Small Business Program

Employment Practices Liability Insurance
Houston Casualty Company/ U.S. Specialty Insurance Company

HCC

New Business Application

INSTRUCTIONS:

1. To apply for this Small Business Program the applicant:
   a. **MUST NOT** have more than 50 ratable employees
   b. **MUST NOT** have had any employment related claims/"incidents" (excluding workers compensation) in the past three (3) years.
   c. **MUST NOT** be one of the excluded types of businesses for this Program listed in Section 7 of this Application.
   d. **MUST NOT** have operations in more than one state.
   e. If a question is not applicable, indicate N/A. If a question requires a comment or explanation, indicate it in Section 8, REMARKS of this Application or answer on a separate sheet of paper.

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:	**Number of Employees in Office**		
Applicant is a (check one) ◇ Corporation ◇ Partnership ◇ LLC ◇ Individual ◇ Other_____			
Principal Product/Service	Principle SIC Code		
Carrier/Policy No:	Expiration Date:		

Section 2. Employee Information

Number of EMPLOYEES: Total Number of Employees_____

Full Time	Part Time	Seasonal	Temporary

Section 3. Loss History (Both questions 1 and 2 must be answered)

Provide specific claim details for each employment practice claim, lawsuit or incident.

1. Furnish first dollar Loss History (3 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach. **Note: If no claims, check here:** ❍

Date of Claim	Claimant Name	Nature of Claim	Defense Amt	Indemnity Amt	Reserve Amt	Current Status

2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you?
❍ **Yes** ❍ **No** **If YES provide details on a separate sheet.**

Section 4. Human Resources Procedures

Have you formally adopted and maintained the following		
1. A written policy on anti-harassment and procedures to report harassment to management	Yes_____	No_____
2. A written policy /procedure on anti discrimination or an EEOC statement prohibiting discrimination	Yes_____	No_____
3. Utilize an employment application that contains an at-will provision	Yes_____	No_____
4. Scheduled Management and Supervisory workplace training on HR related issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution	Yes_____	No_____
5. Termination review by management, HR manager or outside HR professional or law firm	Yes_____	No_____
6. Are your facilities designed to accommodate the disabled in accordance with the Americans with Disabilities Act (ADA) law?	Yes_____	No_____
7. Does your organization anticipate any of the following in the next twelve (12) months? If yes to any question please explain. ◇ Selling or closing any locations or operations? If yes, how many _____ ◇ Acquiring or opening any new locations or operations? If yes, how many_____	Yes_____	No_____

Section 5. Requested Limit Options

Limit Option: ❍ **$250,000/$250,000** ❍ **$500,000/$500,000** ❍ **$1,000,000/$1,000,000**

Section 6. Applicant's Warrants and Signature

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

Date	***Applicant's Authorized Signature***	***Title***

Section 7. Organizations Excluded From This Special Small Business Program

Description	SIC Codes
Accountants	541211
Amusement/Gambling/Casino	All SIC Codes beginning with 713
Apparel Manufacturing	315
Auto Dealers	411
Day Care	6244
Employee Leasing	56131
Golf Courses/Country Clubs	71391
Hospitals, Clinics	622
Lawyers	54111
Medical (Any Kind)	All SIC Codes beginning with 621
Non-Profit Organizations	Any organization that has a non-profit tax exemption
Nursing Homes/Related Activities	623, 624
Property Managers	53131
Public Entities	921 through 928
Real Estate	531, 5311, 5312, 532
Religious Organizations	All SIC Codes beginning with 813
Temporary Employment Agencies	56132, 56133
TV, Radio, Movie Broadcasting/ Production/All Entertainment	All SIC Codes beginning with 711
Unions	8139, 81393

Section 8. Remarks