

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense expenses, and any retention will be applied against defense expenses. The Insurer will not be liable for the amount of any judgment, settlement, or defense expenses incurred after exhaustion of the limit of liability.

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 Named Insured: _____

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?
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, 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

If more than 100 employees, as part of this Application, provide copies of the documents listed below. Such documents are made a part of this Application; the Insurer may elect to obtain requested information from public sources, including the Internet.

- 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).

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: _____

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): X	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Reference the question number.

Administered By:

Kevin Davis Insurance Services, a division of Worldwide Insurance Services of DE., Inc. an Amwins company
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