



Employment Practices Liability Insurance (Claims Made Basis)

Notice: The Policy for which this Application is made subject to its terms, applies only to any Claim made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses, and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

- 1. Please read carefully and answer all questions. If a question is not applicable, so state by writing "Not Applicable".
2. The completed Application should include all information relative to all subsidiaries and locations to be covered.
3. The Application must be signed by an executive officer.
4. This Application and all exhibits shall be used for purposes of this coverage only.
5. Please read the Policy for which application is made (the "Policy") prior to completing this Application. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. GENERAL INFORMATION

1. Name of proposed Named Insured ("Applicant"):

Address: (Number) (Street)

City: State: Zip Code:

2. NAS Helpline Contact #1:

(Name) (Title) (Phone) (Fax) (Email)

NAS Helpline Contact #2:

(Name) (Title) (Phone) (Fax) (Email)

3. Does Applicant have subsidiaries? Yes No

If "Yes," please list on a separate page.

4. Is Applicant owned by a foreign entity? Yes No

If "Yes," please tell us the foreign entity's country:

5. Does Applicant have non-domestic operations? Yes No

If "Yes," please tell us what country(ies):

**For questions 6 and 7, if answer is "Yes," please provide details on a separate page.**

6. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate:
- a) private debt equity offering of securities?  Yes  No
  - b) public offering of securities?  Yes  No
7. Has the Applicant in the past 18 months been involved in, or in the next 18 months contemplate any actual, negotiated or attempted merger, acquisition or divestment?  Yes  No

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**SECTION II. FINANCIAL INFORMATION**

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8. Describe the consolidated financial information of the Applicant for the most recent fiscal year-end.

- a) Total Assets: \$ \_\_\_\_\_
- b) Net income: \$ \_\_\_\_\_
- c) Equity: \$ \_\_\_\_\_

9. Most recent fiscal year ending: 200 \_\_\_\_\_

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**SECTION III. EXPOSURE INFORMATION**

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10. Total number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_  
Independent contractors working exclusively for the Applicant \_\_\_\_\_

11. Have any officers or senior management voluntarily or involuntarily left the employ of the Applicant within the last 18 months?  Yes  No

**If "Yes," please provide details on a separate page.**

12. Does the Applicant anticipate in the next 12 months, or transacted in the last 12 months, any lay-off, reduction-in-force, closure of a plant, facility branch, or office, consolidation, or any similar event?  Yes  No

**If "Yes," please provide the number of affected employees and details of the event on a separate page.**

13. Describe the internal controls maintained for Employment Practices:

- a) Have all supervisors and officers attended training on sexual harassment and discrimination within the last 18 months?  Yes  No
- b) Does labor relations counsel review the employment policies/procedures at least annually?  Yes  No
- c) Have there been any changes to the employee handbook in the last 12 months?  Yes  No  
**If "Yes," please provide the details on a separate page.**
- d) Are all mandatory federal and state posting requirements met?  Yes  No
- e) Are terminations reviewed by either Human Resources, Senior Management or outside labor relations counsel?  Yes  No

14. Annual percentage turnover rate for employees:

Previous Year: 200 \_\_\_\_ % Current Year: 200 \_\_\_\_ %

15. Are stock options offered to employees, officers or directors as part of their compensation?

Yes  No

**If "Yes," please provide details on a separate page.**

16. Has the Applicant notified NAS Insurance Services of all litigation, administrative proceedings, demand letters, formal or informal governmental investigations or inquiries, including any investigation by the Department of Labor or the Equal Opportunity Commission which have incurred in the past 12 months?

Yes  No  None to Report

**If "Yes," please indicate number of events in the last 12 months. \_\_\_\_\_**

**If "No," please forward notice to NAS Insurance Services, Inc. immediately.**

17. Third Party Claims exposure: **Please respond only if coverage for third party claims is desired.**

a) Does the Applicant have written procedures for the handling of customer/client/third party relations?

Yes  No

If "Yes," does it include policies for:

- i) Anti-discrimination and anti-harassment related to third parties?
- ii) Handling complaints of discrimination and harassment by a third party?

Yes  No  
 Yes  No

b) If Applicant is a property manager or property owner, please provide the following:

- i) Number of locations: \_\_\_\_\_
- ii) Number of residential units: \_\_\_\_\_
- iii) Commercial (list square footage): Retail \_\_\_\_\_ s/f Office \_\_\_\_\_ s/f Industrial \_\_\_\_\_ s/f
- iv) Attach a separate sheet listing properties managed, address, and type of units with number of residential units and square footage of commercial properties for each location. Please provide a description of the locations under the commercial properties (i.e., restaurants, hotels, etc.)

**c) Please answer this question if the Applicant currently has Third Party Claims coverage:**

Has the Applicant notified NAS Insurance Services of all litigation, administrative proceedings, demand letters, formal or informal governmental investigations or inquiries, including any investigation by the Department of Labor or the Equal Opportunity Commission which have occurred in the past 12 months?

Yes  No  None to Report

**If "Yes," please indicate number of events in the last 12 months. \_\_\_\_\_**

**If "No," please forward notice to NAS Insurance Services, Inc., immediately.**

**Complete questions "d" and "e" if the Applicant does not currently have Third Party Claims coverage. For questions "d" and "e" if the answer is "Yes," please complete the Supplemental Claim/Wrongful Act/Incident Form for each such matter.**

- d) Is any person or entity proposed for this insurance aware of any wrongful acts, fact, incidents, or any circumstances which may result in claims being made against you?  Yes  No
- e) Within the last five years, has any person or entity proposed for Third Party claims coverage been the subject of or involved in any litigation administrative proceeding, demand letter or formal or informal governmental investigation or inquiry?  Yes  No

**SECTION IV. OTHER INFORMATION**

- 1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**
- 2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**
- 3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**

**Submitted by:** \_\_\_\_\_  
(Broker)

**Signed:** \_\_\_\_\_  
(Must be Signed by an Executive)

**Date:** \_\_\_\_\_  
(Month) (Day) (Year)

**Name:** \_\_\_\_\_  
(Please Print or Type)

**Email Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Applicant Organization:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(Month) (Day) (Year)

**For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.**



**NAS** Insurance Services, inc.

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LIC. #0677191



NAS Insurance Services, Inc.

Supplemental Claim/Wrongful Act/Incident Form

This form is to be completed if any "Prior Activities Information" question is answered "Yes."

Please complete a separate sheet for each claim or incident and answer all questions fully. Prior to attaching to the Application, a principal, partner or officer of the Applicant must sign and date this sheet and attach it to the signed Application along with any explanations. No full indication can be given without this complete information.

1. Name of Applicant: \_\_\_\_\_

2. Name of individual(s) employed by Applicant charged in claim/incident:

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

{Defendant(s)}: \_\_\_\_\_ Title: \_\_\_\_\_

3. Name of person(s) or entities making complaint/allegations in incident (Plaintiff): \_\_\_\_\_

\_\_\_\_\_

4. Date of alleged Wrongful Act: \_\_\_\_\_

5. Date Applicant became aware of alleged Wrongful Act: \_\_\_\_\_

6. How did Applicant become aware?

a) Personally observed incident \_\_\_\_\_

b) Verbal complaint from employee \_\_\_\_\_

c) Written complaint from employee or employee's attorney \_\_\_\_\_

d) Verbal/written notice from someone else other than complaining employee \_\_\_\_\_

e) Filing with state agency \_\_\_\_\_

f) Filing with EEOC \_\_\_\_\_

g) Receipt of law suit \_\_\_\_\_

h) Filing with HUD \_\_\_\_\_

i) Other \_\_\_\_\_ (please detail) \_\_\_\_\_

7. Name of Insurer Claim reported to (if any); \_\_\_\_\_

8. Are you represented by an attorney?  Yes  No

If "Yes," name of attorney & law firm: \_\_\_\_\_

9. Present status of Claim/Incident: Pending \_\_\_\_\_ Closed \_\_\_\_\_ In Suit \_\_\_\_\_

10. If "Closed," Total Damages Paid: \$ \_\_\_\_\_ Total Expenses Paid: \$ \_\_\_\_\_

11. **If EEOC/State Agency** filing:

a. Has right to sue letter been issued?  Yes  No

Date: \_\_\_\_\_

Date right to sue expires (or did expire)? \_\_\_\_\_

b. Has determination of fault been decided?  Yes  No

What was determination? \_\_\_\_\_

If claimant/plaintiff has a right to sue, what dates does (did) this expire? \_\_\_\_\_

12. If pending, is plaintiff demanding a settlement amount?  Yes  No

How much? \$ \_\_\_\_\_

Has plaintiff been offered a settlement amount?  Yes  No

How much? \$ \_\_\_\_\_

Legal expenses to date: \$ \_\_\_\_\_

13. Detailed description of complaint and Applicant's response (put on separate sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_

14. Explain what actions have been taken to prevent an incident like this from happening again:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

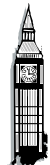
15. If complaint was for sexual harassment, has the alleged perpetrator been disciplined or terminated? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand information submitted herein becomes a part of my Application and in the event that coverage is bound, is subject to the same warranty and conditions.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



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