

The Camden Fire Insurance Association • The Employers' Fire Insurance Company
 OneBeacon America Insurance Company • OneBeacon Insurance Company
(Stock companies owned by the OneBeacon Insurance Group)

**EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR LAW FIRMS
 APPLICATION**

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO “CLAIMS” THAT ARE FIRST MADE AGAINST THE “INSURED” DURING THE “POLICY PERIOD” OR TO “CLAIMS” THAT ARE FIRST MADE AGAINST THE “INSURED” DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS, OR JUDGMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY “DEFENSE EXPENSES,” AND “DEFENSE EXPENSES” SHALL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SIGNING.

1. PLEASE PROVIDE CURRENT COPIES OF THE FOLLOWING

- a) Applicant’s Employee Handbook, or all written policies and procedures described in Question 4.d).
- b) List of all of the Applicant’s locations or branch offices by city and state, with approximate number of employees, including all attorneys, at each location.
- c) Applicant’s most recent EEO-1 filing (if the Applicant is required to make such filings).
- d) Applicant’s most recent audited financials, or a completed Financial Information Supplement.

2. GENERAL INFORMATION

- a) Applicant’s name: _____
 Applicant’s principal address: _____
 City: _____ State: _____ ZIP: _____
- b) Date of organization: _____ Web site: _____
- c) Risk Manager or other individual designated as the representative to receive notices from the Underwriter on behalf of all individuals and entities proposed for this insurance:
 Name: _____ Title: _____
 E-mail address: _____ Phone Number: _____

3. EMPLOYEES

a)

Number of:	Today	One Year Ago
Partners (shareholders, principals, directors/officers or the equivalent)		
All other attorneys		
All other full-time employees		
Part-time employees (including seasonal and temporary)		
Independent contractors		
Leased employees		
Total of the above:		

b) Please describe the nature of the work done by the independent contractors included in a) above.

c) Please describe the nature of the work done by the leased employees included in a) above, and list the name(s) of the company(ies) from which the employees are leased.

d) What was the annual employee (including all attorneys) turnover rate for the last three (3) years?
Prior Year: _____ 2nd Prior Year: _____ 3rd Prior Year: _____

e) How many involuntary terminations have occurred in the past two (2) years?
Non-attorney employees: _____ Attorneys: _____

f) Percentage of employees (including all attorneys) with salaries (including bonuses):
Less than \$50,000: _____ %
\$50,000-\$100,000: _____ %
\$100,000-\$250,000: _____ %
Greater than \$250,000: _____ %

4. HUMAN RESOURCES

a) Does the Applicant have a human resources (“HR”) department? Yes No

b) Please provide the name of the HR department head and the total number of employees therein.
Name: _____ Total number of HR employees: _____

c) How are human resources matters handled in branch offices? _____

d) Does the Applicant have written policies or procedures in place with regard to the following:

- | | |
|--|--|
| (1) Hiring/interviewing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Employment at will? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Antidiscrimination/Equal Employment Opportunity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Orientation/on-boarding for new employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Performance appraisals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Conduct/discipline? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Diversity/inclusion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (8) Accommodating employees with disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (9) Family and Medical Leave Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (10) Employee complaints or grievances, with an anti-retaliation provision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (11) Sexual harassment with regard to the Applicant’s work force? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (12) Sexual harassment with regard to clients, vendors or other third parties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (13) Mentoring? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (14) Dress code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (15) Use of the Applicant’s e-mail, voicemail and internet access? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (16) Exit interviews? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (17) Alternate dispute resolution (e.g. arbitration or mediation)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

e) Does the Applicant have an employee handbook? Yes No

If "Yes":

(1) Is it distributed to all employees (including attorneys)? Yes No

(2) Does the Applicant require a signed acknowledgment of receipt? Yes No

f) Does the Applicant have written employment agreements with any employees, including attorneys? Yes No

If "Yes," please state the number of employment agreements that exist and the job title(s) of the persons who are parties to such agreements with the Applicant. _____

g) Do the Applicant's managers and/or supervisors attend regular training and education programs regarding sexual harassment? Yes No

If "Yes," how often? _____ Who conducts these sessions? _____

h) Does the Applicant use any tests to screen applicants either for hire or promotion? Yes No

If "Yes," please provide details.

i) Are all prospective employees, including attorneys, required to complete an employment application prior to hire? Yes No

j) Does the Applicant anticipate any branch/location closing, consolidations, or layoffs? Yes No

If "Yes," please provide details including the year, anticipated number of layoffs, and the circumstances surrounding those layoffs.

k) Does the Applicant require each proposed employment termination to be reviewed by the following:

(1) Human Resources department? Yes No

(2) In-house employment law attorney? Yes No

(3) Outside law firm with employment/labor specialty? Yes No

5. FIRM HISTORY

If the Applicant answers "Yes" to any of the following questions, please provide further details on a separate addendum.

a) Has the Applicant acquired any other partnerships, firms, or limited liability companies in the last ten (10) years? Yes No

b) If "Yes" to Question 5.a), did any acquisition include the assumption of liabilities? Yes No

- c) With respect to any acquisition, were any employees, partners, or other attorneys terminated, or does the Applicant plan in the next eighteen (18) months to terminate any employees, partners, or other attorneys? Yes No

6. APPLICANT’S CURRENT SCHEDULE OF INSURANCE

a)	Limit	Deductible	Carrier	Policy Term	Premium
Employment Practices Liability Insurance (EPLI)					
Management Liability (D&O)					
Professional Liability (E&O/ Malpractice)					
General Liability					
Crime Insurance					

- b) **MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION.**
 Has any previous insurer ever canceled or non-renewed the Applicant’s employment practices liability insurance (either on a stand-alone basis or as supplemental coverage provided under some other type of insurance)? Yes No

If “Yes,” please provide details of the circumstances of cancellation or non-renewal on a separate addendum.

7. CLAIMS INFORMATION

- a) Has any individual or entity proposed for this insurance been involved in any grievance, charges, inquiries, investigations or other administrative hearings or proceedings before the following agencies and/or in any of the following forums, regarding employment matters?

- National Labor Relations Board Yes No
- Equal Employment Opportunity Commission Yes No
- Office of Federal Contract Compliance Programs Yes No
- U.S. Department of Labor Yes No
- State or local department of labor or fair employment/human rights agency Yes No
- U.S. district or state court Yes No

If “Yes,” please provide details on a separate addendum.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY

GRIEVANCE, CHARGE, INQUIRY, INVESTIGATION OR ADMINISTRATIVE HEARING OR PROCEEDING REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 7.a) IS EXCLUDED FROM THE PROPOSED INSURANCE.

- b) During the past five (5) years, has any claim that would fall within the scope of the proposed insurance been made against any individual or entity proposed for coverage by any of the Applicant's current or former employees or applicants for employment, or by any third party? Yes No

If "Yes," please complete a Claim Summary Supplement for each such claim.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 7.b) IS EXCLUDED FROM THE PROPOSED INSURANCE.

- c) Is any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, decision, event, act, error, or omission which such individual or entity has reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? Yes No

If "Yes," please complete a Claim Summary Supplement for each such fact, circumstance, situation, transaction, decision, event, act, error or omission.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, DECISION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 7.c) IS EXCLUDED FROM THE PROPOSED INSURANCE.

8. SIGNATURES AND AUTHORIZATIONS

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments of information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with the Underwriter and, along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

The undersigned declares that all individuals and entities proposed for this insurance understand:

- a) the policy, if issued, shall apply only to “Claims” that are first made against the “Insured” during the “Policy Period” or the Extended Reporting Period, if applicable; and
- b) the limit of liability available under the policy, if issued, to pay damages, settlements, or judgments shall be reduced, and may be exhausted, by payment of “Defense Expenses,” and “Defense Expenses” also shall be applied against the retention.

FRAUD WARNINGS

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: 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, which is a crime.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING - it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false

information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT:		
BY (PRINCIPAL, PARTNER OR SHAREHOLDER):	TITLE:	DATE:

NOTE: This Application must be signed by a Principal, Partner or Shareholder of the Applicant acting as the authorized agent of all individuals and entities proposed for this insurance.

PRODUCED BY (<i>Insurance Agent</i>)	INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and ZIP Code</i>)	

SUBMITTED BY (<i>Insurance Agency</i>)	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS (<i>No., Street, City, State, and ZIP Code</i>)		