



Name of Insurance Company to which application is made

EMPLOYMENT PRACTICES LIABILITY INSURANCE RENEWAL APPLICATION

INSTRUCTIONS:

- A. Answer all questions. If the answer to any question is NONE, please state NONE.
- B. If the space to answer any question fully is insufficient, attach a separate sheet.
- C. The application must be signed and dated by the owner, partner, or executive officer of the applicant and by a human resources or personnel officer.

PLEASE READ CAREFULLY THE STATEMENT AT THE END OF THIS APPLICATION.

GENERAL INFORMATION

1. Applicant's name and address of principal place of business: (Please include all companies and subsidiaries to be covered under the policy)

2. Name, title, and telephone number of person to contact regarding this application:

3. Current Policy No.: _____ Expiration Date: _____

4. Number of locations by state:

EMPLOYEE INFORMATION

5. a. Please provide the number of full-time and part-time employees in the following geographical locations:

	full-time	part-time
California and/or Texas	_____	_____
Michigan, Montana, Missouri, Ohio, and/or New Jersey	_____	_____
All other states	_____	_____
Total	_____	_____

b. Indicate below by their salary ranges the number of employees.

Salary ranges	full-time	part-time
\$30,000 or less per year	_____	_____
\$30,001 - \$50,000 per year	_____	_____
\$50,001 - \$100,000 per year	_____	_____
Over \$100,000 per year	_____	_____
Total	_____	_____

6. Number of employees in the Human Resources Department: _____

7. Number of involuntary terminations in the last twelve (12) months:

Directors _____
Officers _____
Supervisory Employees _____
Non-Supervisory Employees _____
Total _____

8. Do you plan any layoffs, reductions in force, or any full or partial plant or facility closing in the next twenty-four (24) months? Yes No If yes, please provide complete details on a separate sheet.

CLAIM INFORMATION

9. Has there been any change in the status of any matter, claim, charge, or grievance, including any matters pending before any federal, state, or local administrative agencies such as the Equal Employment Opportunity Commission ("EEOC") or similar state or local agencies or the National Labor Relations Board ("NLRB") previously reported by way of the application for the policy identified in Questions 3., above?

Yes No

If yes, please provide complete details of each such matter on a separate sheet(s). Do not include matters, claims, charges, or grievances that have already been reported to The Hartford during the current policy period in connection with a claim or potential claim.

HUMAN RESOURCES INFORMATION

10. Indicate if there have been any changes in the following:

- Employment Application
- Employment Evaluation Procedures
- Employment Handbook
- Employment Discipline Procedures
- Employment Termination /Separation Guidelines

If you indicated any changes to any of the above, please provide copies of the revised materials.

11. Indicate if there have been any changes in the following:

- Equal Employment Opportunity Policy
- Non-Harassment Policy
- Employment-At-Will Policy
- Policy for accommodating the disabled in accordance with the Americans With Disabilities Act ("ADA")
- Procedures for handling employee complaints of discrimination or harassment
- Orientation Program for new employees

If you indicated any changes to any of the items identified in Questions 11., please provide copies of the revised policies or procedures.

I REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MISREPRESENTED. I UNDERSTAND THAT THIS INFORMATION TOGETHER WITH THE INFORMATION PROVIDED ON ALL PRIOR APPLICATIONS FOR THIS COVERAGE IS MATERIAL TO THE RISK TO BE INSURED AND SHALL BE THE BASIS FOR ANY RENEWAL POLICY THAT MAY BE ISSUED AND SHALL BE DEEMED INCORPORATED THEREIN.

I UNDERSTAND AND ACCEPT THAT THE POLICY PROVIDES COVERAGE ON A "CLAIMS MADE AND REPORTED" BASIS AND THAT THE COVERAGE CEASES WITH THE TERMINATION OF THE POLICY, UNLESS THE EXTENDED REPORTING PERIOD ENDORSEMENT IS PURCHASED.

FRAUD WARNINGS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS:" IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: 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.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR ANY INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: 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.

TENNESSEE: 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.

VIRGINIA APPLICANTS: 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.

NOTE: BOTH SIGNATURE LINES MUST BE COMPLETED.

_____	_____	_____
Date	Applicant's Authorized Signature of a Principal, Partner, or Executive Officer	Title

	Please Print Name	

_____	_____	_____
Date	Applicant's Authorized Signature of individual in charge of the Human Resources or Personnel Department	Title

	Please Print Name	

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

Hartford Financial Products
2 Park Avenue
New York, N.Y. 10016