

SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

EMPLOYMENT PRACTICES ENDORSEMENT APPLICATION

1. Name of Agency:

2. a. Total number of U.S. employees (excluding owners*) who work over 20 hours per week: _____

b. Total number of owners*: _____

***Owners are individuals with more than 10% ownership in the insured entity.**

c. Total number of part-time employees (20 hours per week or less): _____

d. Number of employees with compensation greater than \$100,000: _____

3. a. Who is responsible for Personnel/Human Resource functions and ADA compliance?

☐ HR Department ☐ Senior Management ☐ Outsourced ☐ None

b. Years of Human Resource Experience: _____ ☐ Less than 3 years ☐ 3 or more years

4. a. Do you have an employee handbook or manual? ☐ Yes ☐ No

If Yes, complete 4. b.-j

b. Has it been reviewed by an attorney? ☐ Yes ☐ No

c. Is the handbook issued to all employees? ☐ Yes ☐ No

If Yes, is written acknowledgment of employee receipt secured? ☐ Yes ☐ No

d. Do changes to the handbook require the employee's written acknowledgment of receipt? ☐ Yes ☐ No

e. Does the handbook address: Sexual harassment? ☐ Yes ☐ No

Discrimination? ☐ Yes ☐ No

Termination grounds and procedures? ☐ Yes ☐ No

f. Does the handbook contain a disclaimer stating that it is not an employment contract? ☐ Yes ☐ No

g. Does the handbook contain procedures for progressive discipline? ☐ Yes ☐ No

h. Does the handbook contain statements requiring termination be based on "just cause"? ☐ Yes ☐ No

i. Does the handbook contain procedures for probationary periods? ☐ Yes ☐ No

j. Does the handbook have a clause that states that all employee disputes will be mandatorily arbitrated?
..... ☐ Yes ☐ No

5. a. Do you use a formal, standardized employment application form? ☐ Yes ☐ No

If Yes, complete 5.b-e

b. Has it been reviewed by an attorney? ☐ Yes ☐ No

c. Does application contain an "employment at will" statement? ☐ Yes ☐ No

d. Do you require the applicant's signature on the application? ☐ Yes ☐ No

e. Do employment applications include an authorization allowing you to check references, and if relevant to the position, conviction records? ☐ Yes ☐ No

6. Are terms of a job offer, including salary and benefits, confirmed in writing? ☐ Yes ☐ No

7. Do you maintain written records of all disciplinary actions? ☐ Yes ☐ No
8. Do you have a formal annual review process for all employees? ☐ Yes ☐ No
9. Do you require physical examinations of job applicants? ☐ Yes ☐ No
If Yes, do you do so only after a conditional offer of employment is made? ☐ Yes ☐ No
10. a. Do you conduct drug and alcohol testing on applicants or employees? ☐ Yes ☐ No
If Yes, do you have policies/procedures addressing the scope and results of testing? ☐ Yes ☐ No
- b. If existing employees test positive, are they given an opportunity for treatment before termination? .. ☐ Yes ☐ No
11. Are qualifications/skills/aptitude/personality tests required for job applicants? ☐ Yes ☐ No
If Yes, are arrangements made to accommodate persons with disabilities? ☐ Yes ☐ No
12. Are all employee files maintained in a secure place? ☐ Yes ☐ No
13. a. Are employee medical records maintained? ☐ Yes ☐ No
If Yes, complete 13.b. & c.
- b. Are medical records kept separate from other personnel records and secured? ☐ Yes ☐ No
- c. Are there written guidelines that specify how and under what circumstances employee medical files can be inspected? ☐ Yes ☐ No
14. Have written emergency and/or evacuation procedures been reviewed to ensure that the needs of persons with disabilities have been considered? ☐ Yes ☐ No
15. Do you use private employment agencies to recruit job applicants? ☐ Yes ☐ No
If Yes, are they contractually required to comply with the Americans with Disabilities Act? ☐ Yes ☐ No
16. Are you in compliance with the Americans with Disabilities Act? ☐ Yes ☐ No
17. Are I-9 forms submitted to verify eligibility of individuals who were hired after 1986? ☐ Yes ☐ No
18. How many staff members have been terminated in each of the last three years and the basis for termination of each?
- Last Year: _____ Basis for Termination: ☐ Staff Reduction ☐ For Cause
- 2 Yrs. Prior: _____ Basis for Termination: ☐ Staff Reduction ☐ For Cause
- 3 Yrs. Prior: _____ Basis for Termination: ☐ Staff Reduction ☐ For Cause
19. Indicate the annual turnover rate for last three years?
- Last Year: _____% 2 Yrs. Prior: _____% 3 Yrs. Prior: _____%
20. Are all federal/state mandated posters conspicuously displayed? ☐ Yes ☐ No
21. **Potential claims: If this is a new business application**, after inquiry of each agency personnel, are there any known circumstances or incidents which may result in an employment or ADA related claim being made against the agency and/or the agency's personnel? ☐ Yes ☐ No
If Yes, what is the total number of these potential claims? _____
Complete a Claim Supplement for each potential claim.
22. Have any employment or ADA related claims or incidents been made against the agency or any of its past or present personnel or predecessor agency, within the last 5 years? ☐ Yes ☐ No
If Yes, what is the total number of these claims not previously reported to Swiss Re Corporate Solutions America Insurance Corporation? _____
Complete a Claim Supplement for each claim/incident. (Claim supplement not required for claims or incidents previously reported to Swiss Re Corporate Solutions America Insurance Corporation's Claims Dept.)

23. Has any policy or application for employment practices insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? ☐ Yes ☐ No

If Yes, please indicate:

Year: _____

Reason: ☐ Claim Experience ☐ Carrier withdrew from market

☐ Agency Operations ☐ Non-Payment

☐ Other (Describe) _____

24. Please provide the following on the agency's prior 5 years of employment practices insurance: (✓ if "None" ☐)

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	<input type="checkbox"/>

25. Requested Effective Date: ____ / ____ / ____

26. Requested Limit: ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000

NOTICE TO APPLICANT

For your protection, the following Fraud Warnings are required to appear on this application.

The following Fraud Warning applies to Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

The following Fraud Warning applies to Arkansas/Louisiana: 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.

The following Fraud Warning applies to Colorado: 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 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.

The following Fraud Warning applies to District of Columbia: 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.

The following Fraud Warning applies to Florida: 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.

The following Fraud Warning applies in Maine/Tennessee/Virginia/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The following Fraud Warning applies in Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

The following Fraud Warning applies in New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The following Fraud Warning applies in New Mexico: 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 fines and criminal penalties.

The following Fraud Warning applies in Ohio: Any person who, with intent to defraud or knowing that he 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.

The following Fraud Warning applies in Pennsylvania: 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.

The following Fraud Warning applies in All Other States: Any person who knowingly 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 also punishable by criminal and/or civil penalties in certain jurisdictions.

I hereby authorize the release of claim information from any prior insurer to us.

I understand and accept that the policy applied for provides coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

Applicant understands and agrees that the completion of the application does not bind Swiss Re Corporate Solutions America Insurance Corporation to issuance of an insurance policy.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER, OR PARTNER.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____
(Please Print)

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application that occur after the date of the application.