EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL

Complete with CWCO-SUP-CORE. This coverage is limited to claims first made and reported during the policy period. Defense costs apply against the retention. Must be signed by the President, Chairperson o

PRIMARY APPLICANT'S NAME | **LOCATION ADDRESS** | **CITY / STATE / ZIP**

WEBSITE | **EMAIL OF PRIMARY CONTACT** | **YEAR ESTABLISHED**

DESCRIPTION OF OPERATIONS

FULL-TIME EMPLOYEES | **PART-TIME** | **TEMPORARY / SEASONAL** | **INDEPENDENT CONTRACTORS** | **LEASED EMPLOYEES**

EMPLOYEES LOCATED IN CALIFORNIA | **FLORIDA** | **LOUISIANA** | **OUTSIDE THE U.S.**

A UNDERWRITING INFORMATION

A1 Do more than 50% of all employees currently earn more than $100,000 annually? ☐ Yes ☐ No

A2 Is the applicant a subsidiary of another organization, or a franchisee? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A2, state the name and location of the parent or franchisor in the explanation field.

A3 Does the applicant want any subsidiaries or affiliates covered? ☐ Yes ☐ No

IF YES, EXPLAIN

SUBSIDIARY/AFFILIATE NAME(S) | **OWNED 50%+ BY APPLICANT AND SAME CLASS OF BUSINESS?**

EXPIRING CARRIER | **EXPIRING RETROACTIVE DATE** | **EXPIRING LIMITS ($)** | **EXPIRING RETENTION ($)** | **EXPIRING PREMIUM ($)**

A4 Has any entity proposed for insurance closed, sold, merged with or acquired any company in the past 12 months, or does it anticipate doing so in the next 12 months? ☐ Yes ☐ No

IF YES, EXPLAIN

A5 Has any entity proposed for insurance downsized, laid off, or reduced staff in the past 12 months, or does it anticipate doing so in the next 12 months? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to A5, state the percentage of the workforce affected or to be affected in the explanation field.

A6 Within the last five years, has any employment-related third-party discrimination or third-party harassment inquiry, complaint, notice of hearing, claim or suit been made against any entity or person proposed for insurance in the capacity of director, officer, member, or employee? ☐ Yes ☐ No

IF YES, EXPLAIN

A7 Is any person proposed for this insurance aware of any fact, circumstance, or situation which may result in an employment-related discrimination or harassment claim? ☐ Yes ☐ No

IF YES, EXPLAIN

A8 Has any policy for employment practices liability insurance ever been cancelled or non-renewed by a carrier? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

B WRITTEN EMPLOYMENT POLICIES

The policies below are required to obtain coverage. For each, indicate current status.

Written email / internet policy:

☐ Currently in place

☐ Will implement within 60 days of effective d

☐ Not in place and will not implement

Written anti-discrimination policy:

☐ Currently in place
☐ Will implement within 60 days of effective d
☐ Not in place and will not implement

Written anti-harassment policy:
☐ Currently in place
☐ Will implement within 60 days of effective d
☐ Not in place and will not implement

B1 Is an employee manual or handbook distributed to all employees? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Does the applicant have a stand-alone Human Resources department or dedicated HR function? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Are all terminations reviewed with legal counsel prior to being finalized? ☐ Yes ☐ No
B4 Does the applicant have policies for FMLA leave and requests for reasonable accommodation? ☐ Yes ☐ No
B5 Does the applicant require new employees to agree to arbitrate employment disputes and sign class-action waivers? ☐ Yes ☐ No
IF YES, EXPLAIN

C WORKFORCE CHANGES

Provide totals for the periods indicated.

CATEGORY	WITHIN LAST 12 MONTHS	WITHIN LAST 24 MONTHS

Rows: involuntary terminations; layoffs; layoffs where severance was offered to all affected and a release was signed by all recipients.

C1 Was severance offered to all affected employees, and did all severance recipients sign a release? ☐ Yes ☐ No
IF YES, EXPLAIN

D LOSS HISTORY

Attach a claim supplement for each claim identified below.

D1 During the past five years, has any employment-related claim, suit, or administrative charge been filed against the applicant or any of its directors, officers, members, or employees? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF CLAIM / CHARGE	CLAIMANT TYPE (APPLICANT/EMPLOYEE)	NATURE OF ALLEGATION	STATUS	AMOUNT PAID OR RESERVED ($)

NARRATIVE FOR EACH CLAIM IDENTIFIED ABOVE — ALLEGATION, RESOLUTION OR CURRENT STATUS, AND CORRECTIVE ACTION TAKEN

E ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — HR STAFFING CHANGES, RECENT POLICY UPDATES, OR PLANNED CHANGES

F REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application must be signed by the President, Chairperson of the Board, Managing Member, or Executive Director.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE