



ExecProsm
Proposal Form

for
Employment Practices Liability Insurance Policy

EMPLOYMENT PRACTICES PROPOSAL FORM

Name of Company: _____

Street Address: _____

City, Province, Postal Code _____

Internet Web site address: _____

The Officer designated as agent of the Company and of all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance:

Name _____ Title _____

Nature of business: _____

Years in Operation: _____

Number of: Locations - Within Canada _____ Outside Canada _____
Employees - Within Canada _____ Outside Canada _____

- 1. Total number of:
(a) full time employees: _____ (b) part time employees: _____
(c) leased/contract employees: _____ (d) union employees: _____

2. Does the Company make use of independent contractors? Yes ____ No ____

3. Total salary expense for the most recent year-end: _____

4. Most recent annual turnover rate: _____ Historical average annual turnover rate: _____

- 5. List the three provinces/states with the largest number of employees:
(a) Province or State: _____ Number of employees: _____
(b) Province or State: _____ Number of employees: _____
(c) Province or State: _____ Number of employees: _____

6. Provide the number of employees and officers terminated by the Company in the past two years:
Most recent year: Number of employees: _____ Number of Officers: _____
Year prior: Number of employees: _____ Number of Officers: _____

7. Has the Company completed within the last 12 months, or is the Company considering within the next 12 months, any layoffs or early retirement programs including those resulting from company reorganizations or facility closings? Yes No
If "Yes", provide details in an attachment to this Proposal Form.

8. Does the Company have outplacement programs for terminated employees? Yes No

9. Are there any planned transactions or events that would significantly increase the number of employees stated above? Yes No
If "Yes", provide details in an attachment to this Proposal Form.

10. Does the Company require the submission of an employment application for all applicants? Yes No
If "No", please explain in an attachment to this Proposal Form.

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| 11. | Does the Company use tests, including but not limited to drug, alcohol, and psychological tests, for screening applicants or for continued employment?
If “Yes”, please attach the Company’s policy or provide details. | Yes | No |
| 12. | Does the Company have a Human Resources Department?
If “No”, describe how human resource functions are administered in an attachment to this Proposal Form. | Yes | No |
| 13. | Does the Company have a human resources manual?
If “Yes”, does this manual contain policies and procedures addressing the following areas: | Yes | No |
| | (a) Compliance with the Canadian Human Rights Act and/or Americans with Disabilities Act; | Yes | No |
| | (b) Compliance with applicable provincial Human Rights Codes and/ or Title VII of the U.S. Civil Rights Act of 1964 and the 1991 Civil Rights Act; | Yes | No |
| | (c) Compliance with applicable provincial Employment Standards Act and/or U.S. Family Medical Leave Act; | Yes | No |
| | (d) Prohibited discriminatory practices in hiring, promotion, and compensation; | Yes | No |
| | (e) Employee performance evaluations; | Yes | No |
| | (f) Employee disciplinary actions and discharge; | Yes | No |
| | (g) Sexual harassment and the work environment; | Yes | No |
| | (h) Employee grievance reporting and resolution processes. | Yes | No |
| | If “No” to any of the above, please provide details in an attachment to this Proposal Form. | | |
| 14. | Do all managerial and supervisory personnel: | | |
| | (a) have a copy of the human resources manual? | Yes | No |
| | (b) receive training in the implementation of these policies and procedures? | Yes | No |
| | If “No”, explain how human resources policies and procedures are communicated to managers and supervisors in an attachment to this Proposal Form. | | |
| 15. | Are all employees provided with and required to acknowledge receipt of a handbook that addresses the areas detailed in item 13. above?
If “No”, explain how human resources policies and procedures are communicated to employees in an attachment to this Proposal Form. | Yes | No |
| 16. | Have there been during the last five years, or are there now pending, any employment related civil, criminal, administrative or arbitration proceedings (including any proceeding initiated before any provincial or federal human right commission or tribunal and/or the Equal Employment Opportunity Commission) brought against: | | |
| | (a) the Company or its Subsidiaries? | Yes | No |
| | (b) any person proposed for this insurance in their capacity as either Director, Officer, or employee of the Company or its Subsidiaries? | Yes | No |
| | If “Yes” to either of the above, in an attachment to this Proposal Form, provide details including the nature of the allegations, the date the proceeding was initiated, the current status, and loss (including defense costs) incurred. | | |
| 17. | Have there been during the last five years, or are there now pending, criminal, administrative or arbitration proceedings by any customer, client or other third party against the Company, its subsidiaries or any person proposed for this insurance alleging discrimination, harassment or violations of civil rights based upon discrimination or harassment? If “Yes”, provide details in an attachment to this Proposal Form. | Yes | No |

IT IS AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING DESCRIBED IN 16. OR 17. ABOVE IS EXCLUDED FROM THE PROPOSED COVERAGE.

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| 18. | Is the undersigned or any Director or Officer proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries which he or she has reason to believe might result in any future Employment Practices Claim under the policy to which this Proposal Form will be attached?
If “Yes”, please provide details in an attachment to this Proposal Form. | Yes | No |
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IT IS AGREED THAT IF KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION EXISTS, ANY CLAIM SUBSEQUENTLY ARISING THEREFROM SHALL BE EXCLUDED FROM COVERAGE.

19. Current or prior Employment Practices Liability Insurance (stand-alone or incorporated into some other coverage):

Insurer	Limit	Retention	Premium	Policy Period
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(a) has any claim been made or has any notice been given to any insurer?	Not Applicable	Yes	No
(b) has any insurer cancelled or non-renewed the above coverage?	Not Applicable	Yes	No

If “Yes” to any of the above, provide details in an attachment to this Proposal Form.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Insureds that the particulars and statements contained in this Proposal Form or in any information provided therewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Insureds that the statements in this Proposal Form or any information provided therewith are their representations, they are material, and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided therewith in respect of a specific Employment Practices Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Claim against them shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer of the Company.

_____ Signature	_____ Title	_____ Date
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Please include a copy of the Company’s employment applications, Human Resources Manual, Employee Handbook, or, if these do not exist, a copy of the Company’s documentation on human resources policies and practices, the most recent EEO-1 report, and the most recent annual report for the Company. These materials will be considered part of the Proposal Form.

NOTE: This Proposal Form including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:
Great American Insurance Companies, Executive Liability Division, P.O. Box 66943, Chicago, IL 60666