



Please fax completed applications to 1-800-915-3922
or E-mail to ciglesias@sabalinsurance.com

Application for Management and Employment Practices Liability

APPLICANT INFORMATION:

Name of Organization: _____ Requested effective date: _____
 Street Address: _____
 City, State, Zip: _____
 Telephone: _____ Contact E-mail Address: _____

SPECIFIC INFORMATION:

State of incorporation: _____ Date established: _____

Nature of Applicant's Business: _____

Does the Applicant have any subsidiaries for which coverage is requested?
 If yes, please attach a list of these entities and indicate nature of business for each. Yes No

Employee count

Full time employees:	Current Year: _____	Previous Year: _____
Part time employees (include leased and seasonal):	Current Year: _____	Previous Year: _____
Number of employees located in California:	Current Year: _____	Previous Year: _____
Total employees:	Current Year: _____	Previous Year: _____
Annual revenues: _____	Total assets (for the current year): _____	

Does the Applicant:

Have written procedures in place regarding:

Equal Opportunity Employment: Y N Anti-discrimination: Y N Anti-sexual harassment: Y N

If any of the above answers are no, please attach a full explanation.

In the next 12 months (or during the past 18 months) is the Applicant contemplating (or has the Applicant completed or been in the process of completing):

Any reorganization or arrangement with creditors under federal or state law? Y N

Any branch, location, facility, office, or subsidiary closings, consolidations or layoffs? Y N

Any public or private offering securities? Y N

If "Yes," please attach a full explanation on a sperate sheet.

Has the Applicant given notice of any claim, circumstance or potential claim to any insurer under any of the coverages to which this application relates? Y N

If "Yes," attach a full explanation of each claim, circumstance or potential claim.

Please complete the following information:

Names of Director or Officer Shareholders	Voting Shares Owned
	%
	%
Shareholders (include individual and corp. names) who are both non-directors and non-officers owning 5% or more of voting shares	Voting Shares Owned
	%
	%

Current Insurance Information:

If the Applicant is applying for any Liability Coverage Selections please complete the chart the follows:

-Indicate those coverages currently purchased; and

-Attach a copy of all applications submitted to the current insurer or any prior insurers.

Liability Coverage Sections	The Applicant currently purchases this coverage	Current limit of liability	Current insurer
Directors & Officers Liability	Y / N		
Corporate (Entity) Liability	Y / N		
Employment Practices Liability	Y / N		
Fiduciary Liability	Y / N		

Employment Practices Information:

Do you publish an employee handbook and distribute to all employees? Y N

Does employee handbook contain an at-will statement? Y N

Do you obtain a signed acknowledgement? Y N

Do you have a written employee grievance policy and procedure? Y N

Do you have an anti-discrimination policy and procedure or EEOC statement? Y N

Do you require managers and supervisors to receive training on HR related issues? Y N

Do you have an HR Manager or use an HR management service? Y N

Do you require all terminations to be reviewed by HR/legal counsel or upper management? Y N

Do you use an employment labor law firm for your HR issues? Y N

Do you use an employment application? Y N

Do you use a formal training program for all new employees? Y N

Do you provide all employees with a written employee performance evaluation? Y N

Do you have written job descriptions? Y N

Do you have written arbitration procedures? Y N

Average employee turnover rate the past 3 years: _____ %

Do you intend to make any acquisitions or close any facilities within the next year? Y N

If yes, please provide details.

Have you been involved in any claims or lawsuits, including EEOC in the past three years involving employment related claims, such as wrongful termination, discrimination, or harassment? Y N

If yes, please provide details including the nature of allegations, current status of the claim, and any legal expenses incurred or paid and any settlement paid by either you or and insurance company.

Are you aware of any past or present situations that could result in a claim? Y N

If yes, please provide details.

How did you hear about us? _____

Date: _____ FEIN No.: _____

Signature of Applicant's Authorized Representative: