

EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE - Optional - Not available without D&O coverage.
If EPLI Coverage is desired, proceed to questions 13. a. – e.

13. a. Total Number of Employees: _____
Part-Time, Seasonal/Temporary and Volunteers are counted as ½ each.
Full-Time _____ Part-Time _____ Seasonal/Temporary _____ Volunteers _____
- b. Has there been or is there an anticipated reduction of employees in the past/next 12 months? Yes No
- c. Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No
- d. Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No
- e. Does the Applicant have formal written procedures for hiring and firing employees? Yes No

WAGE AND HOUR COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX).

If Wage and Hour coverage is desired, check Limit of Insurance \$50,000 \$100,000 and respond to Questions 14 - 16.

14. What percentage of the Organization's employee base is: Exempt: _____ % NonExempt: _____ %
15. Within the past 12 months:
- a. Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? Yes No
- b. Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? Yes No

If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.

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16. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

CYBER-LIABILITY COVERAGE: - Optional – Not available without D&O coverage.

If Cyber-Liability coverage is desired, check Limit of Insurance \$25,000 \$50,000 \$100,000 \$250,000 and respond to Questions 17 - 26.

17. Total Number of Customer/Student Records: _____
18. Do you have written policies in place which address records and information management compliance? Yes No
19. Do you have written policies in place which address network security? Yes No
20. Has a network security assessment or audit been conducted within the past 12 months? Yes No
21. Is firewall technology used at all internet points-of-presence to prevent unauthorized access to internal networks? Yes No
22. Does your company use antivirus software on all desktops, portable computers and mission critical servers? Yes No
23. Do you have a written disaster recovery and business continuity plan for your network? Yes No
24. Does the Applicant follow established procedures for carrying out and confirming the destruction of client or employee data and/or sensitive information? Yes No
25. Do you have a written data breach response plan? Yes No
26. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities? Yes No

NOTE THAT ITEMS 27. THROUGH 30. MUST BE COMPLETED BY ALL D&O, EPLI, WAGE AND HOUR AND CYBER-LIABILITY COVERAGE APPLICANTS.

27. a. Within the last three years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

b. Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No

If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.

28. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: Yes No

29. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

30. Limits of Insurance requested: _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the Applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this Application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this Application and the information furnished will be the basis of the contract should a policy be issued and this Application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this Application, as they may deem necessary.

WARNING

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Signed: _____
(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____ Date: _____