

# First Nonprofit Insurance Company

## Directors, Officers, & Trustees Employment Practices Liability Insurance Application (DOT B or DOT C)

### NOTICE

IF A POLICY IS ISSUED, THIS COMPLETED APPLICATION AND OTHER SUPPORTING DOCUMENTS WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY; THEREFORE IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-FIRST-MADE-AND-FIRST-REPORTED- BASIS.

### Part I – General Information

1. Applicant Name: \_\_\_\_\_

Does the applicant have a Human Resources or Personnel Department?.....  Yes  No

If "yes", describe the experience and staffing of the Department: \_\_\_\_\_  
\_\_\_\_\_

2. Current number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

3. In the last fiscal year has the applicant reduced the number of employees by more than 10%?

.....  Yes  No

If "yes", please state the reason for the action and identify the number of employees affected by the action: \_\_\_\_\_

4. Does the applicant anticipate closing any facilities, reducing staff or laying off any employees during the next 12 months? If "yes", please state the reason for the action and identify the number of employees

to be affected by the action.....  Yes  No

5. a. Does the applicant have a written policy against employee harassment?.....  Yes  No

If "yes", how does the applicant communicate this policy to employees? \_\_\_\_\_  
\_\_\_\_\_

b. Does the applicant have an employment handbook? (If "yes", please provide a copy of the handbook.).....  Yes  No

c. Is the employment handbook distributed to all employees?.....  Yes  No

d. Does the handbook contain a statement advising the employee that the employee relationship

- between the applicant and the employee is an "at-will" relationship?.....  Yes  No
- e. Does the handbook contain a disclaimer advising the employee that the handbook does not constitute a written employment agreement?.....  Yes  No
6. Does the applicant use an application for employment?.....  Yes  No
7. Does the employment application contain a statement advising the employee that the employment relationship between the applicant and the employee is an "at-will" relationship?.....  Yes  No
8. How are harassment incidents to be reported by employees to management? \_\_\_\_\_  
\_\_\_\_\_
9. Are employees subject to periodic written performance evaluations?.....  Yes  No
10. Does the applicant have a written grievance policy?.....  Yes  No

**Part II – Claims & Circumstances**

Has any Employment Practice Liability claim been made, or is any now pending, against the applicant, or any person proposed for this insurance, or has the applicant or any insured been involved in or have any knowledge of pending actions or proceedings against them?.....  Yes  No  
If "yes", in an attachment please provide details, including the background and outcome of the claim and any settlement, judgment or payroll adjustments.

**Part III – Insurance Coverage Information**

1. Employment Practice Liability Insurance (including insurance which is part of another policy, such as Directors & Officers Liability Insurance) has been continuously in force since: \_\_\_\_\_
2. The Limit and Retrospective Coverage Date, if any, of the current policy are: \_\_\_\_\_  
Limit: \_\_\_\_\_ Retro Date: \_\_\_\_\_
3. Is any person proposed for this insurance aware of any fact circumstance or situation which may result in a claim under the proposed insurance policy?: .....  Yes  No  
If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

## Part IV – Additional Information

Please attach the following:

- A. Most recent Annual Report
- B. Most recent audited Financial Report
- C. Most recent IRS Form 990
- D. Current budget

### **IMPORTANT**

The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the insurance company to issue a policy.

The applicant understands and agrees this application and any supplements thereto shall be incorporated into any policy that may be issued and the insurance company is relying on the truth of the statements set forth herein in making a determination to issue any policy.

The undersigned individual represents he or she is duly authorized and empowered to make this application, including this representation on behalf of the applicant or any individual who may seek coverage under any binder or insurance policy issued in reliance hereon.

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Signature of President,  
Chairman or  
Executive Director

Title

Date

#### **WARNING NOTICE:**

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.

#### **PENNSYLVANIA NOTICE:**

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.