



**Application for "Claims Made" Insurance Policy  
 For Employment Practices and Discrimination Liability**

1. a. Agency's/Insured's **Legal Entity** Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. a. **Street Address** (Primary Location):

\_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

b. **Mailing Address** (if different from 2a):

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. a. Name of individual designated as brokerage/agency E&O contact: \_\_\_\_\_

b. Phone: ( ) \_\_\_\_\_ c. Fax: ( ) \_\_\_\_\_

d. E-Mail Address: \_\_\_\_\_

e. Website Address: \_\_\_\_\_

4. a. Total number of 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: \_\_\_\_\_

5. a. Who is responsible for Personnel/Human Resource functions?

HR Department  Senior Management  Outsourced  None

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

6. a. Do you have an employee handbook or manual that has been reviewed by an attorney? .....  Yes  No

**If Yes, complete 6. b.-i.**

b. Is the handbook issued to all employees, with written acknowledgment of employee receipt? ...  Yes  No

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

d. Does the handbook address: Sexual harassment? .....  Yes  No

Discrimination? .....  Yes  No

Termination grounds and procedures? .....  Yes  No

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

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

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

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

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

7. a. Do you use a formal, standardized employment application form that has been reviewed by an attorney? .....  Yes  No

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

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

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

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

8. Do you maintain written records of all disciplinary actions?.....  Yes  No
9. Do you have a formal annual review process for all employees?.....  Yes  No
10. 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
11. 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
12. Are qualifications/skills/aptitude/personality tests required for job applicants? .....  Yes  No  
**If yes**, are arrangements made to accommodate persons with disabilities? .....  Yes  No
13. Are all employee files maintained in a secure place? .....  Yes  No
14. a. Are employee medical records maintained? .....  Yes  No  
 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
15. Have written emergency and/or evacuation procedures been reviewed to ensure that the needs of persons with disabilities have been considered? .....  Yes  No
16. Do you use private employment agencies to recruit job applicants? .....  Yes  No
17. Do you own or lease your current business location?  Own  Lease
18. Does your place of business comply with current standards of accessibility established under Building Code Acts, Municipal By-laws and Provincial or federal legislation concerning reasonable accommodation of persons with disabilities or handicaps? .....  Yes  No  
**If no**, please attach details about the type of accessibility review your place of business has undergone.  
 SEPARATE ANSWERS ARE REQUIRED FOR EACH BUSINESS LOCATION.
19. 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
20. Indicate the annual turnover rate for last three years? Last Year: \_\_\_\_\_% 2 Yrs. Prior: \_\_\_\_\_% 3 Yrs. Prior: \_\_\_\_\_%
21. Are all federal/provincial mandated posters conspicuously displayed? .....  Yes  No
22. After inquiry of each brokerage/agency personnel, are there any known circumstances or incidents which may result in an employment related claim being made against the brokerage/agency? .....  Yes  No  
**If yes**, what is the total number of these potential claims? \_\_\_\_\_  
**Complete a Claim Supplement for each potential claim.** (Not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)
23. Have any employment related claims or incidents been made against the brokerage/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? \_\_\_\_\_



Complete a **Claim Supplement** for each claim/incident. (Not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)

24. 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) \_\_\_\_\_

25. Please provide the following on the brokerage's/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"/>

26. Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

27. Requested Limit:  \$100,000  \$500,000  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

28. Requested Deductible:  \$5,000  \$10,000  \$15,000  \$25,000  \$50,000

**NOTICE TO APPLICANT**

I hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide 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.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

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

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 which occur after the date of the application.*