



# Application for Specialty Employment Practices Liability Insurance

Please mail or fax this completed application to:  
**Rockwood Programs, Inc.**  
4001 Miller Road, Wilmington, DE 19802-1999  
Telephone (302) 765-6000 • Facsimile (302) 764-5477

**THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

## I. GENERAL INFORMATION

- Named Insured: \_\_\_\_\_  
**Please attach a list of subsidiaries. Please note: all subsidiaries must be listed to be covered under this Policy.**  
Physical Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
- Business is:  Corporation  Individual Proprietor  Partnership  LLC  Other (Specify) \_\_\_\_\_
- (a) Nature of business: \_\_\_\_\_ (b) Number of years under current management: \_\_\_\_\_
- Number of Locations: \_\_\_\_\_
- Do you currently have EPLI coverage?  Yes  No **If "Yes", please provide a copy of declaration page.**

## II. EMPLOYEES

1. Total number of employees including directors, officers and owners (all locations):

|                     | Regular Employees | Leased Employees | Volunteer/ Interns | Independent Contractors |
|---------------------|-------------------|------------------|--------------------|-------------------------|
| Full-Time           |                   |                  |                    |                         |
| Part-Time           |                   |                  |                    |                         |
| Temporary/ Seasonal |                   |                  |                    |                         |

- What percentage of employees belong to a Union \_\_\_\_\_ %
- Annual employee turnover rate (Full-Time Only) ..... %  
Involuntary Terminations ..... %

- Have you had any EEOC or NLRB charges, state and local judgments, lawsuits, mediations, arbitrations, negotiated settlements, or demand letters from current or former employees or their attorneys received by the applicant in the past five years?.....  Yes  No  
**If "Yes", please provide details on a separate sheet. Include for each the applicable dates, damages incurred, legal expenses, current status, and a brief description of circumstances. Also indicate the valuation date and source of this data.**
- Are you aware of any circumstances which might give rise to a claim under this Policy?.....  Yes  No  
**If "Yes", please provide details on a separate sheet.**  
**It is agreed that any claim(s) arising from any facts, circumstances or situations mentioned in Questions 4 or 5 above are excluded from coverage.**

## III. HUMAN RESOURCES

- Do you:
  - Have a full-time human resource coordinator?  Yes  No
  - Have a written harassment policy? .....  Yes  No
  - Have written annual evaluation for employees?  Yes  No
  - Have a written grievance procedure in place? ...  Yes  No
  - Have a written policy for Family Medical Leave?  Yes  No
  - Have a written progressive discipline for employees?  Yes  No
  - Use outside council for employment advice? .....  Yes  No
  - Post, in a conspicuous place, all required notices pertaining to equal employment opportunity laws?  Yes  No
  - Have an alternative dispute resolution system? .....  Yes  No
- Do all employees receive training in the proper implementation of your human resources policies and procedures? ...  Yes  No  
**(If "Yes", please attach a separate sheet providing a description and number of hours each employee is required to take.)**

## IV. BUSINESS PRACTICES

- Have you had any of the following within the past 24 months, or do you expect any of the following within the next 12 months:
  - Any facility or branch office closings, reorganization, downsizing, or layoffs? .....  Yes  No
  - Any mergers, acquisitions, or consolidations with another entity? .....  Yes  No
  - Any reorganization or arrangement with creditors under federal or state law? .....  Yes  No

By signing this application, the applicant represents the existence and utilization of the human resource policies and procedures checked below. If a policy is issued, the company has the right to (1) request samples of these materials, and/or (2) perform an on-site audit of the entity's operations. The discovery of any fraud, intentional concealment, or misrepresentation of the material fact will result in the immediate termination of the Policy. Receipt and review of this application does not bind the underwriter to complete the insurance.

- Employment Application
- Employee Grievance Procedures
- Supervisory Manuals
- Employee Handbook/Manual (if over 250 employees)
- EEO and Anti-Harassment Policy Statement

**NOTICE TO APPLICANT—PLEASE READ CAREFULLY.**

Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**NOTICE TO FLORIDA APPLICANTS:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** "For you protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**NOTICE TO MAINE AND TENNESSEE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MINNESOTA AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties."

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** "Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud."

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with the intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, maybe violating state law.

**NOTICE OT PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurer. Penalties include imprisonment, fines and denial of insurance benefits."

Applicant's  
Authorized  
Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, President, CEO, Managing or General Partner, or Head of HR)

**Signature must be dated within 30 days prior to bind date.**

Producer \_\_\_\_\_ Producer Name \_\_\_\_\_

Address \_\_\_\_\_ Producer License Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_