>						
<b># of IC (Off-site)</b>						
<b>Total</b>						

**Question 16**

Details of all independent contractor contracts for which you would want coverage under this insurance for claims brought by such contract workers. Include number of workers, type of work, approximate average hours/week and/or months of use, and whether workers are primarily on-site or off-site.

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**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:

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

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**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.)

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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.)

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**Question 22**

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

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## **Part IV: Insurance Information**

### **Question 24**

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

Carrier: \_\_\_\_\_

Cancellation or Non-renewal Effective Date: \_\_\_\_\_

Reason: \_\_\_\_\_

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## **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.

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### **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.

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