



Employment Practices Liability Insurance (EPLI)

The Equal Opportunity Employment Commission (EEOC) reports a 32% increase in wrongful employment practice charges filed since 2005.¹ This percentage increase could continue to grow as the economy improves.

CONSIDER THESE ACTUAL CLAIM SCENARIOS

- A former employee claims she was unfairly terminated due to religious discrimination and receives \$110,000 in back pay and compensatory damages.²
- A current employee files a complaint claiming she was denied a promotion due to her caregiver responsibilities as a mother of two. A settlement of \$105,000 is agreed to for the alleged sex discrimination.³

Would your customers have had the coverage needed to protect them if they were either of the business owners in these scenarios?

The Hartford Can Help to Protect Your Customers From Employment-Related Claims	
APPETITE & ELIGIBILITY	<ul style="list-style-type: none"> • Available to many classes of business (eg. not lawyers) • Designed for businesses with no more than 50 employees (For > 50 employees, coverage can be written through Hartford Financial Products [HFP] on a standalone basis)
WHAT IS COVERED	<p>Employment-related claims resulting from alleged or actual acts of:</p> <ul style="list-style-type: none"> • Discrimination • Harassment • Retaliation • Violation of Family Medical Leave Act (FMLA) • Wrongful Discipline • Wrongful Failure to Promote • Wrongful Termination
COVERAGE DETAILS	<ul style="list-style-type: none"> • Spectrum automatically includes \$10,000 of EPLI coverage • Available increased limits: \$25,000; \$50,000; \$100,000; \$250,000 and \$500,000 • Duty to Defend Policy
SERVICE DETAILS	<p>Access to Hartford HELP® via hartfordhelp.com®, a proprietary website full of EPLI-related resources including those listed below. This website is available at no additional cost to customers who purchase increased EPLI limits.</p> <ul style="list-style-type: none"> • Web-based training on topics such as wrongful termination, discrimination, sexual harassment and ethical behavior • Sample forms for: employment applications, commendation letters, exit interviews, incident reports, performance reviews, reprimands and warnings • Model employment policies and employee handbook • Timely articles regarding Employment Practices trends

¹ <http://www.eeoc.gov/eeoc/statistics/enforcement/charges.cfm>

² <http://www.eeoc.gov/eeoc/newsroom/release/1-6-11.cfm>

³ <http://www.eeoc.gov/eeoc/newsroom/release/12-8-10.cfm>

**THE HARTFORD SPECTRUM POLICY
EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION**



General Information

<input type="checkbox"/>	Applicant or Insured Business Name:
<input type="checkbox"/>	Policy Number:
<input type="checkbox"/>	Proposed Coverage Effective Date:

Coverage Choices

<input type="checkbox"/>	Select Coverage Limit:	<input type="checkbox"/> \$ 100,000 Each Claim/ \$ 200,000 Annual Aggregate	
<input type="checkbox"/>		<input type="checkbox"/> \$ 500,000 Each Claim/ \$ 500,000 Annual Aggregate	
	Retroactive Date (if desired):	(Mo/day/yr)	
	Deductible:	\$5,000 deductible is mandatory. Optional:	
<input type="checkbox"/>	\$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/>	Optional Coverage Selection:		Number of
<input type="checkbox"/>	Independent Contractors as employees.		Independent Contractors

Employees:

1.	What is your annual percentage turnover rate for the last three years?	_____% _____% _____%
2.	Total Number of employees, including temporary, part-time or leased workers:	Total: _____
3.	Indicate number of employees by salary range:	
	_____ Less than \$25,000 _____ \$25,001 to \$50,000 _____ \$50,001 to \$100,000 _____ > \$100,000	

Business Operations/Corporate History

4.	Is your company owned by a corporation domiciled outside of the U.S. or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Does your company have operations outside the U.S. or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	In the past 24 months, has any Officer, Director or member of the Board of Directors resigned for reasons other than health, promotion, retirement or expiration of term of office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Does your company anticipate any plant, facility, branch or office closing, layoffs or workforce reduction in the next twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Human Resources

8.	Does your company utilize a written employment application? **Attach a copy of your Employment Application**	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Does your application include an employment-at-will statement or do you otherwise obtain a signed employment-at-will statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Does your company have the following policies in place:	
	Sexual or Other Harassment Policy/procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Accommodating the disabled in accordance with the ADA	Yes <input type="checkbox"/> No <input type="checkbox"/>
	AIDS or other life threatening illnesses	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Discipline/ Grievance	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Does your company use tests to screen employees? If yes, please describe type of test and who is required to be tested.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Does your company distribute an employment handbook to all employees, or have HR policies and procedures accessible to all employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Does your company conduct regular written performance evaluations of all your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Does your company require terminations to be reviewed by Human Resources or Legal Counsel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Does your company have a written procedure for reporting and tracking claim and incident information?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Prior Insurance and Claim Information

<p>16. Has your company ever had EPLI insurance canceled or been refused renewal? If yes, please provide reason(s) and details on a separate sheet. (Not applicable in Missouri)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Has your company or any proposed insured, given written notice under the provisions during the past five years of any prior or current policy of specific facts or circumstances which might give rise to a claim being made against any proposed Insured? If "yes", please provide details on a separate sheet.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Provide the loss experience for wrongful employment practices for the past five years.</i> Include any claims, suits, incidents, complaints, charges or proceedings related to actual or alleged wrongful employment practices including: sexual harassment, sexual molestation, wrongful termination, wrongful discrimination, breach of employment contract, unfair labor practices, or wage and hour violation of any type whether or not covered by insurance. Include any pending or prior litigation and any representative or class actions. <i>For any claim against you please include what you have done to remedy the situation.</i> Please use a separate page.</p>	

Prior Knowledge

<p>18. Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission which might give rise to a claim that would fall within the scope of the proposed coverage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
--	---

Signing the application does not bind us or the applicant to offer or accept insurance, but we are relying on the information herein as the basis of our decision to accept or reject the application.

This application must be signed by the owner, partner or executive officer.

_____ Date _____ Signature of owner, partner or executive officer _____ Title

 Print Name

Insured's Name and Address (Street, City, State and Zip Code)

Agency _____ Code _____ Sub-code _____

Agent's Signature

(Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)

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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds or an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Colorado

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.

Applicable in Virginia

The representations and statements contained herein are incorporated in and constitute part of the Coverage Part.