



GREENWICH INSURANCE COMPANY

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

NOTICE: THE POLICY FOR WHICH APPLICATION IS BEING MADE PROVIDES, SUBJECT TO ITS TERMS AND CONDITIONS, CLAIMS MADE COVERAGE. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY DEFENSE COSTS (UNLESS OTHERWISE ENDORSED), AND DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

NOTE: Please note that word and phrases, which are in boldface type in this Application, have specialized meaning. Please refer to the Definitions Section of our EPLI Policy Form e3011 for their meaning. If additional space is required for a response, include such response in an attachment to this Application, clearly identifying the question to which a response is being provided.

1. Company Name and Address \_\_\_\_\_ Years in Business \_\_\_\_\_

If more than 1 location, attach a separate list including address, corporate name and number of employees at each location.

2. Description of Operations \_\_\_\_\_

EMPLOYEES

3. Current number of Employees (full and part-time) for all Locations/Subsidiaries: \_\_\_\_\_ (Please count each part-time employee as 1/2 full-time employee)

4. Has the Company laid-off (excluding seasonal layoffs) or terminated more than thirty percent (30%) of its workforce in the past twelve (12) months? Yes [ ] No [ ] If yes, please complete our Reduction in Force Supplement.

5. Does the Company anticipate any layoffs (excluding seasonal layoffs), downsizing, or office or plant closings in the next twelve (12) months? Yes [ ] No [ ] If yes, please complete our Reduction in Force Supplement.

PAST HISTORY

6. Within the past three (3) years, has the Company had any lawsuits, threatened claim, or charges filed with the EEOC or state/local administrative agency involving a Wrongful Employment Act, or Third-Party Wrongful Act? Yes [ ] No [ ] If yes, please complete our Claim Supplement for each claim.

7. **[NEW APPLICANTS ONLY]** Does any director, officer, owner, member, or partner of the **Company** have knowledge of any fact, circumstance, or situation which may result in a **Claim**, such as would fall under the proposed insurance? Yes  No
- If yes, please complete our Claim Supplement for each claim.**

**IT IS UNDERSTOOD AND AGREED THAT IF KNOWLEDGE OF ANY FACT, CIRCUMSTANCE, SITUATION OR ANY ACTUAL OR ALLEGED ACT, ERROR OR OMISSION EXISTS, WHETHER OR NOT DISCLOSED IN RESPONSE TO QUESTION 7., ANY CLAIM OR ACTION ARISING FROM THEM IS EXCLUDED FROM THIS PROPOSED COVERAGE.**

**LOSS PREVENTION**

8. Does the **Company** currently have AND regularly distribute the following written policies? Yes  No
- A. Employment at-will statement Yes  No
  - B. Anti-Discrimination Yes  No
  - C. Harassment Yes  No

**IMPORTANT LOSS PREVENTION NOTE:** If the response to either A, B, or C above is "No," as a condition precedent to any coverage bound, the **Company** agrees that it will adopt and provide to all employees, such new written policies within 30 days of the inception of coverage. Sample policies will be provided by the **Insurer**.

Person responsible for receiving loss prevention material: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PRIOR COVERAGE**

9. Does the **Company** currently carry employment practices liability insurance? Yes  No
- (If yes, please provide details below):**

<u>Policy Period</u>	<u>Insurer</u>	<u>Limit</u>	<u>Deductible/Retention</u>	<u>Effective Date (month/day/year) of First Year of EPLI Coverage</u>

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

**FOR PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED OFFICER OF THE PERSON(S) AND ENTITY(IES) FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.**

**THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THE APPLICATION WILL BECOME PART OF SUCH POLICY IF ISSUED.**

**IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE INSURED WILL NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.**

## FRAUD WARNINGS

### APPLICANT FRAUD NOTICE

**NOTICE TO ARKANSAS 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 fines and confinement in prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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.

**NOTICE TO LOUISIANA 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 fines and confinement in prison.

**NOTICE TO MAINE 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 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 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 NEW YORK APPLICANTS:** All Commercial Insurance Forms, Except As Provided for Automobile Insurance: 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 NEW YORK APPLICANTS:** Automobile Insurance Forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS:** Fire Insurance: 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: 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 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Automobile Insurance Forms: 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 years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND 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 fines and confinement in prison.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TENNESSEE APPLICANTS:** Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS:** Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA 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 fines and confinement in prison.

**NOTICE TO ALL OTHER STATES APPLICANTS:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.  
(Fraud Language last updated 02/10)

COMPANY \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of President or Officer)

Phone Number \_\_\_\_\_ E:mail Address \_\_\_\_\_

Please Print Name Here: \_\_\_\_\_

Agent Name \_\_\_\_\_ License Number \_\_\_\_\_

Submit Application to:  
**ABA Insurance Services Inc.**  
5910 Landerbrook Drive, Suite 100 • Mayfield Heights, OH 44124  
Telephone: 866-483-3754 • Fax: (800) 456-6590