



**Wrap+®**  
**Community Association Management**  
**Liability Coverage**  
**Employment Practices**  
**Additional Information Request**



**Travelers Casualty and Surety Company of America**

**Travelers Casualty and Surety Company** (only applicable in Guam, Puerto Rico and the Virgin Islands)

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE AND REPORTED POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND RETENTION, AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

Complete this Employment Practices Additional Information Request if the number of employees is greater than 30.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed First Named Insured & Other Named Insured(s):	Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

**EMPLOYEE PRACTICES QUESTIONS**

1. Total Number of Full Time Employees: \_\_\_\_\_
2. Total Number of Part Time Employees: \_\_\_\_\_
3. Total Number of Seasonal Employees: \_\_\_\_\_
4. Do you use a written employment application form containing an employment-at-will statement for all employment applicants? .....  Yes  No
5. Are there formal, written policies and procedures concerning the following and have they been posted, delivered to each employee or included in your Employee Handbook so as to be available to all employees? .....  Yes  No
  - a. Sexual harassment? .....  Yes  No  
 If yes, are they  Posted  Handbook  Delivered
  - b. Discrimination? .....  Yes  No  
 If yes, are they  Posted  Handbook  Delivered
  - c. Equal opportunity? .....  Yes  No  
 (If yes, are they  Posted  Handbook  Delivered
  - d. Disabled employees and accommodations? .....  Yes  No  
 If yes, are they  Posted  Handbook  Delivered
  - e. Has legal counsel reviewed the above policies prior to implementation? .....  Yes  No
  - f. Are employee performance evaluations written? .....  Yes  No

**If you have more than 100 employees, complete questions 6 through 13.**

6. Do you have a Human Resources department? .....  Yes  No  
 If yes, how many employees in this department? \_\_\_\_\_  
 If no, who handles Human Resource functions and what are their responsibilities and prior training?  
 \_\_\_\_\_

7. Are employee evaluations written?.....  Yes  No
8. Are supervisors and managers trained in the presentation of performance evaluations?.....  Yes  No
9. Are officers, managers, and supervisors trained in the procedures of handling employment-related grievances, disputes, notifications, or claims? .....  Yes  No
10. Do you have written procedures for disciplining employees? .....  Yes  No  
If yes, are those procedures provided to every employee? .....  Yes  No
11. Do you provide severance pay and require releases to be signed by terminated employees? .....  Yes  No
12. Are "exit" interviews mandatory?.....  Yes  No
13. Do you involve an attorney in employment-related disputes?.....  Yes  No
  - a. If yes, please identify the name of the attorney(s) who is usually involved: \_\_\_\_\_
  - b. Is the attorney in-house or outside counsel?  In-house counsel  Outside counsel

**REQUIRED ATTACHMENTS**  
*(If more than 100 employees)*

- Employee Handbook and/or Policies and Procedures Handbook or equivalent written guidelines
- Sexual Harassment Policy (unless contained in the Employee Handbook)
- Equal Employment Opportunity Policy (unless contained in the Employee Handbook)
- Summary and status of any litigation filed within the last twenty-four (24) months by or against any person(s) or entity(ies) proposed for this insurance (including any litigation that has been resolved)

**FRAUD STATEMENTS - Attention Applicants in the Following Jurisdictions:**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.**

Authorized Representative Signature:*	Authorized Representative Name - Printed:	Date:
<b>X</b>		
Producer Signature: *	State Producer License No. (required in FL):	Date:
<b>X</b>		
Agency:	Agency Contact:	Agency Phone Number:

\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance – Producer

<b>ADDITIONAL INFORMATION</b>
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This area may be used to provide additional information to any question. Please reference the question number.

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**Administered By:**

**Kevin Davis Insurance Services  
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CA Insurance License Number OC97532**