

**NOTICE**

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT, THE EXTENDED REPORTING PERIOD APPLIES. DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

**FIRM INFORMATION**

1. The Applicant to be named in Item 1 of the Declarations (the "Named Insured"):

\_\_\_\_\_

Officer designated to receive correspondence and notices from the Insurer:

\_\_\_\_\_ (Name of Officer) \_\_\_\_\_ (Title)

Street Address: \_\_\_\_\_  
(Do not use P.O. Box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Web Address: \_\_\_\_\_

2. Proposed effective date of coverage being applied for: \_\_\_\_\_

3. a. Business Type:  Corporation  Partnership  Sole Proprietorship  LLC  Other

b. Years in Business: \_\_\_\_\_ # of Locations: \_\_\_\_\_

4. In the next 12 months (or during the past 18 months) is the Applicant or any Subsidiary contemplating (or has the Applicant or any Subsidiary completed or been in the process of completing) any:

- a. merger, consolidation, acquisition, tender offer or divestment of stock?  Yes  No
- b. layoffs, staff reductions or facility closings involving more than 25% of workforce?  Yes  No
- c. material changes in the nature of operations?  Yes  No
- d. senior management changes (other than retirement)?  Yes  No

If yes to any of the above, please attach details:

5. Percentage of revenues attributable to litigation: \_\_\_\_\_ %

6. Please complete the following if you have, or previously had EPL coverage:

Coverage	Limit	Retention	Coverage Trigger Date*	Premium	Carrier	Expiration Date
EPL	\$	\$	\$	\$		

\*Coverage Trigger Date means the "prior & pending litigation date", the "prior acts date" or "retroactive date" shown on the current policy declarations page.

**CLAIMS INFORMATION**

1. Within the last 5 years, has any claim or notice of potential claim been given to the carrier above?  Yes  No

If yes, please attach details

2. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of, or involved in any claim, written demand, notice, proceeding or litigation, alleging discriminatory practice violation or litigation?  Yes  No

3. During the last 3 years, has the Applicant or any Subsidiary been involved in any administrative proceeding before:
- a. the Equal Employment Opportunity Commission?  Yes  No
  - b. the U.S. Department of Labor including the Office of Federal Contract Compliance Program (OFCCP)?  Yes  No
  - c. any state or local government agency whose purpose is to address employment-related claims?  Yes  No

**NOTICE**

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim, before the expiration of the current policy may create a lack of coverage.

**EMPLOYMENT PRACTICES LIABILITY QUESTIONS**

1. Applicant Employee information:
- a. What is the Applicant's and all Subsidiaries' combined current total number of full-time employees, including attorneys and partners? \_\_\_\_\_
  - b. List number of Independent contractors \_\_\_\_\_
  - c. How many such employees are highly compensated individuals? (*\$100,000 or more per year*) \_\_\_\_\_
2. Do you want coverage for failure to make partner?  Yes  No
3. Do the Applicant and all Subsidiaries distribute written Employment Practices guidelines or procedures to all employees?  Yes  No
- If so, do the guidelines address:
- a. Discrimination?  Yes  No
  - b. Employee at will statement and employee contract disclaimer?  Yes  No
  - c. Sexual harassment?  Yes  No
  - d. Employee grievances or complaints?  Yes  No
  - e. Employee Termination / Hiring?  Yes  No
  - f. Internet use?  Yes  No
4. Do the Applicant and all Subsidiaries have a full-time human resource manager?  Yes  No
5. Have all management staff and officers of the Applicant and all Subsidiaries' attended training and education programs on sexual harassment and discrimination within the last 18 months?  Yes  No

**Please answer Yes or No with respect to the firm's policies and procedures:**

Policy/Procedure	Yes	No
Non Equity Partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Anti Fraternalization / Office Dating Policy	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Work Schedules	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Employment Dispute Resolution System	<input type="checkbox"/>	<input type="checkbox"/>
Minimum Billable Hours	<input type="checkbox"/>	<input type="checkbox"/>
Attorney Mentoring	<input type="checkbox"/>	<input type="checkbox"/>

**Percentages of female and minority staff, associates and partners:**

	% of Females	% Minority
Non-attorney staff	%	%
Associates	%	%
Partners	%	%

**WARRANTY**

None of the individuals to be insured under any Coverage Part (the "Insured Persons") is responsible for or has knowledge of any wrongful act or fact, circumstance or situation which (s)he has reason to suppose might result in a future claim, except as follows:

- A.  There **are** exceptions to the Warranty. Please attach details
- B.  There are **no** exceptions to the Warranty.

Applicant hereby represents, after inquiry, that the information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurer as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Insurer will have relied upon, as representations: this application, and any supplemental applications, and any other statements furnished to the Insurer in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof.
2. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy; and
3. Applicant's failure to return to its current insurance company any claim made against it during the current policy term, or act, omission or circumstance which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Insurer from any current or prior insurer of the Applicant.

**FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven year and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.

**This application must be signed by the Chairman of the Board, Chief Executive Officer or by the President.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Corporation: \_\_\_\_\_

**Please submit this application, when completed, signed and dated to your New York State Administrator.**

**Parsons & Associates, Inc.  
 P.O. Box 3890  
 Syracuse, NY 13220  
 (877) 452-9776 (4LAWPRO)  
 Fax (315) 472-3222  
[EPL@ParsonsInsurance.com](mailto:EPL@ParsonsInsurance.com)**



## Third Party Questionnaire

1	Do you have written procedures for handling complaints of discrimination and/or harassment from third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you record all complaints of discrimination or sexual harassment by <i>third parties</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you received any complaints alleging discrimination and/or harassment from <i>third parties</i> ? <i>If yes, please provide the total number of complaints received (#_____ ) and provide full details on a separate sheet.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Do your public facilities have access for the disabled in compliance with A.D.A. law? <i>If no, please provide an explanation on a separate sheet.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you take steps to ensure that your operation complies with A.D.A. requirements? <i>If no, are you willing to do so?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Do you provide training to your employees regarding discrimination and harassment of third parties (including the disabled)? <i>If yes, is the training part of a formalized course? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>Is the training compulsory? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Does the Company have employees that work at customer locations or perform a majority of their functions off site? <i>If so, what percentage? _____%</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>