



AGENCY CUSTOMER ID: _____

**MONTANA EMPLOYMENT
RELATED PRACTICES LIABILITY SECTION**

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	APPLICANT / FIRST NAMED INSURED	
PROPOSED EFFECTIVE DATE:	PROPOSED EXPIRATION DATE:	PROPOSED RETROACTIVE DATE:

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE AND REPORTED IN WRITING DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS MAY BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS", AND "DEFENSE COSTS" MAY BE APPLIED AGAINST THE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

COVERAGE

LIMIT OF LIABILITY	CO-PAYMENT AMT	OTHER
\$	\$	

INSURANCE INFORMATION

1. PERSON RESPONSIBLE FOR HANDLING ERPL CLAIMS:

TELEPHONE	E-MAIL	FAX
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2. DO YOU CURRENTLY CARRY ERPL INSURANCE? YES NO IF YES, INSURER:

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

3. DESCRIBE PRIOR COVERAGE FOR THE PAST THREE (3) YEARS (IF ANY)

POLICY PERIOD		PREMIUM	LIMIT	DEDUCTIBLE	% CO-PAY	RETRO DATE	INSURER
EFF DATE	EXP DATE						

EMPLOYEE INFORMATION

1. NUMBER OF LOCATIONS AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY, EXCEPT FOR SUBSIDIARIES

STATE	COUNTRY	NUMBER OF LOCATIONS	TOTAL NUMBER OF EMPLOYEES

2. NAME OF SUBSIDIARIES YOU WANT TO INCLUDE, AND TOTAL NUMBER OF EMPLOYEES BY STATE (WITHIN THE U.S.A.) OR COUNTRY NOT INCLUDED IN 1

SUBSIDIARIES	STATE	COUNTRY	TOTAL NUMBER OF EMPLOYEES

3. EMPLOYEES AT LOCATIONS IDENTIFIED ABOVE

A. TOTAL NUMBER OF U.S. EMPLOYEES	FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:
B. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT EXEMPT EMPLOYEES				
C. TOTAL NUMBER OF FAIR LABOR STANDARDS ACT NON-EXEMPT EMPLOYEES				
D. TOTAL NUMBER OF UNIONIZED EMPLOYEES IN THE U.S.A.				
E. TOTAL NUMBER OF NON-U.S.A. EMPLOYEES	FULL TIME:	PART TIME:	TEMPORARY:	SEASONAL:
F. TOTAL NUMBER OF ALL EMPLOYEES FOR EACH OF THE PAST THREE (3) YEARS:				
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:
G. FOR EACH OF THE LAST THREE (3) YEARS, STATE YOUR ANNUAL PERCENTAGE TURNOVER OF EMPLOYEES:				
YEAR:	%	YEAR:	%	YEAR:
H. TOTAL NUMBER OF EMPLOYEE-INITIATED TERMINATIONS IN THE LAST THREE (3) YEARS:				
YEAR:	TOTAL #:	YEAR:	TOTAL #:	YEAR:
I. PERCENTAGE OF EMPLOYEES WITH SALARIES:				
LESS THAN \$50,000:	%	\$50,000 - \$100,000:	%	GREATER THAN \$100,000:

EMPLOYMENT POLICIES AND PRACTICES

1. NAME AND TITLE OF INDIVIDUAL WHO HAS OVERALL RESPONSIBILITY FOR THE HUMAN RESOURCES OR PERSONNEL	
NAME	TITLE
2. NAME(S) AND TITLE(S) OF INDIVIDUAL(S) WHO IS/ARE RESPONSIBLE FOR HANDLING EMPLOYMENT-RELATED INCIDENTS	
NAME	TITLE
3. DO YOU USE AN EMPLOYMENT APPLICATION DURING YOUR HIRING PROCESS? IF YES, ANSWER A-D BELOW:	
A. DOES YOUR APPLICATION CONTAIN AN EMPLOYMENT AT WILL STATEMENT?	Y/N
B. DOES YOUR APPLICATION INCLUDE AUTHORIZATION TO CHECK REFERENCES AND CRIMINAL CONVICTION RECORDS?	
C. DOES YOUR APPLICATION REQUIRE A SIGNATURE ATTESTING THAT ALL REPRESENTATIONS ARE TRUE?	
D. DOES YOUR APPLICATION CONTAIN AN EQUAL OPPORTUNITY EMPLOYMENT STATEMENT?	
4. DO YOU DISTRIBUTE AN EMPLOYMENT HANDBOOK TO ALL EMPLOYEES?	
A. IF YES, DOES IT CONTAIN AN EMPLOYMENT-AT-WILL STATEMENT?	
5. DO YOU HAVE AN EMPLOYMENT OPPORTUNITY STATEMENT?	
6. DO YOU HAVE A WRITTEN ANTI-SEXUAL HARASSMENT POLICY?	
7. DO YOU HAVE A WRITTEN GRIEVANCE PROCEDURE?	
8. DO YOU HAVE A PROGRESSIVE DISCIPLINARY PROGRAM?	
9. DO YOU POST, IN PLACES CONSPICUOUS TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, ALL NOTICES REQUIRED BY LAW?	
10. WHEN REQUESTED BY EMPLOYEES, DO YOU DISTRIBUTE INFORMATION AS REQUIRED BY FEDERAL LAW REGARDING THE FAMILY MEDICAL LEAVE ACT TO ALL EMPLOYEES?	
11. DO YOU REQUIRE THAT ALL EMPLOYMENT TERMINATIONS BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT/PERSONNEL HAVING HUMAN RESOURCES RESPONSIBILITIES?	
12. DO YOU PROVIDE WRITTEN PERFORMANCE EVALUATIONS FOR ALL YOUR EMPLOYEES? IF YES, HOW OFTEN?	
13. DO YOUR SUPERVISORY EMPLOYEES RECEIVE TRAINING IN THE PROPER METHOD OF CONDUCTING PERFORMANCE APPRAISALS?	
14. IS THERE A FORMAL ORIENTATION PROGRAM FOR NEW EMPLOYEES?	
15. IS THERE A FORMAL OUT-PLACEMENT PROGRAM WHICH ASSISTS FORMER EMPLOYEES IN OBTAINING ALTERNATE EMPLOYMENT?	
16. DO YOU USE ANY TESTS FOR SCREENING APPLICANTS OR FOR CONTINUED EMPLOYMENT?	

CORPORATE HISTORY

1. HAVE YOU HAD ANY HOME OR BRANCH OFFICE CLOSINGS, CONSOLIDATIONS, LAYOFFS / STAFF REDUCTIONS, MERGERS OR ACQUISITIONS WITHIN THE PAST 24 MONTHS? IF YES, PLEASE PROVIDE DETAILS.	<input type="checkbox"/> Y/N
2. DO YOU ANTICIPATE ANY HOME OR BRANCH OFFICE CLOSINGS, CONSOLIDATIONS, LAYOFFS / STAFF REDUCTIONS, MERGERS OR ACQUISITIONS WITHIN THE NEXT 24 MONTHS? IF YES, PLEASE PROVIDE DETAILS:	<input type="checkbox"/> Y/N

RECENT EMPLOYMENT- RELATED ISSUES

1. PLEASE ATTACH A LISTING OF ALL EMPLOYMENT LAWSUITS AS WELL AS ADMINISTRATIVE PROCEEDINGS (e.g., EEOC or NLRB) IN PROCESS OR COMMENCED DURING THE PAST THREE (3) YEARS. DESCRIBE THE TYPE OF ALLEGATION, THE COURT OR AGENCY INVOLVED AND CURRENT STATUS, INCLUDING ANY DETERMINATION, JUDGMENT, DEFENSE COST OR SETTLEMENT, FOR EACH.	
2. ARE YOU PRESENTLY SUBJECT TO ANY JUDICIAL OR ADMINISTRATIVE ORDER, DECREE, JUDGMENT OR CONCILIATION AGREEMENT RELATING TO EMPLOYMENT? IF YES, PLEASE ATTACH A COPY.	<input type="checkbox"/> Y/N
3. ARE YOU AWARE OF ANY CIRCUMSTANCES WITH THE POTENTIAL TO GIVE RISE TO A CLAIM UNDER THIS POLICY? IF YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER.	<input type="checkbox"/> Y/N
IT IS AGREED THAT ANY CLAIM(S) ARISING FROM ANY FACTS, CIRCUMSTANCES OR SITUATIONS MENTIONED IN 1, 2 OR 3 ABOVE ARE EXCLUDED FROM COVERAGE. _____ (INITIALS)	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

THE FOLLOWING INFORMATION MUST ACCOMPANY THE APPLICATION IF YOUR COMPANY USES, OR HAS DEVELOPED, SUCH MATERIALS:

- | | | | |
|--------------------------|---------------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | EMPLOYMENT APPLICATION | <input type="checkbox"/> | EMPLOYEE DISCIPLINARY PROCEDURES |
| <input type="checkbox"/> | EMPLOYEE GRIEVANCE PROCEDURES | <input type="checkbox"/> | EMPLOYEE HANDBOOK / MANUAL |
| <input type="checkbox"/> | EMPLOYEE PERFORMANCE EVALUATION FORMS | <input type="checkbox"/> | EEO AND SEXUAL HARASSMENT POLICY |
| <input type="checkbox"/> | OUTPLACEMENT PROGRAM | <input type="checkbox"/> | LATEST EEO-1 |
| <input type="checkbox"/> | LATEST ANNUAL REPORT | <input type="checkbox"/> | |

THE UNDERSIGNED INDICATES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIAL SUBMITTED TO THE INSURER ARE TRUE AND CORRECT. ALTHOUGH THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR INSURER TO EFFECT INSURANCE, THE UNDERSIGNED AGREES THAT THIS APPLICATION AND ITS ATTACHMENTS SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND SHALL BE PHYSICALLY ATTACHED TO AND SHALL FORM PART OF THE POLICY.

THE UNDERSIGNED FURTHER DECLARES THAT ANY OCCURRENCE OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY INFORMATION IN THIS APPLICATION, WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. BASED ON SUCH NEW INFORMATION, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

INDIVIDUAL RESPONSIBLE FOR HUMAN RESOURCES FUNCTION:

NAME (PLEASE PRINT)	SIGNATURE	DATE

PRESIDENT OR CHAIRMAN:

NAME (PLEASE PRINT)	SIGNATURE	DATE

I REPRESENT THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO REPRESENT THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER