

8. Do you maintain written records of all disciplinary actions?..... Yes No
9. Do you have a formal annual review process for all employees?..... Yes No
10. Do you require physical examinations of job applicants? Yes No
If Yes, do you do so only after a conditional offer of employment is made? Yes No
11. a. Do you conduct drug and alcohol testing on applicants or employees? Yes No
If yes, do you have policies/procedures addressing the scope and results of testing?..... Yes No
 b. If existing employees test positive, are they given an opportunity for treatment before termination? Yes No
12. Are qualifications/skills/aptitude/personality tests required for job applicants? Yes No
If yes, are arrangements made to accommodate persons with disabilities? Yes No
13. Are all employee files maintained in a secure place? Yes No
14. a. Are employee medical records maintained? Yes No
 b. Are medical records kept separate from other personnel records and secured? Yes No
 c. Are there written guidelines that specify how and under what circumstances employee medical files can be inspected? Yes No
15. Have written emergency and/or evacuation procedures been reviewed to ensure that the needs of persons with disabilities have been considered? Yes No
16. Do you use private employment agencies to recruit job applicants? Yes No
17. Do you own or lease your current business location? Own Lease
18. Does your place of business comply with current standards of accessibility established under Building Code Acts, Municipal By-laws and Provincial or federal legislation concerning reasonable accommodation of persons with disabilities or handicaps? Yes No
If no, please attach details about the type of accessibility review your place of business has undergone.
 SEPARATE ANSWERS ARE REQUIRED FOR EACH BUSINESS LOCATION.
19. How many staff members have been terminated in each of the last three years and the basis for termination of each?
 Last Year: _____ Basis for Termination: Staff Reduction For Cause
 2 Yrs. Prior: _____ Basis for Termination: Staff Reduction For Cause
 3 Yrs. Prior: _____ Basis for Termination: Staff Reduction For Cause
20. Indicate the annual turnover rate for last three years? Last Year: _____% 2 Yrs. Prior: _____% 3 Yrs. Prior: _____%
21. Are all federal/provincial mandated posters conspicuously displayed? Yes No
22. After inquiry of each brokerage/agency personnel, are there any known circumstances or incidents which may result in an employment related claim being made against the brokerage/agency? Yes No
If yes, what is the total number of these potential claims? _____
Complete a Claim Supplement for each potential claim. (Not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)
23. Have any employment related claims or incidents been made against the brokerage/agency or any of its past or present personnel or predecessor agency, within the last 5 years? Yes No
If yes, what is the total number of these claims? _____



Complete a **Claim Supplement** for each claim/incident. (Not required for claims or incidents previously reported to Employers Reinsurance Corporation's Claims Dept.)

24. Has any policy or application for employment practices insurance on behalf of the applicant or any of its past or present owners, officers, partners or employees or solicitors, or to the knowledge of the applicant, on behalf of its predecessors in business, ever been declined, canceled or renewal refused within the last 5 years? Yes No

If yes, please indicate: Year: _____

Reason: Claim Experience Carrier withdrew from market Agency Operations Non-Payment
 Other (Describe) _____

25. Please provide the following on the brokerage's/agency's prior 5 years of employment practices insurance:
(✓ if "None")

Name of Carrier	Expiration Date	Limit of Liability	Deductible	Premium	Policy Retro Date if "Full Prior Acts", ✓ box
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>
	/ /	\$	\$	\$	/ / <input type="checkbox"/>

26. Requested Effective Date: ____ / ____ / ____

27. Requested Limit: \$100,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

28. Requested Deductible: \$5,000 \$10,000 \$15,000 \$25,000 \$50,000

NOTICE TO APPLICANT

I hereby authorize the release of claim information from any prior insurer to Westport Insurance Corporation.

The undersigned understands and accepts that any policy issued will provide coverage on a claims-made basis for only those claims that are made against the insured while the policy is in force and that coverage ceases with the termination of the policy. All claims will be excluded that result from any acts, circumstances or situations known prior to the inception of coverage being applied for, that could reasonably be expected to result in a claim.

The undersigned represents and warrants that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the Company.

Applicant understands and agrees that the completion of the application does not bind Westport Insurance Corporation to issuance of an insurance policy.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER OR OFFICER.

Signature: _____ Date: ____ / ____ / ____

Name: _____ Title: _____
(Please Print)

The applicant understands and agrees that she or he is obligated to report any changes in the information provided in this application which occur after the date of the application.