



PROFESSIONAL EMPLOYER ORGANIZATION – EPL APPLICATION

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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

I. General Information

A. Name and address of applicant:
Zip Code:

B. Person to contact: Name, Title, Phone, E-Mail

C. Website:

D. Please answer the following questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

- i) What is the Applicant'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) What are the Applicant's Current Liabilities? \$
vi) Does the Applicant currently have: Net Income or Net Loss Amount \$

E. How long has the company been under current management? Years

F. Number of Client Companies: Last Year, Current Year, Next Year

G. Have you acquired any companies in the past two (2) years. Yes No

H. 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? If so, how many?

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

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

Year	Renewal Date	Carrier	Limit	Deductible	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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

Immigration Practices Defense Cover (if applicable)

B. Have any losses, lawsuits, administrative proceedings, governmental investigations, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violations of the Immigration Reform Control Act of 1986 or any other similar federal, state or local laws or regulations?
None See attached

Wage & Hour Defense Cover (if applicable)

C. Have any losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violation of any **Wage and Hour Law**?
None See attached

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

D. **(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)**
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.*

- E. 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 In-House 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.	_____	_____	_____

- I. Do you require that all terminations be reviewed by:
- | | | |
|--|------------------------------|-----------------------------|
| Upper Management or owners of the Client Company | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| or PEO HR Department | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| or its Legal Department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| or outside counsel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If NO, is applicant willing to do so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- J. Does the Applicant maintain a personnel file for each employee? Yes No
- K. Does the Applicant have any written grievance or complaint procedures? Yes No
- If NO, is applicant willing to implement such procedures? Yes No
- L. 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? _____
- _____
- _____

V. Privacy Violation Information

- A. Do you restrict employee access to employees' personnel information Such as social security numbers, account information and health care information? Yes No
- 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? Yes No

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