



EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY
PLEASE ANSWER ALL QUESTIONS. IF SPACE IS INSUFFICIENT, ATTACH DETAILS BY ADDENDUM

GENERAL INFORMATION

1. **Applicant:** _____

2. **Principal Business Address:** _____

Province/State of Incorporation: _____ Website: _____

3. Full Description of Business Operations: _____

4. Date Organized or Incorporated: _____

5. Have there been any changes in majority ownership since the date organized? Yes No
If 'Yes', date Applicant began continuously operating under current ownership? _____

6. Business is a:
 Federal Company Provincial Company Partnership Limited Liability Partnership
 Sole Proprietorship Joint Venture
Other (please specify): _____

7. Are there any subsidiaries or affiliated companies? Yes No
If 'Yes', attach details as follows for each such company:

Name	Description of Operations	Ownership % by Applicant or Affiliate	Date Acquired, Created, or Affiliated	Place of Incorporation
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8. Person designated as the representative of the Applicant to give/receive notices to/from the company on behalf of all persons and entities to be covered is:
Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

EMPLOYEES

9. For all Applicants, provide the following information for all locations within each province.
Attach a separate schedule if necessary:

Number of Directors, Officers, Partners, Employees and Independent Contractors

Province	Number of Locations	Number of full-time (regular, leased, volunteers and temporary)	Independent Contractors	Number of part-time (regular, leased, volunteers, temporary and seasonal)

10. Salary Ranges (including bonuses and commissions):

	No. of Full-Time Employees	No. of Part-Time Employees
\$20,000 or less		
\$20,001 to \$50,000		
\$50,001 to \$100,000		
\$100,001 to \$200,000		
\$200,001 and over		

11. Provide the total number of employees:

Current Year

Last Year

a) involuntarily terminated:

b) voluntarily terminated:

c) whose annual salaries, bonus and commissions were over \$100,000 during the past 12months:

EMPLOYMENT PRACTICES LIABILITY INSURANCE

12. Do all Applicants currently carry Employment Practices Liability Insurance?

Yes No

If 'Yes', provide the following:

Name of Insurer: _____

Limits: _____

Policy Period: _____

Deductible/Retention: _____

Premium: _____

Retro Prior Acts Date: _____

13. Has any Insurer declined, cancelled or non-renewed any Employment Practice Liability Insurance policy or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance? **If 'Yes', attach details.**

Yes No

14. During the last three years has any Applicant been involved in, or are they presently considering or contemplating:

a) any merger, consolidation or acquisition?

Yes No

b) any layoffs, staff reductions, early retirements or office or plant closings?

Yes No

- c) opening any new locations or forming any new companies? Yes No
If 'Yes' to any of the above, attach details.

HUMAN RESOURCES

15. Do all Applicants have a full-time human resource manager or department? Yes No
16. Do all Applicants have written employment agreements with all officers? Yes No
17. Do all Applicants establish employment relationships with all employees without a written agreement? Yes No
18. Do all Applicants ensure that the minimum notice period as required under any applicable provincial or federal laws is provided to any employee being dismissed or terminated? Yes No
19. Do all Applicants have the human resource manager or department review all employee terminations Yes No
20. Do all Applicants implement a human resources training program for all managers and supervisors prior to any dismissal or termination of any employees? Yes No
21. Do all Applicants have a written:
- a) policy prohibiting discrimination? Yes No
 - b) policy prohibiting sexual harassment? Yes No
 - c) Employee Handbook that is distributed to all current and new employees (the latter within 14 days)? Yes No
22. Have the Applicant's managers and/or supervisors attended training seminars on sexual harassment within the last 12 months? Yes No
23. Do all Applicants maintain and ensure compliance with anti-discrimination and anti-harassment policies? Yes No
24. Do all Applicants have written procedures for dealing with complaints from employees and third parties? Yes No
If 'No', are the Applicants willing to implement such procedures? Yes No
25. Do all Applicants require all employees to report third party complaints? Yes No

26. Do all Applicants have their employment policies reviewed by an employment or labor lawyer annually or bi-annually? Yes No
27. Do all Applicants maintain a personnel file for each employee? Yes No
28. Do the Applicants regularly consult with a labor lawyer?
If 'Yes', who is the employment or labor counsel? Yes No

THIRD PARTY DISCRIMINATION LIABILITY COVERAGE (To Be Completed If Applying For This Coverage)

29. Do all Applicants have policies or procedures for dealing with the general public, customers, clients, patrons, visitors, or other third parties involving harassment and/or discrimination? Yes No
30. Has (have) any judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance involving third party discrimination and/or harassment?
If 'Yes', attach details. Yes No
31. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any third party discrimination claim? **If 'Yes', Attach details.** Yes No

LOSS HISTORY

32. Is there now pending, or has there been during the past five years, any claims, investigations, demands or proceedings filed with the federal or provincial human rights tribunal or any lawsuit against any Applicant at any location, whether filed by current employees, terminated employees, or employees not hired? Yes No

If 'Yes,' provide the following information. for each matter , attach a copy of the particulars, the Applicant's response and the current status.

Date of claim, demand, matter or law	Claimant	Allegations	Losses Paid	Losses Reserved	Legal Expense Paid	Legal Expense Reserved

33. Are you aware of any other material facts that would be material to the underwriting of the policy? (a fact is material if it would cause the insurer to decline the risk, increase the premium or alter the terms of the policy.)
If 'Yes', attach details. Yes No

FINANCIAL INFORMATION

34. Provide the following year-end financial information for the past two years:

If there is more than one Applicant, provide consolidated financial information for all Applicants other than affiliated companies. Attach a separate schedule for each affiliate company proposed as an Applicant for this insurance.

Year	Revenues	Net Income/Loss (+/-)	Assets	Equity, Partners Capital or Equivalent (+/-)

35. Presently, do current liabilities exceed current assets for any Applicant? Yes No
If 'Yes', provide a copy the Applicant's annual report or audited financial statements for the last two years.

36. Has any Applicant been the subject of any bankruptcy proceeding involving the appointment of a receiver, receiver manager, conservator, liquidator, trustee, rehabilitator or similar official to take control of, supervise, manage, wind up or liquidate the company pursuant to an instrument or court order made under The Bankruptcy and Insolvency Act, R.S. 1985, c. B-3 ("BIA") or the Companies' Creditors Arrangement Act, R.S. 1985, c. C-36 ("CCAA") in the last two years or are they considering or contemplating such action? Yes No

37. Has any Applicant been the subject of any financial reorganization, including an amalgamation, reconstruction, arrangement, compromise, reorganization pursuant to The Canada Corporations Act, R.S. 1970, c. C-32, ("CCA") or liquidation pursuant to The CCA or the Winding Up and Restructuring Act, R.S. 1985, c. W-11 ("WURA") in the last two years or are they considering or contemplating such action? Yes No

PRIOR KNOWLEDGE/WARRANTY

38. No director, officer or other person proposed for coverage has knowledge or information of any facts, circumstances, or situations involving the Applicant, its subsidiaries, or affiliates or any person proposed for coverage which could reasonably be expected to result in any future claim being made against them which would fall within the scope of the proposed coverage?

If no such knowledge or information, check here: 'None' **Otherwise, attach details**

It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.

COVERAGE REQUESTED

39. Limits of Liability: _____ Retention: _____
 Policy Period: From: _____ to: _____

ADDITIONAL INFORMATION REQUIRED (as applicable)

40. • Latest Annual Report to Stockholders, audited financial statements and quarterly financial statements
- Copy of the Notice to Stockholders, Annual Information Circular, Proxy Statement for the most current annual meeting
 - Copy of the indemnification provisions of the charter, by-laws or articles of incorporation
 - Complete list of all proposed Directors and Officers of the Applicant(s)

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Must be signed by a Human Resources Director, Executive Officer, Partner or equivalent

Signature of Applicant (authorized representative)

Date

Title

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**