



EMPLOYMENT PRACTICES LIABILITY INSURANCE RENEWAL APPLICATION
THIS IS AN APPLICATION FORM FOR A CLAIMS MADE POLICY

INSTRUCTIONS:

1. Answer all questions (if not applicable, show N/A).
2. Application must be dated and have two signatures.
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.
4. Mail completed application to CPA Mutual Management, Inc., 11801 Research Dr., Alachua, FL 32615.

RENEWAL DATE: _____

I. GENERAL INFORMATION:

A. Name of Applicant: _____

Mailing Address: _____

Street County

City State Zip Code

Contact Person: _____ Phone: () _____ Fax: () _____

e-mail: _____

B. Annual Receipts or Sales:

Past Financial Year: \$ _____ Current Financial Year: \$ _____ Est.

Next Financial Year: \$ _____ Est. For Year Ended: _____ 19 _____

◆ Provide full details of any changes in the management of the company or practice structure on a separate sheet.

C. Limits Requested, if not same as expiring: \$ _____

D. Deductible Requested, if not same as expiring: \$ _____

II. CORPORATE HISTORY (Please circle your response):

If you answer YES to any of the following, please provide details on a separate sheet.

A. Have you acquired any companies in the past year? Yes No

B. With respect to acquired companies, were any employees or officers terminated, or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes No

III. LOSS HISTORY (Please circle your response):

A. Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? **If YES, please provide details on a separate sheet.** Yes No

B. In the past year, 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?

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
US 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

- 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
- If YES, does the Applicant distribute it annually to all workers?* 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
- If YES, who is your labor relations counsel?* _____

VI. CHECKLISTS

(If these are the same as prior applications, please indicate by circling "same" and do not submit with renewal application.):

Have you included:

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

EMPLOYMENT HANDBOOK CHECKLIST (Please indicate if any changes were made):

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

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
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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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