

BEAZLEY

PROFESSIONAL EMPLOYER ORGANIZATION EMPLOYMENT PRACTICES INSURANCE APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

INSTRUCTIONS:

- 1) Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2) Application must be dated and have an authorized signature.
- 3) **Please attach a copy of the Client Service Agreement**
- 4) PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

- A. Name and address of applicant: _____
_____ Zip Code: _____
- B. Person to contact: Name: _____
Title: _____
Phone: _____
- C. Sole Proprietor Corporation Partnership
 Joint Venture Franchise Other (Please specify)

- D. Nature of Business: PEO ___% Temporary Staffing ___% NAICS Code: ____
- E. For year ended: *mm/dd/yy* Gross Sales or Receipts Profit/(Loss)
_____/_____/_____
(past financial year) \$ _____ \$ _____
_____/_____/_____
(current financial year) \$ _____ Est. \$ _____ Est.
_____/_____/_____
(Next financial year) \$ _____ Est. \$ _____ Est.
- F. How long has the company been in business? _____ Years
- G. How long has the company been under current management? _____ Years
- H. Number of Client Companies: Last Year _____
Current Year _____
Next Year _____
- I. Limits requested From \$500,000/\$500,000 aggregate to \$5,000,000/\$5,000,000 aggregate

- J. Deductible requested: \$ _____ (Minimum US \$5,000)
- K. Effective date requested: _____

- L. Have you acquired any companies in the past two (2) years. Yes No
- M. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes No
 If so, how many?

(If you have answered YES to either K or L above, please provide details on a separate sheet)

- N. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months? Yes No
(If YES, please provide details on separate sheet)

- O. Has the proposed coverage ever been purchased before, whether specifically or as a subsection or addition to another coverage? Yes No

<u>Year</u>	<u>Renewal Date</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- P. Has any insurer ever canceled or non-renewed this type of coverage? Yes No
(If YES, please provide details on separate sheet)

II. Loss History

- A. Furnish loss history (5 years) for all wrongful termination, discrimination and sexual harassment claims None See attached
 Total number of claims in the last 5 years

PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.

- B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought? Yes No

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;*
- ii) Threatening to hire an attorney;*
- iii) Asking for a severance package in excess of what is being offered;*
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or*
- v) Frequent complaining of discrimination, harassment or unfair treatment.*

- C. Has the applicant been involved in any charges, inquiries, investigations, grievance or other hearings before the Equal Employment Opportunity Commission or any other governmental agency? Yes No

(If you answer YES, please provide details on a separate sheet)

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section II will be excluded from coverage

III. Employees

A. Number of Staff Employees:

Full Time: _____ Part Time: _____ (This year)
 Full Time: _____ Part Time: _____ (Anticipated next year)

B. Number of Leased Employees:

Full Time: _____ Part Time: _____ (This year)
 Full Time: _____ Part Time: _____ (Anticipated next year)

C. List the top five states in which you operate and the percentage of total employees in those states:

	<u>State</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

D. List the top five industries to which your employees are assigned and the percentage of total employees in those industries:

	<u>Industry</u>	<u>% of Total Employees</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

E. List your three largest client companies, their specific industry, and the number of employees assigned:

	<u>Client Company</u>	<u>Industry</u>	<u>Number of Employees</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

F. Salary ranges (including bonuses and commissions) of Staff and Leased Employees:

	Number of full time employees	Number of part time employees
\$20,000 or less:	_____	_____
\$20,001 to \$50,000	_____	_____
\$50,001 to \$100,000	_____	_____
\$100,001 to \$200,000	_____	_____
\$201,000 and over	_____	_____

- G. Does the Applicant use temporary employees? Yes No
 If so, please advise number of temps utilized and total billable hours: _____

- Are these employees included in A and B above? Yes No
- H. In the last 12 months how many officers have left your employ?
 Of the above: how many left voluntarily? _____
 how many were terminated? _____
- I. In the last 12 months how many other employees have left your employ?
 Of the above: how many left voluntarily? _____
 how many were terminated? _____
- J. Please describe the Professional Services you perform for Client Companies: Hiring/Firing HR Training
 Safety Training Payroll Health Benefits Benefit Administration Worker's Compensation
 Other Insurance Claims Administration Retirement Plans Other (Please describe)

IV. Human Resources

- A. Does the Applicant have written employment agreements with **all** officers? Yes No
- B. Do you require job applicants (including Client Companies) to use an employment application? If yes, please attach a copy. Yes No
- C. Does the Applicant establish at-will employment relationships with **all** employees without a written employment agreement? Yes No
- D. Have the Applicant's managers and/or supervisors attended training and education programs/seminars on sexual harassment within the last 12 months? Yes No
 If YES, who has attended? _____
 If YES, who conducts? _____
 If NO, is applicant willing to implement such training? Yes No
- E. Does the Applicant have its employment policies/procedures reviewed by labor relations counsel annually/bi-annually? Yes No
 If NO, is the Applicant willing to do so? Yes No
- F. Does the Applicant have a Human Resources or Personnel Department? Yes No
 If NO, who handles this function? _____
- G. Does the Applicant publish an employment handbook? Yes No
 If NO, is applicant willing to do so? Yes No
 If YES, does the Applicant distribute it to all employees (including Leased)? Yes No
 If YES, do all employees sign for receipt/acceptance (including Leased)? Yes No

- H. Do you provide regular, written performance evaluations for all employees and require Client Companies to do this also? Yes No
- I. Do you have written job descriptions for all or most job classifications and require Client Companies to do this also? Yes No
- J. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes No
- K. Has the Applicant implemented anti-sexual harassment policies/procedures? Yes No
- L. Does the Applicant use any tests, including drug tests, to screen applicants for employment or to promote or monitor employees? Yes No

If so, what kind and are they performed in-house or by a third party? _____

- M. Do you require that all terminations be reviewed by:
- Upper Management or owners of the Client Company Yes No
- or PEO HR Department Yes No
- or its Legal Department? Yes No
- or outside counsel? Yes No

If NO, is applicant willing to do so? Yes No

- N. Does the Applicant maintain a personnel file for each employee? Yes No
- O. Does the Applicant have any written grievance or complaint procedures? Yes No
- If NO, is applicant willing to implement such procedures? Yes No

- P. Does the Applicant regularly consult with a labor relations counsel? Yes No
- If YES, who is your labor relations counsel? _____
- How is this person/firm utilized? _____

- Q. Does the Applicant have a mandatory Alternative Dispute Resolution plan in place for all employment disputes (including those involving Leased Employees)? Yes No
- If YES, how is this process utilized? _____

V. **Other Material Facts**

A. Please declare any Material Facts on a separate sheet; None See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
------	--	-------

Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title
------	---	-------

* Please ensure that additional information for the following questions is attached where applicable:

Section I: L & M - Acquired companies.
N - Anticipated layoffs.
P - Canceled/non-renewed coverage.

Section II: A - Claims history for the last 5 years.
B - Circumstances which could foreseeably give rise to a claim.
C - E.E.O.C. or other governmental agency charges, inquiries, investigations etc.

Section V: A - Any additional Material Facts.