



EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. ALL QUESTIONS MUST BE ANSWERED.

Corporate Information

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

- (c) Date of Incorporation: _____ Jurisdiction: _____ Fiscal Year End: _____
- (d) Nature of Business: _____
- (e) Web-Site Address: _____

Operational Details

2. (a) Total number of Subsidiaries that are more than 50% owned or controlled by the Applicant, either directly or indirectly through one or more of its Subsidiaries at the time of completing this Application:
Canada: _____ United States: _____ Other: _____

(b) Please attach as **Schedule "A"** a list of all Subsidiaries for which coverage is requested, including date and jurisdiction of incorporation, date of acquisition or creation, percentage of ownership, nature of operations and number of employees.

(c) Please provide the number of employees in Canada, the United States of American and all other (at the time of completing this Application):

	Canada	U.S.A.	Other	TOTAL
# of Employees	_____	_____	_____	_____

(d) Total number of employees with total annual compensation less than \$100,000: _____

(e) Total number of employees with total annual compensation between \$100,000 to \$250,000: _____

(f) Total number of employees with total annual compensation greater than \$250,000: _____

(g) Percentage of your employees who are subject to a collective bargaining agreement: _____ %

(h) Total number of employees, including officers, who have been terminated in the past two years: _____

(i) Historical annual employee turnover rate: _____ %

(j) Has the turnover rate exceeded historical levels during the past two years? Yes No

(k) Are any layoffs or staff reductions anticipated within the next two years? Yes No

If Yes: (i) what is the reason for the reduction in force? _____

(ii) how many employees will be affected by the reduction in force? _____

(iii) what criteria will be used to determine which employees will be affected by the reduction in force?

(l) Does the Applicant have a full time human resources manager or department? Yes No

If Yes: (i) please indicate the number of employees in this department: _____

(ii) have any of these employees received certification in H.R. management? Yes No

- (m) When an employee is terminated, does the Applicant consult with legal counsel or Human Resources personnel prior to termination? Yes No
- (n) Does the Applicant have the following in current use and practice:
- (i) an employment application for job applicants? Yes No
 - (ii) written interviewing and hiring guidelines? Yes No
 - (iii) an employee handbook that is distributed to all employees? Yes No
 - (iv) written job description for all positions? Yes No
 - (v) a personnel file for each employee? Yes No
 - (vi) annual written performance evaluations for all employees? Yes No
 - (vii) a written policy against discrimination or sexual harassment? Yes No
 - (viii) a written policy for the handling of employee complaints of discrimination or sexual harassment? Yes No
 - (ix) a written policy dealing with the use of corporate electronic mail, voice mail and internet access? Yes No

If No to Questions (m) or (n)(i) through (ix) above, attach details.

Prior Insurance & Past Activities

3. Provide details of the expiring Employment Practices Liability insurance policies:

Name of Insurer	Limit of Policy	Deductible/ Retention	Expiry Date	Premium	Claims (Y/N)

4. During the past 3 years, has the Applicant or any other person proposed for this insurance:

- (a) been the recipient(s) of any declination, cancellation or non-renewal of any liability insurance similar to that now applied for? Yes No
- (b) given or delivered written notice under the provisions of any liability insurance policy of any claim, or notice of potential claim? Yes No
- (c) been involved in any claim, which has been made or is now pending, which would fall within the scope of an insurance policy similar to that now proposed if such insurance had been in force? Yes No
- (d) been involved in any claim where loss payments have been made under any insurance policy similar to that now proposed? Yes No
- (e) been involved in any civil, criminal, administrative or regulatory investigation or proceeding? Yes No

If yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

5. Are there any facts, circumstances or situations which could give rise to a claim which would fall within the scope of the proposed insurance? Yes No

If Yes, provide details: _____

It is understood and agreed that if any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

Additional Information Required

- 6. As a part of this Application, please submit one copy of each of the following documents:
 - (i) Schedule A – a list of all Subsidiaries for which coverage is requested;

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized officer of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title