Admiral Insurance Company

Reset

Executive Liability Insurance Proposal Form for Employment Practices Liability

CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

➢ Provide details to all "Yes" answers, when applicable, by attachment whether or not prior coverage was in place.

Whenever printed in this Proposal Form, the terms in boldface type shall have the same meanings as indicated in the **Policy**. This Proposal Form is to be completed with respect to the entire **Insured Entity**. **Insured Entity** as used herein is defined to include the **Named Insured** and any **Subsidiaries**.

Name of **Named Insured**

Primary Location Street Address | Suite

City | County | State | Zip Code

Website Address (if applicable) | Federal Employer Identification Number (FEIN)

Name and title of officer designated as agent of all **Insureds** to receive any and all notices from the **Insurer**, including but not limited to complimentary Risk Management Services

E-mail Address | Telephone Number | Fax Number

The contact information provided will be used for internal purposes and will not be sold to any third party.

❑ The mailing address is the same as the primary location. If not, provide mailing address:

Mailing Street Address | Suite

City | State | Zip Code

Limit Requested

Terms Requested: Limit: $ 1,000,000 Deductible: $ 25,000

Current Insurance Information

1. Provide the following information regarding the **Insured Entity's** most recent insurance policies. If "None", so state.

Type of Coverage		Carrier	Expiration Date	Limit	Deductible	Premium
Directors and Officers Liability:	❑ None			$	$	$
Employment Practices Liability:	■ None			$	$	$
Fiduciary Liability:	❑ None			$	$	$
Crime / Employee Dishonesty:	❑ None			$	$	$
Kidnap / Ransom Coverage:	❑ None			$	$	$
Employed Lawyers Liability:	❑ None			$	$	$

2. Within the last 3 years, has any **Claim** been made or has notice been given under any of the above listed policies or similar insurance? ❑ Yes ❑ No

3. Within the last 3 years, has any of the above listed policies or similar insurance for the **Insured Entity** been cancelled or non-renewed? (NOT APPLICABLE IN MISSOURI) ❑ Yes ❑ No

General Information

4. (a) Form of organization:
❑ Cooperative ■ Corporation ❑ Joint Venture*
❑ Limited Liability Corporation ❑ Nonprofit ❑ Partnership*
❑ Sole Proprietorship / Individual ❑ Other:

*If a Joint Venture or Partnership, provide participation or ownership structure details by attachment.

(b) Type of organization:
❑ Manufacturing / Production ❑ Public Administration ❑ Retail Trade
❑ Service Industry ❑ Web Based ■ Wholesale Distributing

5. The **Named Insured** has been in continuous operation since: 2003

6. (a) What is the **Insured Entity's** Primary Standard Industrial Classification ("SIC") Code?

(b) Describe the **Insured Entity's** nature of operations: distributes and installs Motorola two-way radio equipment.

(c) Does the **Insured Entity** have a membership in any industry/trade association(s)? ❑ Yes ❑ No
If "Yes", provide the association name(s):

7. Is the **Named Insured** or any **Subsidiary** publicly held or a public reporting company under the Securities Exchange Act of 1934? ❑ Yes ❑ No

8. Provide the following financial information with respect to the **Insured Entity**:
   Assets (000): $ 1,200,000 Annual Revenues (000): $ 10,000,000 Period Ending: 12 /31 / 2019
   Equity (000): $ 800,000 Net Income / Loss (000): $ 380,000

9. Is the **Insured Entity** currently in bankruptcy? ❑ Yes ❑ No

10. Within the next 12 months:
   (a) is the **Insured Entity** contemplating filing a petition for protection under the bankruptcy code? ❑ Yes ❑ No
   (b) does the **Insured Entity** anticipate any plant, facility, branch or office closings, or layoffs? ❑ Yes ❑ No

11. Within the last 18 months:
   (a) has there been any change (resignations, departures, retirements, etc.) in the position of the Chairman of the Board, President, Chief Executive Officer, Chief Financial Officer or Managing Partner (or equivalent position)? ❑ Yes ❑ No
   (b) has the **Insured Entity** conducted any plant, facility, branch or office closings, or layoffs? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTIONS 10. OR 11. PROVIDE DETAILS BY ATTACHMENT.

Subsidiary Information

12. Provide the following information on all **Subsidiaries** of the **Insured Entity**. If "None", so state. ❑ None

Subsidiary Name	Nature of Business	Percent* Owned by **Insured Entity**	Date Created or Acquired	Domestic / Foreign	Nonprofit
Airwave Communication Impe	same	100%			❑ Yes ❑ No
Airwave Communications Ariz	same	100%	12-1-2018		❑ Yes ❑ No
					❑ Yes ❑ No

*If **Subsidiary** is less than 100 percent owned, provide details to all other owners, by attachment.

IT IS UNDERSTOOD AND AGREED THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS THE INFORMATION REQUESTED ABOVE IS PROVIDED HERE OR BY ATTACHMENT.

Loss History Information

13. During the last 5 years, has any **Insured**, including any **Subsidiary**, received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration, regulatory investigation or proceeding, including both domestic or foreign equivalents, involving:
   (a) any current or former employee or third party alleging discrimination, harassment, wrongful discharge and/or any wrongful employment act? ❑ Yes ❑ No
   (b) the Equal Employment Opportunity Commission or any similar state or local agency? ❑ Yes ❑ No
   (c) the U.S. Department of Labor or any similar state or local agency, alleging violations of any wage and hour law, including but not limited to, the Fair Labor Standards Act? ❑ Yes ❑ No
   (d) any government agency such as the Labor Department or fair employment agency? ❑ Yes ❑ No
   (e) the U.S. Immigration and Customs Enforcement Agency? ❑ Yes ❑ No
   (f) the National Labor Relations Board? ❑ Yes ❑ No
   (g) any investigation by the Internal Revenue Service, Department of Labor, Pension Benefit Guarantee Corporation, or any other local, state or federal agency? ❑ Yes ❑ No
   (h) any intellectual property disputes, including Copyright, Patent, or Trademark Laws? ❑ Yes ❑ No
   (i) any Security Law or Regulation? ❑ Yes ❑ No
   (j) any Anti-Trust or Fair Trade Law? ❑ Yes ❑ No
   (k) the Foreign Corrupt Practices Act? ❑ Yes ❑ No
   (l) the Office of Federal Contract Compliance Programs? ❑ Yes ❑ No

14. During the last 5 years, has any **Insured**, including any **Subsidiary**, been involved in any lawsuit not disclosed above? ❑ Yes ❑ No

IF "YES" TO ANY PART OF QUESTIONS 13. OR 14. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTIONS 13. OR 14.

Employment Practices Liability Information

15. (a) Number of **Employees**: Do not include Leased Employees or Independent Contractors in numbers below.

	Full Time	Part Time	Seasonal and/or Temporary	Volunteers and/or Interns	Annual Turnover Rate
Current Year:	60	5			15
Last Year:	52				

(b) How many Leased Employees does the **Insured Entity** employ annually? 0

(c) How many Independent Contractors does the **Insured Entity** utilize annually? 5

16. What percentage of the **Insured Entity's Employees** currently earn more than $100,000? 3 %

17. Provide the following information on all plants, facilities, branches or offices of the **Insured Entity**. If "None", so state. ☐ None

Location	Nature of Business	Number of **Employees**	Domestic / Foreign
see attached list			

18. Does the **Insured Entity** currently employ a full time Human Resources professional? ☐ Yes ☐ No

19. Indicate which formal written policies and procedures have been implemented. If "None", so state. ☐ None

- ■ Employee Handbook / Manual
- ■ Adherence to Employment "at-will" relationship with all **Employees**
- ■ Anti-Discrimination Equal Employment Opportunity Policy
- ■ Anti-Harassment Policy, including Sexual Harassment
- ☐ Social Media Policy
- ■ I-9 Verification

Employers with more than 50 Employees
- ■ Family Medical Leave Act

California Employers Only
- ■ California Family Rights Act

20. Does the **Insured Entity** (details to "Yes" or "No" answers are not required by attachment):

(a) utilize employment applications for all prospective **Employees**? ☐ Yes ☐ No

(b) require the Human Resource Department to review and approve each proposed **Employee** termination? ☐ Yes ☐ No

(c) have outside employment counsel review each proposed **Employee** termination? ☐ Yes ☐ No

(d) maintain a written policy prohibiting Sexual Harassment and distribute that policy to all **Employees**? ☐ Yes ☐ No

(e) conduct mandatory periodic Employee education regarding prohibited forms of harassment? ☐ Yes ☐ No

(f) periodically have its employment policies and procedures reviewed by outside employment counsel? ☐ Yes ☐ No

(g) periodically have its employment policies and procedures distributed to all Employees? ☐ Yes ☐ No

(h) have a written procedure for notification and handling of employment related grievances, disputes, notifications, or claims? ☐ Yes ☐ No

Prior Knowledge Information

21. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in the Employment Practices Liability Insurance Coverage Section, including but not limited to, situations involving:

(a) threats by any current or former employee or third party to take legal or other action against any **Insured**, or a demand or request by any current or former employee for monetary or non-monetary relief, arising out of any alleged discrimination, harassment, wrongful termination, constructive discharge, or other **Wrongful Acts**? ☐ Yes ☐ No

(b) knowledge that any current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Acts**? ☐ Yes ☐ No

(c) complaints or accusations by other employees or third parties that a current or former employee is engaging in, or has engaged in, acts of discrimination, harassment, or other **Wrongful Acts**? ☐ Yes ☐ No

(d) warnings, reprimands, or other disciplinary measures taken against any current or former employee for acts of discrimination, harassment, or other **Wrongful Acts**? ☐ Yes ☐ No

IF "YES" TO ANY PART OF QUESTION 21. PROVIDE FULL DETAILS FOR EACH ALLEGATION, EVEN IF THE MATTER HAS SINCE BEEN SETTLED OR OTHERWISE RESOLVED, BY PROVIDING THE FOLLOWING INFORMATION BY ATTACHMENT:

(a) Date **Claim** first made (b) Claimant's Name (c) Allegation (d) Current Status
(e) Demand Amount (f) Settlement (Indemnity) or Reserve Amount (g) Attorney's fees (h) Remedial Action Taken

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 21.

Producer Information

Spectrum Risk Management	8-9-2019
Submitted by (Agency Name)	Dated
Jim Waterhouse	
Agent's Name (Individual's Name)	Agent's License Number

Please Read Carefully

The undersigned, acting on behalf of all proposed **Insureds**, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each **Insured** proposed for this insurance to facilitate the proper and accurate completion of this Proposal Form.

The undersigned agree that the particulars and statements contained in the Proposal Form and any material submitted herewith are their representations and are the basis of the insurance contract. The undersigned further agree that the Proposal Form and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Proposal Form shall be maintained on file (either electronically or paper) with the **Insurer** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this Proposal Form and the **Policy** inception date, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the **Insurer** immediately;
- any **Policy**, if issued, will be in reliance upon the truth of such representations, provided, however, with respect to such statements and representations, no knowledge or information possessed by any **Insured Person** shall be imputed to any other **Insured Person**. If any person or persons knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the **Insurer** under this **Policy**, then this **Policy** shall not apply as to that person or persons. However, if the President, Chief Executive Officer, Chief Financial Officer or Managing Partner of the **Insured Entity** knew as of the **Policy** inception date that such declarations and statements contained in the Proposal Form(s) were untrue, inaccurate or incomplete, and such statements materially affect either the acceptance of the risk or the hazard assumed by the **Insurer** under this **Policy**, then this **Policy** shall not apply as to that person or persons and the **Insured Entity**;
- the information contained in this Proposal Form shall not be used by the **Insureds** as notice as provided for in section VII. of the Common Policy Terms and Conditions Section of this **Policy**;
- this Proposal Form has been completed as respects the entire **Insured Entity**;
- the signing of this Proposal Form does not bind the undersigned to purchase the insurance.

Dated	President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Signature)
	President, Chief Executive Officer, Chief Financial Officer, or Managing Partner (Print Name)
	Title
Dated	Human Resources Manager, or equivalent position (Signature)

This Admiral Insurance Company Proposal Form, including any material submitted herewith, shall be held in strictest confidence.

A POLICY CANNOT BE ISSUED UNLESS THE PROPOSAL FORM IS PROPERLY SIGNED AND DATED.

Please submit this Proposal Form including appropriate documentation to:
Monitor Liability Managers, 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

NOTICE TO 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.

NOTICE TO NEW MEXICO, 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.

NOTICE TO APPLICANTS OF KENTUCKY: 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.

NOTICE TO APPLICANTS OF NEW JERSEY AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON 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.

NOTICE TO 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.

NOTICE TO APPLICANTS OF FLORIDA: 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.

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND 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.

NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.