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Renewal Application

Employment Practices Liability Insurance

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

ENTITY INFORMATION

1. (a) Name: _____
- (b) Address: _____

- (c) Website: _____
- (d) Years in Business: _____
- (e) Incorporated under the laws of: _____
- (f) Corporation Sole Proprietor Partnership Joint Venture Franchise Other (specify)
- (g) Description of Business: _____

- (h) Number of locations where business is conducted: _____
- (i) What percentage of employees work at customer locations or perform a majority of their functions off-site? _____%
- (j) Is training provided to employees regarding discrimination and harassment of third parties? YES NO
2. Is the ENTITY currently considering or has it in the past three years been involved in any acquisitions, mergers or major divestitures? YES NO

If yes, please provide details:

3. Please provide financial details of the ENTITY in the table below.

	Most Recent Year End	Previous Year End
Revenues		
Net Income (Net Loss)		
Total Assets		

EMPLOYEE INFORMATION

4. (a) Number of full-time employees located in: Canada _____ United States _____ Other _____
- (b) Number of part-time employees located in: Canada _____ United States _____ Other _____
- (c) Does the ENTITY use seasonal employees? YES NO

If yes, please provide details:

5. Number of employees with total annual compensation greater than \$100,000: _____
- 6 (a) Please provide the number of employee terminations for the past two years.
- | | | | |
|----------------|------------------------------|--------------------------------|---------------|
| Current Year: | Voluntary Terminations _____ | Involuntary Terminations _____ | Layoffs _____ |
| Previous Year: | Voluntary Terminations _____ | Involuntary Terminations _____ | Layoffs _____ |
- (b) Has the turnover rate exceeded historical levels during the past two years? YES NO
- (c) Are any layoffs, staff reductions, or plant, branch or office closings anticipated within the next two years? YES NO

If yes to (b) or (c), please provide details:

7. Does the ENTITY have:
- | | |
|---|--|
| (a) Written hiring/interviewing guidelines? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (b) Written employment agreements with all officers and managers? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (c) An employee handbook, distributed to all employees? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (d) Written job descriptions for all positions? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (e) Annual written performance appraisals? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (f) A written policy against discrimination and sexual harassment? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (g) A written policy dealing with the use of company electronic mail, voice mail and Internet access? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (h) An out-placement program to assist discharged employees? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
8. Does the ENTITY have a Human Resources department? YES NO

If no, please provide details as to how this function is handled:

9. Does the ENTITY use outside legal counsel for employment advice? YES NO
- If yes, is outside legal counsel consulted prior to discharging an employee? YES NO

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned declares that he/she is duly authorized by the ENTITY, including its SUBSIDIARIES, to complete this Application and that the statements set forth herein are true and complete.

The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the policy, he/she will provide written notice of such changes immediately to Victor and, without limitation to any other remedy, Victor may withdraw or modify any outstanding quotations, and any authorization or agreement to bind coverage.

Signature

Capacity (Chairman or President or Human Resources Manager)

Date (dd/mm/yyyy)

ENTITY