



Syndicated Insurance Resources

Please complete this information as complete and accurate as possible. Do the best you can. If you don't understand something, just leave it blank. This information will help us determine risk management strategies for your company. After you have completed the form, Please e-mail a copy to submissions@syndicatedservices.net

I. GENERAL INFORMATION

1. Applicant Information:

Name of **Applicant**: _____
Street Address: _____
City, State, ZIP Code: _____
Year **Applicant's** business was established: _____
Description of **Applicant's** operation: _____

2. **Applicant's** Standard Industrial Classification (SIC) code, if known (4-digit number): _____

II. ORGANIZATION INFORMATION

1. Is requested coverage to include entities that are more than 50% owned, or joint ventures that are at least 50% owned, by the **Applicant**, either directly or indirectly through one or more subsidiaries? Yes No
If Yes, please attach a list of such entities, including the entity's name, percentage of the Applicant's ownership, nature of business, and the date acquired or created.
2. In the next 12 months (or during the past 24 months) is the **Applicant** contemplating (or has the **Applicant** completed or been in the process of completing) the following:
- a. Any actual or proposed merger, acquisition, or divestiture? Yes No
- b. Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Yes No

If either of the questions above were answered Yes, please attach an explanation, including the timing, the essential terms of the event, arrangement, impact on employee base, and the surrounding circumstances.

III. EMPLOYEE INFORMATION

1. Total number of employees*: _____
2. What percentage of the **Applicant's** employee base is outside the U.S.? _____ %
3. Total number of locations: _____

4. Complete the following chart providing the number of Full Time and Part Time employees*, Volunteers and natural person Independent Contractors:

| As of Date of Application | | Previous 12 Months | | As of Date of Application | |
|---------------------------|---------------------|---------------------|---------------------|---------------------------|-------------------------|
| Full Time Employees | Part Time Employees | Full Time Employees | Part Time Employees | Volunteers | Independent Contractors |
| | | | | | |

*Full and part time including leased, seasonal, and temporary employees

5. Complete the following chart providing the *maximum* number of employees at any one point during the previous 12 months for the following classifications (regardless of whether they are full or part time):

| Leased | Temporary | Seasonal | Union |
|--------|-----------|----------|-------|
| | | | |

6. Complete the following chart providing employee information for the 5 states or countries with the greatest number of **Applicant** employees:

| State or Foreign Country Location | Number of Employees |
|-----------------------------------|---------------------|
| | |
| | |
| | |
| | |

7. Number of employees:

- a. Compensated **less than** \$50,000 annually: _____
- b. Compensated **more than** \$100,000 annually: _____

8. Within the past 24 months has the **Applicant** or outside employment counsel completed an audit regarding the payment of wages, including equal pay and overtime pay? Yes No

9. What percentage of the **Applicant's** employee base is: Exempt _____ %
Nonexempt _____ %

10. Within the past 24 months has the **Applicant** or outside employment counsel completed an audit regarding the classification of individuals as exempt v. non-exempt employees or as independent contractors? Yes No

11. Complete the following chart providing employee turnover figures for each of the last 3 years:

| Number of Terminations | Year - 20____ | Year - 20____ | Year - 20____ |
|---|---------------|---------------|---------------|
| Voluntary | | | |
| Involuntary (excluding layoffs/downsizing) | | | |
| Layoffs/Downsizing | | | |

12. Within the past 24 months how many officers have been involuntarily terminated or laid off? _____

13. Prior to employee terminations does the **Applicant** consult with:

- a. Human Resources personnel? Yes No
- b. An attorney with experience in employment law? Yes No

14. a. Does the **Applicant** provide severance packages to terminated or laid off employees? Yes No
- b. If Yes, does the severance agreement include a waiver or release of an employee's rights to bring claim against the **Applicant**? Yes No

IV. HUMAN RESOURCES

1. Does the **Applicant** have a Human Resources department? Yes No
- Number of Human Resource employees: _____
2. Are all prospective employees required to complete a uniform employment application prior to hire? Yes No
3. Does the **Applicant** have an employee handbook that is distributed to all employees? Yes No
4. Are employees required to acknowledge, by signature, receipt of such employee handbook? Yes No
5. Does the employment application or employee handbook contain an "Employment at Will" statement? Yes No
6. Complete the following chart for guidelines, policies and procedures related to the following:

| Guidelines, Policies, Procedures | Formal Written Policy | Employees Sign and Acknowledge Receipt |
|--|--|--|
| Discrimination | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sexual and Other Workplace Harassment | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Equal Employment Opportunity | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| FMLA | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled Employees and Accommodations | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Retaliation | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Reporting, Investigating and Resolving Employee Complaints | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Employee Discipline | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Written Performance Appraisals/Reviews | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Salary Administration | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Hiring/Interviewing | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Discharge/Termination | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

7. Are the **Applicant's** employment practices policies, procedures and employee handbook periodically reviewed by an attorney with experience in employment law? Yes No
8. Does the **Applicant** have written policies or procedures outlining employee conduct when dealing with the general public, customers, clients, vendors, or other third parties? Yes No
9. Does the **Applicant** have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment or discrimination? Yes No
10. Does the **Applicant** conduct human resources training on guidelines, policies and procedures for all individuals who handle human resources functions? Yes No
11. Does the **Applicant** conduct training for employees on issues of discrimination and sexual and other workplace harassment? Yes No
12. If the **Applicant** is a federal contractor subject to the OFCCP, has the **Applicant** been subject to a compliance evaluation or investigation in the last 3 years?
If Yes, please attach an explanation. N/A Yes No

V. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS

| Requested Limit (A) | Requested Retention (B) | Requested Effective Date (C) | Coverage Currently Purchased (D) |
|---------------------|-------------------------|------------------------------|--|
| \$ | \$ | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Expiring Limit (E) | Expiring Retention (F) | Expiring Premium (G) | Current Insurer (H) | Date Coverage First Purchased (I) |
|--------------------|------------------------|----------------------|---------------------|-----------------------------------|
| \$ | \$ | \$ | | |

- What is the **Applicant's** preference for defense coverage? Duty to Defend Reimbursement
- Is coverage requested for Third Party Claims? Yes No
- Is Third Party coverage currently included? Yes No
- If Liability Coverage is currently purchased as indicated in Column (D) above, but has been in place for less than 3 years, please answer the following question:

As of the date the **Applicant** first purchased the Liability Coverage, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim being made against them under the Liability Coverage for which the **Applicant** is applying? Yes No

If Yes, please attach an explanation.
- If Liability Coverage is not currently purchased as indicated in Column (D) above, please answer the following question:

Is the **Applicant**, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes No

If Yes, please attach an explanation.
- If Liability Coverage is currently purchased but does not include Third Party coverage, and such coverage is being requested, please answer the following question:

Is the **Applicant**, or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under Third Party coverage for which the **Applicant** is applying? Yes No

If Yes, please attach an explanation.
- If the Requested Limit in Column (A) exceeds the Expiring Limit in Column (E), please answer the following question:

Solely with respect to any higher limits requested or that may ultimately be issued for the proposed insurance, is the **Applicant** or any person proposed for this insurance aware of any fact, circumstance, situation, event or act that reasonably could give rise to a claim against them under the Liability Coverage for which the **Applicant** is applying? Yes No

If Yes, please attach an explanation.

*With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.*

VI. LOSS INFORMATION

1. Have any employment-related claims or administrative, criminal or regulatory proceedings, charges, hearings, demands or lawsuits been made against the **Applicant** or any person proposed for this insurance during the past 3 years, whether or not insured, including claims involving employees or independent contractors?

Yes No

If Yes, please complete the table below.

2. Has any claim, demand or lawsuit been made against the **Applicant** or any person proposed for this insurance involving sexual harassment or discrimination brought by the general public, customers, clients, vendors or other third party?

Yes No

If Yes, please complete the table below:

| Date of Such Claim | Nature of Claim | Amount Paid for Defense | Amount Sought or Paid for Damages | Covered by Insurance? | Corrective Procedures Implemented | Current Status |
|--------------------|-----------------|-------------------------|-----------------------------------|--|-----------------------------------|----------------|
| | | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | | \$ | \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

To enter more information, please attach a separate page to the Application.

- * Copy of Employee Handbook
- * Copy of Benefits Offering