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## ASSET MANAGEMENT RISK SOLUTIONS™ – INSURANCE APPLICATION SUPPLEMENT – EMPLOYMENT PRACTICES LIABILITY COVERAGE

THIS SUPPLEMENT IS PART OF THE APPLICATION SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT. THIS SUPPLEMENT MUST BE COMPLETED IF THE APPLICANT SEEKS EMPLOYMENT PRACTICES LIABILITY COVERAGE.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers.

### I. APPLICANT

Name of Applicant (as identified in the Asset Management Risk Solutions™ Insurance Application):

1. Enter the TOTAL number of Employees (by type) in the boxes below for the Applicant.  
*Note: Seasonal and Temporary Employees are to be included as Part-time Employees.*

**Number of Employees in ALL JURISDICTIONS:**

	Domestic	United States	Other
Full Time			
Part Time			
Independent Contractors			
Volunteers			

2. If applicable, enter the TOTAL number of United States Employees (by type) in the boxes below for the Applicant.  
*Note: Seasonal and Temporary Employees are to be included as Part-time Employees.*

**Number of Employees in California (CA), Washington D.C. (DC), Florida (FL), Michigan (MI) & Texas (TX):**

	CA	DC	FL	MI	TX
Full Time					
Part Time					
Independent Contractors					
Volunteers					

3. For the past three (3) years, what was the Applicant's annual turnover rate percentage of all employees (all locations)?

Year: \_\_\_\_\_ %      Year: \_\_\_\_\_ %      Year: \_\_\_\_\_ %

What percent of those turnovers have been terminations or forced resignations?

Year: \_\_\_\_\_ %      Year: \_\_\_\_\_ %      Year: \_\_\_\_\_ %

4. Enter the TOTAL number of the Applicant's employees in each total compensation range in the boxes below.

Compensation Range	Number of Employees
< \$50,000:	
\$50,000 - \$100,000:	
\$100,001 - \$250,000:	
> \$250,000:	

5. Is the Applicant currently undergoing, or does the Applicant contemplate undergoing during the next twelve (12) months, any employee layoffs or early retirements (including ones resulting from any type of company restructuring or office closing)?

☐ Yes    ☐ No

6. Does the Applicant have an internal Human Resources or Personnel Department? ☐ Yes ☐ No  
If "No", state who manages the HR function and provide a detailed explanation:
- 
7. Does the Applicant have written procedures in place regarding:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Equal Opportunity Employment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Anti-discrimination?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Anti-harassment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Compliance with federal and/or provincial human rights legislation?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Compliance with federal and/or provincial disability and accessibility legislation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Employee disciplinary actions?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Terminations, layoffs and early retirements?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Annual employee appraisals/reviews?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If "No", provide a detailed explanation for each "No" answer:
- 
8. Does the Applicant have a manual of its human resources procedures? ☐ Yes ☐ No  
If "Yes", has legal counsel reviewed the HR manual in the last two (2) years? ☐ Yes ☐ No
9. Does the Applicant have an employee handbook? ☐ Yes ☐ No  
If "Yes", is the employment handbook distributed to all employees or maintained on an intranet location informing employees of their employment rights? ☐ Yes ☐ No
10. Does the Applicant have a formalized process in place for reporting complaints/harassment? ☐ Yes ☐ No  
If "Yes", are employees advised that this action will not result in a retaliatory action? ☐ Yes ☐ No
11. Does the Applicant provide formal anti-discrimination and anti-harassment training for all employees? ☐ Yes ☐ No
12. Are employment issues relating to terminations, discrimination, sexual harassment, layoffs, transfers, or promotions handled by the Human Resources Department, outside counsel and/or the Legal Department? ☐ Yes ☐ No  
If "No", provide a detailed explanation:
- 
13. During the past three (3) years, has the Applicant or any person proposed for coverage been involved in any capacity in any of the following matters?
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Human Rights or other similar administrative proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Employment related civil suit?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If "Yes", to either of the above in Question 13, provide a detailed explanation for each "Yes" answer:
- 

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

## II. SIGNATURE AND AUTHORIZATION

IF THE APPLICANT PREFERS TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, ITS AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING THEIR NAME AND THE DATE. BY DOING SO, THE APPLICANT AND ITS AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES THEIR SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

### ☐ **AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE**

Applicant Name: \_\_\_\_\_

By (Authorized Signature): \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

A digital signature is as simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by a partner, principal, director or officer of the Applicant (or equivalent positions thereof).

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.