

### IMPORTANT INSTRUCTIONS

1. Type or print clearly.
2. Answer all questions completely.
3. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number.
4. This form must be completed, signed, and dated by a principal, partner, or officer of your firm.
5. Mail completed application through local broker or agent to:

Victor O.  
**Schinnerer**  
& Company, Inc.

Underwriting Managers and Program Administrators  
Two Wisconsin Circle, Chevy Chase, MD 20815-7022  
(301) 961-9800 Fax: (301) 951-5444

 New Application

 Renewal Application

Renewal Policy # \_\_\_\_\_

Schinnerer Use Only

### GENERAL INFORMATION

1. Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  

City
State
Zip
3. Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
4.  Individual Proprietor     Partnership     Corporation     Other \_\_\_\_\_
5. Nature of Business: \_\_\_\_\_ # of Years in Business: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
7. List all office locations by city and state & indicate number of employees at each location:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Are you planning or are you aware of any proposed branch or office closings, layoffs, mergers or acquisitions scheduled within the next 24 months? If yes, provide details.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Have you had any of the events described in the preceding question during the past 24 months? If yes, provide details.  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Do you currently carry EPL insurance?     Yes     No  
 If yes, attach copy of Declarations Page.
11. Desired Per Claim/Aggregate Limits:  
 \$250,000/\$500,000     \$500,000/\$1,000,000     \$1,000,000/\$1,000,000     Other \_\_\_\_\_

## EMPLOYEES

12. Number of Employees (includes owners, partners, officers, directors, etc.):

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Leased \_\_\_\_\_

13. Number of employees leaving your employ in each of the last three years:

Year	Voluntary	Involuntary
19_____	_____	_____
19_____	_____	_____
19_____	_____	_____

## LOSS HISTORY

14. Regardless of whether or not such may have been covered by any insurance policy, have you had or do you presently have any employment related claims including, but not limited to complaints, charges, grievances, arbitrations, litigation, administrative agency proceedings (federal, state, or local), or negotiated settlements ("claims") concerning employment issues such as hiring, promotion, termination, discrimination, or sexual harassment?  Yes  No  
If yes, please complete the Supplemental Application — Claims for each such "claim" in the past 3 years.

15. Are you aware of any facts, incidents, or circumstances ("incidents") which may result in employment related claims being made against you?  Yes  No  
If yes, please provide details of each such "incident" in an attachment to this Application.

**Any employment related claims, or claims that may arise from facts, incidents, or circumstances that you have disclosed, or should have disclosed in response to questions 14 and 15, will be excluded from coverage under the insurance for which this Application is made.**

## LOSS PREVENTION

16. Do you have a staff person whose primary responsibility is the administration of human resources?  Yes  No  
If yes, please identify; if no, please identify the person and position responsible for this function:

_____	_____	_____
Name	Position	Phone Number

17. Do you have the following in place?

- a) Written policy regarding sexual harassment disseminated to all employees.  Yes  No  
If yes, please attach.
- b) Written policy for the handling of employee complaints of discrimination or sexual harassment.  Yes  No  
If yes, please attach.
- c) Written policies for hiring, promoting, disciplining and terminating employees.  Yes  No  
If yes, please attach.

18. Do management and supervisory employees receive training on the proper implementation of your personnel policies and procedures?  Yes  No

19. Are you required to have a written Federal affirmative action plan?  Yes  No  
If yes, has it been updated in the last twelve months?  Yes  No

20. Have all of your written employment related policies and procedures (questions #17-19) been reviewed by outside legal counsel within the last two years?  Yes  No

**SIGNATURE AND REPRESENTATION PAGE**

Applicant hereby represents after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof;
2. This application will be the basis of the contract and will be incorporated by reference into and made a part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**WARNING — Colorado, Florida, Kentucky, New Jersey, New York, Oklahoma and Pennsylvania Applicants 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.**

(FOR COLORADO 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 A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.)

Applicant

By \_\_\_\_\_  
 SIGNATURE OF OFFICER OR PARTNER OF THE FIRM                      PRINT NAME OF OFFICER OR PARTNER                      DATE

**AGENT OR BROKER MUST COMPLETE THE FOLLOWING**

Name							
Agency Name							
Address							
Phone				Fax			
Status	Yes	No	License No.	Status	Yes	No	License No.
Licensed CNA Agent (Casualty Lines)				Licensed Casualty Agent with a Company Other Than CNA			
Licensed Broker				Non-Resident (If Applicable)			



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**EMPLOYMENT PRACTICES LIABILITY**

**Supplemental Application — Claims**

1. Name of Applicant: \_\_\_\_\_

2. Indicate:  Claim  Suit  Admin. Hearing  Other \_\_\_\_\_

3. Date claim was made: \_\_\_\_\_

4. Name of person(s) making claim: \_\_\_\_\_

5. Name of person(s) named in claim: \_\_\_\_\_

6. What was the nature of the claim? \_\_\_\_\_

Describe in detail the circumstances leading to the claim.

7. How did you respond to this specific situation, and when were actions taken?

8. What action have you taken to prevent this type of claim from occurring again?

9. Damages associated with claim:

(a) If Closed: Total paid (including deductible): \$ \_\_\_\_\_  
Legal Expense: \$ \_\_\_\_\_  
Awards, Settlements \$ \_\_\_\_\_

This represents:  Court judgment  Out-of-court settlement

Was this claim insured?  Yes  No Name of insurer \_\_\_\_\_

(b) If Pending: Amount requested in complaint: \$ \_\_\_\_\_  
Claimant's settlement demand: \$ \_\_\_\_\_  
Defendant's settlement offer: \$ \_\_\_\_\_

(c) Is this claim insured?  Yes  No Name of insurer \_\_\_\_\_

(d) Insurer loss reserve, if any: \$ \_\_\_\_\_