



REGENCY INSURANCE
BROKERAGE SERVICES

AGENCY CUSTOMER ID: _____

EMPLOYMENT RELATED PRACTICES LIABILITY SECTION

DATE (MM/DD/YYYY)

| | | |
|----------------------|--|------------------|
| AGENCY | CARRIER | NAIC CODE |
| POLICY NUMBER | APPLICANT / FIRST NAMED INSURED | |

PROPOSED EFFECTIVE DATE: _____ PROPOSED EXPIRATION DATE: _____ PROPOSED RETROACTIVE DATE: _____

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE

| | | |
|---------------------------------------|-----------------------------------|-----------------------|
| LIMIT OF LIABILITY \$ _____ | CO-PAYMENT AMT \$ _____ | OTHER _____ |
|---------------------------------------|-----------------------------------|-----------------------|

INSURANCE INFORMATION

1. PERSON RESPONSIBLE FOR HANDLING ERPL CLAIMS:

| | | |
|------------------|---------------|------------|
| TELEPHONE | E-MAIL | FAX |
|------------------|---------------|------------|

2. DO YOU CURRENTLY CARRY ERPL INSURANCE? YES NO IF YES, INSURER:

| POLICY PERIOD | | PREMIUM | LIMIT | DEDUCTIBLE | % CO-PAY | RETRO DATE | INSURER |
|---------------|----------|---------|-------|------------|----------|------------|---------|
| EFF DATE | EXP DATE | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. DESCRIBE PRIOR COVERAGE FOR THE PAST THREE (3) YEARS (IF ANY)

| POLICY PERIOD | | PREMIUM | LIMIT | DEDUCTIBLE | % CO-PAY | RETRO DATE | INSURER |
|---------------|----------|---------|-------|------------|----------|------------|---------|
| EFF DATE | EXP DATE | | | | | | |
| | | | | | | | |
| | | | | | | | |

EMPLOYEE INFORMATION

1. NUMBER OF LOCATIONS AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY, EXCEPT FOR SUBSIDIARIES

| STATE | COUNTRY | NUMBER OF LOCATIONS | TOTAL NUMBER OF EMPLOYEES |
|-------|---------|---------------------|---------------------------|
| | | | |
| | | | |
| | | | |

2. NAME OF SUBSIDIARIES YOU WANT TO INCLUDE, AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY NOT INCLUDED IN 1

| SUBSIDIARIES | STATE | COUNTRY | TOTAL NUMBER OF EMPLOYEES |
|--------------|-------|---------|---------------------------|
| | | | |
| | | | |

3. EMPLOYEES AT LOCATIONS IDENTIFIED ABOVE

| | | | | | | | |
|--|----------|---------------------|------------|-----------------------|-----------|-------------------------|---|
| A. TOTAL NUMBER OF U.S. EMPLOYEES | | FULL TIME: | PART TIME: | TEMPORARY: | SEASONAL: | | |
| B. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT EXEMPT EMPLOYEES | | | | | | | |
| C. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT NON-EXEMPT EMPLOYEES | | | | | | | |
| D. TOTAL NUMBER OF UNIONIZED EMPLOYEES IN THE U.S.A. | | | | | | | |
| E. TOTAL NUMBER OF NON-U.S.A. EMPLOYEES | | FULL TIME: | PART TIME: | TEMPORARY: | SEASONAL: | | |
| F. TOTAL NUMBER OF ALL EMPLOYEES FOR EACH OF THE PAST THREE (3) YEARS: | | | | | | | |
| YEAR: | TOTAL #: | YEAR: | TOTAL #: | YEAR: | TOTAL #: | | |
| G. FOR EACH OF THE LAST THREE (3) YEARS, STATE YOUR ANNUAL PERCENTAGE TURNOVER OF EMPLOYEES: | | | | | | | |
| YEAR: | % | YEAR: | % | YEAR: | % | | |
| H. TOTAL NUMBER OF EMPLOYEE-INITIATED TERMINATIONS IN THE LAST THREE (3) YEARS: | | | | | | | |
| YEAR: | TOTAL #: | YEAR: | TOTAL #: | YEAR: | TOTAL #: | | |
| I. PERCENTAGE OF EMPLOYEES WITH SALARIES: | | LESS THAN \$50,000: | % | \$50,000 - \$100,000: | % | GREATER THAN \$100,000: | % |

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE FOLLOWING INFORMATION MUST ACCOMPANY THE APPLICATION IF YOUR COMPANY USES, OR HAS DEVELOPED, SUCH MATERIALS:

| | |
|--|---|
| <input type="checkbox"/> EMPLOYMENT APPLICATION | <input type="checkbox"/> EMPLOYEE DISCIPLINARY PROCEDURES |
| <input type="checkbox"/> EMPLOYEE GRIEVANCE PROCEDURES | <input type="checkbox"/> EMPLOYEE HANDBOOK / MANUAL |
| <input type="checkbox"/> EMPLOYEE PERFORMANCE EVALUATION FORMS | <input type="checkbox"/> EEO AND SEXUAL HARASSMENT POLICY |
| <input type="checkbox"/> OUTPLACEMENT PROGRAM | <input type="checkbox"/> LATEST EEO-1 |
| <input type="checkbox"/> LATEST ANNUAL REPORT | <input type="checkbox"/> OTHER: _____ |

THE UNDERSIGNED INDICATES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIAL SUBMITTED TO THE INSURER ARE TRUE AND CORRECT. ALTHOUGH THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR INSURER TO EFFECT INSURANCE, THE UNDERSIGNED AGREES THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND SHALL BE PHYSICALLY ATTACHED TO AND SHALL FORM PART OF THE POLICY.

THE UNDERSIGNED FURTHER DECLARES THAT ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY INFORMATION IN THIS APPLICATION, WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. BASED ON SUCH NEW INFORMATION, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES FUNCTION:

| | | |
|------------------------|-----------|-------|
| _____ | _____ | _____ |
| NAME (PLEASE PRINT) | SIGNATURE | DATE |
| PRESIDENT OR CHAIRMAN: | | |
| _____ | _____ | _____ |
| NAME (PLEASE PRINT) | SIGNATURE | DATE |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO (Required in FL and NE) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |