



Employment Practices Liability Insurance Application

A. GENERAL INFORMATION

Agency Name: THE CRAFT AGENCY, INC.

Agency #: 21107

1. Named Insured: _____
2. Street Address: _____
City: _____ State: _____ ZIP: _____
3. Additional Locations: _____
4. Contact Name: _____ Title _____ Phone Number _____
5. Number of Years Under Current Management: _____
6. Describe the firm's operations: _____
7. Business is: Corporation Individual Partnership Joint Venture Other: _____
8. Date of Incorporation: _____
9. Please select Deductible and Policy Limits:

Deductible
<input type="checkbox"/> \$ 5,000
<input type="checkbox"/> \$ 10,000
<input type="checkbox"/> \$ 15,000
<input type="checkbox"/> \$ 25,000

Optional Coinsurance
<input type="checkbox"/> 0%
<input type="checkbox"/> 5%
<input type="checkbox"/> 10%

Policy Limit:	
<input type="checkbox"/> \$ 250,000	(Contact company for higher limits)
<input type="checkbox"/> \$ 500,000	
<input type="checkbox"/> \$ 1,000,000	
<input type="checkbox"/> \$ 2,000,000	

10. Choose one: Defense Costs Outside the Policy limits Defense Costs Inside the Policy limits
 11. Yes No Is Third Party Liability Coverage desired?
 12. Yes No **(NOT APPLICABLE IN MISSOURI)** Has any policy or coverage ever been declined, cancelled or non-renewed?
 13. Yes No Has the proposed coverage been purchased before? If yes, please fill in the following:
- | Year | Renewal Date | Carrier | Limit/Deductible | Coins. % | Claims Made | Premium |
|-------|--------------|---------|------------------|----------|--|---------|
| _____ | _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
14. Current GL Carrier: _____ Current Limit of Liability: \$ _____
 15. Is coverage for Volunteer Workers desired? Yes No
 16. Proposed Effective Date: _____ Expiration Date: _____
 17. Retroactive date of Applicant's current policy: _____

B. EMPLOYEES

1. Number of Employees at Location 1. (Provide this information for the additional locations, if applicable, including city and state)

	Current Year	Prior Year	2 nd Prior Year	3rd Prior
Full-Time Employees	_____	_____	_____	_____
Part-Time Employee	_____	_____	_____	_____
Temporary Workers	_____	_____	_____	_____
Leased Workers	_____	_____	_____	_____
Independent Contractors	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____
Seasonal	_____	_____	_____	_____

2. What was your employee turnover rate for the last 3 years? _____%
This Year Prior Year 2nd Prior
3. What percent of terminations were employer-initiated for the last 3 years? _____%
This Year Prior Year 2nd Prior
4. Percentage of employees that are: Salaried _____% Non-salaried _____%
5. How many employees have an income of: \$50,000 to \$100,000 _____ \$100,000 and over _____
6. Percent of workforce that are union members: _____%

C. LOSS HISTORY

1. Yes No Are you aware of any circumstances which may give rise to a claim?
If yes, please provide details on a separate sheet.
2. Yes No Have you had any EEOC or NLRB charges, state or local judgments or demand letters from current or former employees or their attorneys in the past five years?
If yes, please provide details on a separate sheet.

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3. Yes No Have you had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee in the past five years?

D. BUSINESS

1. Yes No Have you had any office, branch, facility or plant closings, consolidations, layoffs, or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the last 12 months?

If yes, please describe _____

2. Yes No Do you anticipate any office, branch, facility or plant closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the next 12 months?

If yes, please describe _____

E. HUMAN RESOURCES

1. Yes No Do you use an employment application during your hiring process? If yes, please attach.
2. Yes No Has the applicant's manager/supervisors received training or education on employment related issues in the past twelve months?
If yes, please describe: _____
3. Yes No Do you have a human resources department?
4. Yes No Do you have a written internal communication procedure or policy for grievances, anti-harassment, sexual and non-sexual harassment and discrimination? If yes please attach.
5. Yes No Do you have a written employee evaluation form? If yes, please attach.
6. Yes No Do you have a written equal opportunity statement? If yes, please attach.
7. Yes No Do you have a written employee handbook?
8. Yes No Do you use outside council for review and approval of employment policies and procedures?
9. Yes No Do you post all notices, required by law, in a conspicuous place for all employees and applicants to view?
10. Yes No Do you have personnel files on all employees?
11. Yes No Do you have a written progressive disciplinary program in which you distribute to supervisors?
If yes, please attach.
12. Yes No Do you require that the personnel having human resource responsibilities review all employment terminations?
13. Yes No Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents, or allegations?
14. Do you make use of any of the following tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?

Psychological or personality tests Drug or alcohol tests Pre-employment offer medical tests

F. OTHER MATERIAL FACTS – MUST BE COMPLETED

PLEASE DECLARE ANY MATERIAL FACTS ON A SEPARATE SHEET. A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT OF THIS RISK, THE PREMIUM CHARGED AND TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT WOULD BE CONSIDERED MATERIAL YOU SHOULD DECLARE IT.

NONE ATTACHED

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 Insured/s further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, he/she will immediately notify us of such change. Signing the 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 part of the Policy should the Policy be issued. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Authorized Signature

Title

Date

CONNIE HASKELL

Agent Name (please print or type)

Agent Signature

Date

Home Office Use Only:

Customer Number:

Policy Number:

Policy Period: