



# Standard Program

Employment Practices Liability Insurance

## Renewal Application

### Section 1. General Information

Please type or print clearly

Name of Applicant Organization:			
Mailing Address:	City	State	Zip Code
HR Contact Name:	Telephone	Fax	
Email Address:			
Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other _____			
Indicate Primary SIC Code:		Nature of Business:	
How long has your organization been in business? _____ years			
Indicate your organization's annual receipts and payroll for the following financial years:			
	Receipts	Payroll	
(1) Last Financial Year	\$ _____	\$ _____	
(2) Current Financial Year	\$ _____	\$ _____	
(3) Next Financial Year	\$ _____	\$ _____	
Current HCC Policy No:		Expiration Date:	

### Section 2. Corporate History/ Plan (provide details in the Remarks Section for any Yes answers)

1. Has your organization acquired any other organizations within the past two (2) years?	Yes_____	No_____
a) - If Yes, were any of the employees or officers of the acquired organization terminated?	Yes_____	No_____
b) - If Yes, do you plan in the next eighteen (18) months to terminate any of the employees or officers of the acquired organization?	Yes_____	No_____
2. Does your organization anticipate any of the following in the next twelve (12) months? Selling, closing, consolidating or spinning-off any plants, offices, subsidiaries or divisions?	Yes_____	No_____
3. Down-sizing, right-sizing, layoffs or any other reduction in number of employees?	Yes_____	No_____
4. Acquiring or merging with any other organization?	Yes_____	No_____
5. Creation of any new business, subsidiary, division, or location?	Yes_____	No_____
6. Increase in the number of employees by more than 20%?	Yes_____	No_____
7. Have you materially changed any of your HR policies and procedures?	Yes_____	No_____
-If Yes, please describe in Remarks section or provide a copy of the change.		

### Section 3. Employees

Indicate the total number of workers currently on your payroll below:	
<b>Type of Individual</b> (Please do not include independent contractors or leased workers. See below.)	<b>No.</b>
Full-time, regular and temporary persons working a standard workweek	
Part-time, regular and temporary persons working a standard workweek	
Interns	
Seasonal Employees	
Volunteers	
<b>Total</b>	
Of the total number of workers, indicate the number who are union members :	

Please provide a breakdown by state of the number of workers for each category					
State	Full-time	Part-time	Interns	Seasonal	Volunteers
1. Does your organization use leased workers?				Yes_ _____	No_ _____
2. If yes, would you like to cover them under this policy?				Yes_ _____	No_ _____
3. If yes, indicate the total number of leased workers to be covered				Total: _____	
4. Does your organization use independent contractors?				Yes_ _____	No_ _____
5. If yes, would you like to cover them under this policy?				Yes_ _____	No_ _____
6. If yes, indicate the total number of independent contractors to be covered:				Total: _____	
Please attach a copy of your employee leasing agreement and or independent contractor agreement					

Of the total number of employees indicated above, indicate how many are in each of the following categories. ( Do not include leased workers and independent contractors)	
Salary and bonus between \$50,000 and \$100,000	
Salary and bonus between \$100,000 and \$250,000	
Salary and bonus in excess of \$250,000	

What is your organization's annual employee turnover for each of the last three (3) years: (Indicate Highest Number of Employees employed at any one time during the year)			
Years	20 _____	20 _____	20 _____
Number of Employees			
Involuntary Termination			
Voluntary Termination (non-retirement)			
Retired			

**Section 4. Important Notices**

1. If the inception date of the policy period is more than thirty (30) days after the date of this application, a signed declaration that statements and information provided in this application have not changed or a new signed and dated application will be required.
2. Employee Handbook, written policy and procedures, and employment application should be available upon request.
3. If you are signing this application, note the following:

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

**Section 5. Applicant's Representations and Signature**

1. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
2. The Applicant further represents that if the information supplied on this application changes between the date of the Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation.
3. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued.

**Applicant's Authorized Signature of a Principal, Partner or Officer.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producing Broker: \_\_\_\_\_ License No.: \_\_\_\_\_

THIS APPLICATION MUST BE SUBMITTED TO:  
 Professional Indemnity Insurance Agency, Inc. (PIA)  
 50 California Street, Ste. 940, San Francisco, CA 94111  
 Telephone: 415-277-2475 Fax: 415-288-0771

**Section 6. REMARKS (Use a separate sheet(s) of paper if necessary)**

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