



Financial Guaranty Insurance Brokers Inc.
 709 East Colorado Blvd. Suite 230,
 Pasadena, CA 91101

**EMPLOYMENT PRACTICES LIABILITY
 APPLICATION FOR INDICATION**

GENERAL INFORMATION

1. APPLICANT NAME: _____
 ADDRESS: _____

A. INDICATE THE APPLICANT'S LEGAL STRUCTURE

Partnership ___ Corporation ___ Sole Proprietorship ___ Limited Liability Company ___
 Professional Corporation ___ Other ___ (If other, please state _____)

B. WHEN ORGANIZED? _____

C. BRIEF DESCRIPTION OF THE APPLICANT'S BUSINESS: _____

D. NUMBER OF LOCATIONS: _____

E. IS THE APPLICANT A FRANCHISE? YES ___ NO ___
 If 'Yes', please attach a copy of the franchise agreement and any applicable provisions regarding employee relations.

2. NUMBER OF EMPLOYEES: Full Time _____ Part Time _____

A. HOW MANY EMPLOYEES ARE UNION MEMBERS? _____

3. HAS THE APPLICANT TAKEN ANY OF THE FOLLOWING ACTIONS IN THE PAST THREE YEARS OR ANTICIPATE SUCH IN THE NEXT TWELVE MONTHS?

A. FACILITY CLOSURES	YES ___	NO ___
B. STAFF REDUCTIONS/LAYOFFS	YES ___	NO ___
C. TERMINATED EMPLOYEES FOR CAUSE	YES ___	NO ___

If 'Yes', please state the reason for the action and identify the number of employees affected by the action. Please note if the APPLICANT has more than 50 total employees, part "C" of this question need only disclose where an "employee terminated for cause" resulted in a complaint, threatened litigation or actual litigation against the APPLICANT.

4. HAS THE APPLICANT CHANGED OR TERMINATED ANY SENIOR MANAGEMENT PERSONNEL IN THE LAST TWELVE MONTHS? YES ___ NO ___

If so, please identify personnel involved and reason for the action: _____

EMPLOYMENT PRACTICES

5. DOES THE ORGANIZATION:

A. HAVE AN EMPLOYMENT HANDBOOK? YES ___ NO ___
 If 'Yes', please provide a copy.



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- B. DISTRIBUTE THE HANDBOOK TO ALL EMPLOYEES AND OBTAIN WRITTEN SIGNATURE THAT THE HANDBOOK HAS BEEN RECEIVED. YES ___ NO ___
- C. HANDBOOK CONTAINS A STATEMENT ADVISING THE EMPLOYEE THAT THE EMPLOYEE RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN "AT-WILL" RELATIONSHIP? YES ___ NO ___
- D. HANDBOOK CONTAIN A DISCLAIMER ADVISING THE EMPLOYEE THAT THE HANDBOOK DOES NOT CONSTITUTE AN EMPLOYMENT AGREEMENT OR CONTRACT? YES ___ NO ___
6. DOES THE ORGANIZATION HAVE A HUMAN RESOURCES/ PERSONNEL DEPARTMENT? If 'No', identify the person and the position responsible for this function. _____ YES ___ NO ___
7. ARE ALL EMPLOYEES SUBJECT TO REGULAR WRITTEN PERFORMANCE EVALUATIONS? YES ___ NO ___
8. DOES THE ORGANIZATION HAVE WRITTEN POLICIES OR PROCEDURES REGARDING THE FOLLOWING:
- A. EQUAL EMPLOYMENT OPPORTUNITY YES ___ NO ___
- B. SEXUAL HARASSMENT YES ___ NO ___
- C. DISCRIMINATION YES ___ NO ___
- D. ACCOMMODATING THE DISABLED IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT. YES ___ NO ___
9. HAS THE ORGANIZATION ESTABLISHED AN AFFIRMATIVE ACTION PROGRAM? YES ___ NO ___

LOSS HISTORY

10. REGARDLESS OF WHETHER OR NOT THE APPLICANT HAD INSURANCE, PLEASE FURNISH TOTAL DOLLAR LOSS HISTORY (TOTAL DEFENSE COSTS, SETTLEMENTS AND JUDGEMENTS) FOR ALL LOSSES INVOLVING OR ARISING FROM WRONGFUL EMPLOYMENT PRACTICES FOR THE PAST FIVE (5) YEARS. YES (PROVIDE DETAILS ON SEPARATE SHEET) ___ NONE ___
11. HAS ANY PROPOSED INSURED BEEN NAMED AS A DEFENDANT OR INVESTIGATED WITHIN THE PAST FIVE YEARS BY AN GOVERNMENT AGENCY OR OTHER AGENCY WITH LEGAL AUTHORITY UNDER ANY LAW OR ACT FOR VIOLATIONS OR ALLEGATIONS OF WRONGFUL EMPLOYMENT PRACTICES. If the answer is 'Yes', please identify the claimant and the nature of the claim and describe the result of the claim on a separate sheet. Also, advise corrective actions taken. YES ___ NO ___



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12. IS ANY DIRECTOR, OFFICER, OWNER, MEMBER, PARTNER, OR SUPERVISORY EMPLOYEE OF THE APPLICANT AWARE OF ANY FACT, CIRCUMSTANCE OR SITUATION INDICATING THE LIKELIHOOD OF A CLAIM FOR WRONGFUL EMPLOYMENT PRACTICES BEING BROUGHT AGAINST ANY PROPOSED INSURED? If 'Yes', please identify the possible claimant and the nature of the potential claim on a separate sheet.
- YES ____ NO ____

IT IS AGREED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE INSURANCE BEING APPLIED FOR.

CURRENT COVERAGE

13. IS THE APPLICANT CURRENTLY COVERED UNDER ANY EMPLOYMENT PRACTICES LIABILITY INSURANCE? If 'Yes', provide details:
- LIMIT: _____
 DEDUCTIBLE: _____
 ANNUAL PREMIUM: _____
 CARRIER: _____
14. NO SIMILAR INSURANCE ON BEHALF OF THE APPLICANT HAS BEEN CANCELLED OR RENEWAL THEREOF REFUSED, EXCEPT AS FOLLOWS (ONLY IF ANSWER IS NONE, STATE "NONE"): _____

CLAIMS HANDLING PROCEDURES

15. IDENTIFY THE EMPLOYEE RESPONSIBLE FOR HANDLING CLAIMS WHICH MAY ARISE UNDER THE PROPOSED INSURANCE:
- NAME: _____ POSITION: _____
 TELEPHONE NO.: _____ FAX NO.: _____
16. THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH HEREIN ARE TRUE. ALTHOUGH THE SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE UNDERSIGNED, ON BEHALF OF THE APPLICANT TO EFFECT INSURANCE, THE UNDERSIGNED, ON BEHALF OF THE APPLICANT, AGREES THAT THIS FORM AND SAID STATEMENTS SHALL BE THE BASIS OF ANY QUOTATION THAT MAY BE SUBMITTED. THE INSURER IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS PROPOSAL.

SIGNED: _____ TITLE: _____
 (APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPAL, PARTNER, OR SENIOR OFFICER)

DATE: _____