## BusinessRisk PARTNERS

## PROFESSIONAL EMPLOYER ORGANIZATION – EPL APPLICATION

2 Waterside Crossing, Suite 102, Windsor, CT 06095  $\ phone$  860.903.0000  $\ fax$  860.903.0001 www.businessriskpartners.com

## **INSTRUCTIONS:**

- 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

## I. General Information

				Zip C	ode:			
B.	Person	n to contact:	Name: Title: Phone: E-Mail:					
C.	Websi	te:	L Wan.					
D.		answer the follow year end:	ing questions fo	r the Insured Cor	mpany, including	its sub	sidiaries, for th	ne most recen
	i)	What is the Ap	plicant's Gross	Revenue?		\$		
	ii)	What are the Applicant's Total Assets?						
	iii)	What are the Applicant's Total Liabilities?						
	iv)	What are the Applicant's Current Assets?						
	v)	v) What are the Applicant's Current Liabilities?						
	vi)	Does the Appli	cant currently h	ave:	Net Income Net Loss Amount	\$	or	
E.	How 1	ong has the compa	ny been under c	urrent manageme	ent?	_ Year	s	
F.	Numb	er of Client Compa	nnies:	Last Year Current Year Next Year				
G.	Have :	you acquired any c	ompanies in the	past two (2) year	·s.		☐ Yes	□ No
Н.	officer	respect to acquired rs terminated or do as to terminate any	you plan in the	next eighteen (18		ny?	☐ Yes	□ No

	I.	closings, c In-House e	pplicant anticipate any onsolidations, or layoff employees in any 60 da ease provide details on	s affecting 20% or sy period within the	more of the	☐ Yes onths?	∐ No				
	J.		oposed coverage ever b	-		_	_				
		whether sp	pecifically or as a subse	ction or addition to	another coverage?	☐ Yes	□ No				
		Year	Renewal Date	Carrier	Limit	Deductible	Premium				
	K.		surer ever canceled or reease provide details on		pe of coverage?	☐ Yes	□ No				
п.	Loss I	<u> History</u>									
	A.		ss history (5 years) for a tion and sexual harassn	-	ation,	□ None □	See attached				
		Total num	ber of claims in the last	5 years							
	Immig	gration Practi	ces Defense Cover (if	applicable)							
	В.	demands l the past fi	losses, lawsuits, adm been made against the ve (5) years alleging deral, state or local la	e Applicant or any violations of the	y entity or person proming a committee or person proming a committee or person	roposed for this ins n Control Act of 19	urance during 86 or any other				
	Wage	& Hour Defe	nse Cover (if applicabl	e)		None See	attached				
	C.	Applicant	losses, lawsuits, adm or any entity or pers of any <b>Wage and Ho</b>	on proposed for the							
			, <b>.</b>			None See a	attached				
	PLEA	SE PROVIDE	E A FULL DESCRIPT	ION OF EACH CL	AIM ON A SEPARA	TE SHEET.					
	D.	Has any Di at the date	ONLY ANSWER IF Y irector, Officer, Manage this Application is sign	er, Supervisory Emp ed, which could rea	oloyee or Partner kno	wledge of any circum					
	DI E A	foresee that a claim may be brought?  Yes I 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 practices;	a formal complaint to a	a supervisory emplo	yee of discrimination	, harassment or unfa	ir employment				
		ii) Threate	ning to hire an attorne	y;							
		iii) Asking	for a severance packaş	ge in excess of what	is being offered;						
		iv) Comple	aining of discrimination	n, harassment or un	fair treatment and th	reatening to do some	thing about it; or				
		v) Frequen	nt complaining of discri	mination, harassm	ent or unfair treatmen	nt.	2 2-				

	E.	Has the applicant been in hearings before the Equipagency?	nvolved in any charge al Employment Oppo	es, inquiries, investigations, grunnity Commission or any other	rievance or other her governmental  Yes	□ No				
		(If you answer YES, pl	ease provide details o	n a separate sheet)						
		The Applicant acknow this Section II will be e		ns or incidents reported in, o	or that should have be	en reported in				
III.	Empl	oyees								
	A.	Number of In-House Employees:								
		Full Time:	Part Time: _	(This year)						
		Full Time:	Part Time: _	(Anticipated next	year)					
	B.	Number of Leased Emp	loyees:							
		Full Time:	Part Time: _	(This year)						
		Full Time:	Part Time: _	(Anticipated next	year)					
	C.	List the top five states in	which you operate as	nd the percentage of total emp	ployees in those states:					
		<u>State</u>		% of Total Employ	<u>ees</u>					
		1.			_					
		2.			-					
		3.			_					
		4.			_					
		5.	<del></del>		_					
	D.	List the top five industri	es to which your emp	loyees are assigned and the pe	ercentage of total empl	oyees in those				
		<u>Industry</u>		% of Total Employ	ees					
		1.			_					
		2.			_					
		3.			_					
		4.			_					
		5.			_					
	E. List your three largest client companies, their specific industry, and the number of employees assigned:									
		Client Com	<u>pany</u>	<u>Industry</u>	Number of Emp	loyees				
		1.								
		2.	<del></del>							
		3.								

	F.	Salary ranges (including bonuses, dividends and commissions)  Less than \$25,000 \$ 25,001 to \$75,000 \$ 75,001 to \$150,000			of part nployees	 	
		\$150,001 and over:				_	
	G.	In the last 12 months how many officer	rs have left your employ?				
		Of the above:	how many left voluntarily?	-			
			how many were terminated?	-			
	H.	In the last 12 months how many other l	In-House employees have left your emplo	y? _			
		Of the above:	how many left voluntarily?	-			
			how many were terminated?	-			
	I.	☐ Safety Training ☐ Payroll ☐ Hea	es you perform for Client Companies: Ith Benefits Benefit Administration  istration Retirement Plans Other (I	] Worl	ker's Comp		_
IV.	Human	Resources					
	A.	Do you require job applicants (includin application? If yes, please attach a cop	ng Client Companies) to use an employme y.	nt 🗆	Yes		No
	В.	Does the Applicant establish at-will em all employees without a written employ			Yes		No
	C.	Have the Applicant's managers and/or programs/seminars on sexual harassme	supervisors attended training and education within the last 12 months?		Yes		No
		If YES, who has attended?					
		If YES, who conducts?					
		If NO, is applicant willing to implement	nt such training?		Yes		No
	D.	Does the Applicant have its employmer reviewed by labor relations counsel and			Yes		No
		If NO, is the Applicant willing to do so	?		Yes		No
	E.	Does the Applicant publish an employ	ment handbook?		Yes		No
		If NO, is applicant willing to do so?			Yes		No
		If YES, does the Applicant distribute it	t to all employees (including Leased)?		Yes		No
		If YES, do all employees sign for recei	pt/acceptance (including Leased)?		Yes		No
	F.	Do you provide regular, written performand require Client Companies to do this			Yes		No
	G.	Does the Applicant have written proceed employee complaints of discrimination			Yes		No
	H.	Has the Applicant implemented anti-se harassment policies/procedures?	xual		Yes		No 4 of 5

or PEO HR Department  or its Legal Department?  or outside counsel?  If NO, is applicant willing to do so?  J. Does the Applicant have any written grievance or complaint procedures?  If NO, is applicant willing to implement such procedures?  If NO, is applicant willing to implement such procedures?  If NO, is applicant regularly consult with a labor relations counsel?  L. Does the Applicant regularly consult with a labor relations counsel?  How is this person/firm utilized?  Privacy Violation Information  A. Do you restrict employee access to employees' personnel information Such as social security numbers, account information and health care information?  B. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or insue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personnel information, or which might otherwise result in a claim against you with regard to the insurance sought?  The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and incall 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 one not bind Underviriers to offer nor the Applicant to a insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the Policy should a policy be issued.	or PEO HR Department	1.	Do you require that an terminations be reviewed by.		
or its Legal Department?  or outside counsel?  If NO, is applicant willing to do so?  J. Does the Applicant maintain a personnel file for each employee?  K. Does the Applicant have any written grievance or complaint procedures?  If NO, is applicant willing to implement such procedures?  If NO, is applicant willing to implement such procedures?  If NO, is applicant regularly consult with a labor relations counsel?  If YES, who is your labor relations counsel?  How is this person/firm utilized?  Privacy Violation Information  A. Do you restrict employee access to employees' personnel information Such as social security numbers, account information and health care information?  B. Are you aware of any actual or alleged fact, circumstance, situation, error or omission or issue which might give rise to a claim against you for invasion or interference with rights of privacy, wrongful disclosure or personnel information, or which might otherwise result in a claim against you with regard to the insurance sought?  The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and incall 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 on bind Underwriters to offer nor the Applicant to an insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made part of the Policy should a policy be issued.	or its Legal Department?		Upper Management or owners of the Client Company	☐ Yes	□ No
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If NO, is applicant willing to do so?    Yes	If NO, is applicant willing to do so?    Yes		or its Legal Department?	☐ Yes	□ No
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