

- C. Has the Applicant been involved in any grievance or other administrative hearing before any of the following agencies and/or under any of the following acts? Yes No
- | | | | | | |
|---------------------------------|-----|----|-------------------------------------------|-----|----|
| National Labor Relations Board | Yes | No | Equal Employment Opportunity Commission | Yes | No |
| Federal Labor Standards Act | Yes | No | Fair Labor Standards Enforcement Act | Yes | No |
| Civil Rights Act of 1991 | Yes | No | Title VII of the Civil Rights Act of 1964 | Yes | No |
| U.S. Department of Labor | Yes | No | Age Discrimination in Employment Act | Yes | No |
| Americans with Disabilities Act | Yes | No | | | |
- Any state or local government agency such as the Labor Dept. of Fair Employment Agency Yes No
If the answer to any of the above is YES, please provide details on a separate sheet.
- D. Does the Applicant anticipate any plant, facility, branch or office closing, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next 24 months? *If YES, please provide details on separate sheet.* Yes No
- E. Has the proposed coverage ever been purchased before, whether specifically or a sub-section or addition to other coverages? *If YES, please provide details on separate sheet.* Yes No
- F. Has any insurer ever canceled or non-renewed this type of coverage? *If YES, please provide details on separate sheet.* Yes No

IV. EMPLOYEES:

- A. Total number of employees (including Partners, Directors & Officers, all locations):
- Non-Union: Full Time _____ Part Time _____ Seasonal _____ Temporary _____
- Union: Full Time _____ Part Time _____ Seasonal _____ Temporary _____
- If seasonal or temporary employees are used, please advise details on separate sheet.**
- B. Salary ranges:
- | | No. of F/T | No. of P/T | | No. of F/T | No. of P/T |
|----------------------|------------|------------|-----------------------|------------|------------|
| \$15,000 or less | _____ | _____ | \$15,001 to \$30,000 | _____ | _____ |
| \$30,001 to \$50,000 | _____ | _____ | \$50,001 to \$100,000 | _____ | _____ |
| \$100,001 and over | _____ | _____ | | | |
- C. What has been your annual percentage turnover rate of employees for the past five (5) years?
- Yr _____ % Yr _____ % Yr _____ % Yr _____ % Yr _____ %
- D. Does the Applicant have employment agreements with any **Employees:** Yes No
Officers: Yes No
- E. Does the Applicant take steps to establish at-will employment relationships with **Employees:** Yes No
Officers: Yes No
- F. Does the Applicant require its managers and/or supervisors to attend regular periodic training and education programs/seminars on employer-employee relations? Yes No
- G. Does the Applicant periodically have its employment policies/procedures reviewed by labor relations counsel? Yes No
If NO, is the Applicant willing to do so? Yes No

V. HUMAN RESOURCES:

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| A. | Does the Applicant have a Human Resources or Personnel Department? | Yes | No |
| | <i>If NO, who handles this function?</i> _____ | | |
| B. | How many employees or officers have been terminated in the past two (2) years? | | |
| | Terminated by employer: _____ employees _____ officers | | |
| | Resigned voluntarily: _____ employees _____ officers | | |
| C. | Does the Applicant require job applicants to use an employment application? | Yes | No |
| | <i>If YES, please attach a copy.</i> | | |
| D. | Does the Applicant provide a training program for new employees? | Yes | No |
| E. | Does the Applicant publish an employment handbook? | Yes | No |
| | <i>If YES, does the Applicant distribute it to all employees?</i> | Yes | No |
| F. | Does the Applicant provide regular, written performance evaluation for all employees? | Yes | No |
| G. | Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? | Yes | No |
| H. | Has the Applicant implemented or adopted anti-sexual harassment policies/procedures? | Yes | No |
| I. | Has the Applicant adopted antidiscrimination policies/written procedures regarding the selection of employees for hiring, promotion, transfer, layoff, salary increases, work assignments and other employment related areas? | Yes | No |
| | <i>If YES, does the Applicant distribute it annually to all workers?</i> | Yes | No |
| J. | Does the Applicant require terminations to be reviewed by it's Human Resources Department; or it's Legal Department; or outside counsel? | Yes | No |
| K. | Does the Applicant have written job descriptions for all or some job classifications? | Yes | No |
| L. | Does the Applicant comply with all federal, state and local posting requirements? | Yes | No |
| M. | Does the Applicant maintain a personnel record for each employee? | Yes | No |
| N. | Does the Applicant track employee attendance? | Yes | No |
| O. | Does the Applicant maintain accurate payroll information procedures? | Yes | No |
| P. | Does the Applicant require medical examinations of employees and/or job applicants at any time? | Yes | No |
| | If so, when? _____ | | |
| Q. | Does the Applicant track employee hours of sick leave accrual? | Yes | No |
| R. | Does the Applicant track employee hours of vacation pay accrual and use? | Yes | No |
| S. | Does the Applicant have any written grievance or complaint procedures? | Yes | No |
| T. | Does the Applicant have any written arbitration procedures? | Yes | No |
| U. | Are policies and procedures in place regarding the handling of employee health and safety complaints? | Yes | No |
| V. | Does the Applicant have a labor relations counsel? | Yes | No |
| | <i>If YES, who is your labor relations counsel?</i> _____ | | |

VI. CHECKLISTS:

Have you included:

- | | | |
|--------------------------------------------------------|-----|----|
| A. EEO-1 Report for last calendar year, if applicable? | Yes | No |
| B. Employment applicant forms? | Yes | No |
| C. Copy of employee handbook, where applicable? | Yes | No |

EMPLOYMENT HANDBOOK CHECKLIST:

- | | | |
|----------------------------------------------------------------------------------|-----|----|
| 1. Does the handbook contain an “at will” statement? | Yes | No |
| 2. Does the handbook contain a provision regarding the Family Medical Leave Act? | Yes | No |
| 3. Does the handbook contain any anti-discrimination provisions? | Yes | No |
| 4. Does the handbook contain any provisions against sexual harassment? | Yes | No |
| 5. Do employees sign a statement acknowledging receipt of the handbook? | Yes | No |
| 6. Does the handbook contain any Equal Opportunity statements? | Yes | No |

THIS CHECKLIST MUST BE COMPLETED ON PRESENTING A SUBMISSION FOR QUOTATION

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify CPA Mutual Management, Inc. of such change. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date	Applicant’s Authorized Signature of a Principal Partner or Officer	Title
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Date	Applicant’s Authorized Signature of Individual in Charge of Human Resources or Personnel Department/or Signature of 2 nd Authorized Person.	Title
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Any questions regarding this application should be directed to CPA Mutual Management, Inc., Servicing Office, 11801 Research Dr., Alachua, FL 32615, (386) 418-4003 or (800) 543-3029, Fax (386) 418-4004.



EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

THIRD PARTY EXPOSURE QUESTIONNAIRE

- | | <u>Yes</u> | <u>No</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| A. Does the Applicant have direct contact with Third Parties (i.e. members of the general public) in a selling and/or professional capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the applicant wish to request coverage for Third Party Exposure?
If "Yes", please answer following: | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Estimated number of Third Parties Applicant has had direct contact with in a selling and/or professional capacity in past financial year: _____. | | |
| D. Does the Applicant anticipate more than a 20% change in this number for the next financial year? If "Yes", please provide details on separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Does the Applicant provide customer/client relations training to employees?
If "Yes", is training conducted as a part of a formalized course?
Is training compulsory? | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| F. Does the Applicant have written procedures for handling complaints of Discrimination or Sexual Harassment by Third Parties? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the Applicant record or monitor telephone calls? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Does the Applicant record all complaints of Discrimination or Sexual Harassment? | <input type="checkbox"/> | <input type="checkbox"/> |

Date	Applicant's Authorized Signature of a Principal Partner or Officer	Title
------	-----------------------------------------------------------------------	-------

Date	Applicant's Authorized Signature of Individual in Charge of Human Resources or Personnel Department/or Signature of 2 nd Authorized Person.	Title
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Any questions regarding this application should be directed to CPA Mutual Management, Inc., Servicing Office, 11801 Research Drive, Alachua, FL 32615, (800) 543-3029, Fax (386) 418-4004.