



Intact Insurance Company

Employment Practices Liability Insurance Application

BROKER: _____

IF A POLICY IS ISSUED, THE COVERAGE WILL APPLY ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD

1. GENERAL INFORMATION

1.1 Name of the Corporation requesting this insurance (in the event of a Corporation with subsidiaries, list only the Parent company since the subsidiaries will be listed under question 1.8):

1.2 The following Officer of the Corporation is designated as **representative** (for the Corporation and every subsidiary more than 50% owned) to receive any and all notices from the Insurer concerning this insurance:

Name: _____ Title: _____

1.3 The Corporation has:

a) continuously been in business since: _____ b) been incorporated under the laws of: _____

c) corporate type is: Public Private Other _____ Explain: _____

1.4 What are the estimated results for the next fiscal year ending on _____

Sales/revenues \$ _____ Earnings \$ _____ Loss \$ _____

1.5 Is the Corporation (or any subsidiary):

a) has it in the past three years been acquired by or merged with another entity or completed any divestiture? YES NO

b) currently considering any acquisition, merger or divestiture? YES NO

If yes to either question, please provide full details on a separate sheet.

1.6 Do you have any subsidiaries? _____

If yes, how many?

Provide the following information on all controlled subsidiaries (more than 50% owned) on a separate sheet:			
a) name	b) created/acquired on	c) percent of ownership	d) total assets
e) nature of business	f) place of incorporation	g) public/private	h) parent Company

1.7 Activities outside Canada

Please provide the following information, as of the date of this Application:

	CANADA	U.S.A	OTHER
a) Number of employees			
b) Percentage of assets in			
c) During the next 12 months, does the Corporation expect to increase its position in the U.S.A.?			YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes, please provide full details on a separate sheet.

1.8 a) Number of total employees including subsidiaries: _____ Union: _____ Non-Union: _____

b) Number of employees in :

Quebec: _____ Ontario: _____ Alberta: _____ British Columbia: _____ Other provinces: _____

c) Number of employees earning annually:

\$35 000 or less: _____ Percentage of total: _____

\$35 001 to \$100 000: _____ Percentage of total: _____

Greater than \$100 000: _____ Percentage of total: _____

d) Total number of: officers _____, managers _____, professionals _____, lawyers, accountants, etc.

1.9 Please indicate annual payroll for: officers: \$ _____ Managers: \$ _____ professional staff: \$ _____

1.10 a) What is the approximate annual employee turnover rate?

b) Has the annual employee turnover rate exceeded the historical level in the past two years? YES NO

If yes to this question, please provide full details on a separate sheet.

2. EMPLOYMENT PRACTICES

2.1 Does the Corporation have or use:

a) written hiring and interview guidelines? YES NO

b) an employee handbook distributed to all employees? YES NO

c) written job descriptions for all positions? YES NO

d) annual written performance evaluations? YES NO

e) a standardized grievance arbitration procedure for non-unionized staff? YES NO

f) a written policy against discrimination and sexual harassment? YES NO

g) a written policy on the use of e-mail, voice mail and Internet access? YES NO

h) an outplacement program for terminated employees? YES NO

i) outside counsel for advice on employment or labour related matters? YES NO

2.2 Does the Corporation:

a) conducted any major layoffs, staff reductions or facility closings within the past three years? YES NO

b) considering any layoff, staff reduction or facility closing within the next two years? YES NO

If yes to any of the above questions, please provide full details on a separate sheet.

2.3 Does the Corporation have a Human Resources Department? YES NO

If no to this question, please explain on a separate sheet how this function is handled.

2.4 When an employee is terminated:

a) is officer approval required and is Human Resources personnel directly involved? YES NO

b) is Human Resources personnel directly involved? YES NO

3. INSURANCE, PRIOR INSURANCE AND CLAIMS

3.1 PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE

3.1.1 Prior insurance (do not complete if this is a renewal application for an existing policy with Intact Insurance Company):

Within the past three years, has any insurer refused to renew or cancelled any Employment Practices Liability Insurance Policy? YES NO

3.1.2 Loss history (do not complete if this is a renewal application for an existing policy with Intact Insurance Company):

In the past three years, has the Corporation been involved in any:

- a) insolvency or bankruptcy proceedings? YES NO
- b) criminal actions? YES NO
- c) claims under an Employment Practices Liability Insurance Policy or given notice of a potential claim to the insurer? YES NO

3.1.3 Prior knowledge (do not complete if this is a renewal application for an existing policy with Intact Insurance Company):

NOTE: CONTINUITY OF COVERAGE WILL BE GRANTED WHENEVER INTACT INSURANCE COMPANY IS THE CURRENT PROVIDER OF THE INSURANCE APPLIED FOR.

- a) is a claim now pending against the Corporation proposed for this insurance? YES NO
- b) are you aware of any facts or circumstances likely to give rise to a claim? YES NO

If yes to one or many questions between 3.2.1 and 3.2.3 above, please provide all details on a separate sheet

WITHOUT PREJUDICE TO ANY OTHER LEGAL REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT ANY CLAIMS KNOWN TO THE INSURED OR ARISING FROM FACTS OR CIRCUMSTANCES KNOWN TO THE INSURED WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.

DECLARATIONS

The undersigned declares that:

- a) he or she has been duly authorized by the Corporation to complete this Application and that all statements contained herein are true and complete;
- b) reasonable efforts have been made to obtain sufficient information in order to complete this Application properly and accurately;
- c) the financial statements submitted with this Application reflect the current financial situation of the Educational Institution and its subsidiaries (if this is not the case, please provide details on a separate sheet).

The undersigned agrees that:

- a) if between the date of this Application and the effective date of the policy, the statements and information contained in this Application change in any way, he or she will immediately advise INTACT INSURANCE COMPANY in writing and, without prejudice to any other legal remedy available to it, INTACT INSURANCE COMPANY may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- b) this application and all documents attached hereto shall form part of the policy, should one be issued.

Signature	Position (Chairperson of the Board, President or Human Resources Manager)
Date	Corporation