Insurance Agents and Brokers
Errors and Omissions Insurance
Utica National Insurance Group ▪ New Hartford, New York 13413 ▪ USA ▪ www.uticanational.com ▪ 1-800-274-1914

Human Resource Consultants Coverage Application

Agency / Named Insured: _____   Policy Number: _____

Coverage for consultation or administration human resource services must be specifically scheduled or described on the Human Resources Consultants Coverage form.

Current retroactive date _____ or ☐ Full Prior Acts

Select Limit of Liability

	Each Loss	/	Aggregate		Each Loss	/	Aggregate
☐	$ 100,000	/	$ 100,000	☐	$1,000,000	/	$1,000,000
☐	$ 250,000	/	$ 250,000	☐	$2,000,000	/	$2,000,000
☐	$ 500,000	/	$ 500,000				

Deductible (the policy deductible applies unless a different deductible is selected below)

<u>Loss Only</u>

<u>Loss And Litigation Expense</u> (not available in New York)

	Each Loss	/	Aggregate			Each Loss	/	Aggregate
☐	$ 500	/	$ 1,500	☐	$ 2,500	/	$ 7,500
☐	$ 1,000	/	$ 3,000	☐	$ 5,000	/	$ 15,000
☐	$ 1,500	/	$ 4,500	☐	$ 10,000	/	$ 30,000
☐	$ 2,000	/	$ 6,000	☐	$ 15,000	/	$ 45,000
☐	$ 2,500	/	$ 7,500	☐	$ 20,000	/	$ 60,000
☐	$ 5,000	/	$ 15,000	☐	$ 25,000	/	$ 75,000
☐	$ 7,500	/	$ 22,500				
☐	$ 10,000	/	$ 30,000				
☐	$ 15,000	/	$ 45,000				
☐	$ 20,000	/	$ 60,000				
☐	$ 25,000	/	$ 75,000				

1. When did the agency begin providing human resource services?
   ☐ less than 1 year   ☐ 1 – 3 years   ☐ 4 – 5 years   ☐ more than 5 years

2. Provide information for all staff to be covered:*

Name	Title or Duty	Years' Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional names are needed, attach a schedule to this form.

If the company decides to issue a policy, coverage will only apply to the individuals listed above. You must notify the company of any changes, including additions or deletions to the individuals listed on this schedule.

*Attach resumes or job detail/description for all individuals listed above.

3. Does your staff participate in continuing education for human resources? ☐ Yes ☐ No
If "yes", what continuing education have they participated in and how often are they required to attend?

4. How do you track federal and state legislative changes regarding employment regulations, policies and procedures?

5. With regard to human resource services, are you involved with the negotiation of contractual relationships on behalf of any clients, or have authority to do so? ☐ Yes ☐ No
If "yes", explain:

6. Identify your top three clients, for whom you provide human resource services. If service is provided free of charge for clients indicate as "free of charge":

Name	Annual Revenue	Percentage of Total Revenue
1.		
2.		
3.		

7. Do you provide services for businesses that are not agency insurance clients? ☐ Yes ☐ No
If "yes", explain:

8. Is your agency engaged in, owned by, associated with or controlled by any other business where human resources services are being provided? ☐ Yes ☐ No
If "yes", explain and include the percent of your revenue that comes from services to related entities:

9. Do any of your directors, officers, employees, partners or contractors serve as an officer or on the Board of Directors of any client, or own any financial or equity interest in any client where human resources services are provided? ☐ Yes ☐ No
If "yes", explain:

10. Do you have any authority to act on behalf of any clients, or implement actions on behalf of a client, regarding human resources services? ☐ Yes ☐ No
If "yes", explain:

11. Are you ever involved with individuals / specific employee matters where legal counsel is involved? ☐ Yes ☐ No
    a. Do you have attorneys on staff? ☐ Yes ☐ No
       If "yes", do they carry malpractice coverage? ☐ Yes ☐ No
    b. Do you use or contract with legal firms? ☐ Yes ☐ No

12. Do you use a written contract or letter of engagement with clients for human resource activities?
☐ Yes ☐ No
If "yes", explain:

13. Has any human resource service claim or suit been made against applicant, any predecessor in business or against any past or present employee/partner/officer(s)? ☐ Yes ☐ No

If yes, complete the Supplemental Claim Information Form 14-A-131 for each claim. Also attach five years of currently valued company loss runs.

14. Is the applicant aware of any circumstance or incident which may result in any human resource service claim against him or her or any predecessor in business or any past or present employee/partner/officer(s)?
☐ Yes   ☐ No
If "yes", provide full details on each incident including name of parties involved, date of treatment and current status on the separate attachment.

15. Human resources coverage for last 5 years (if none check here ☐)

Insurer	Limits (per claim/agg)	Deductible	Premium

16. Indicate in the appropriate box below the type of human resource service provided and the percentage of total revenue from that service. If no charge is made for the service, indicate "free of charge" or "FOC" in the revenue box.

Type of Services	Consulting	% of Revenue	Administration	% of Revenue
Advice on employment practices issues				
Advice, guidance counseling, recommendations, or training with respect to mergers and acquisitions				
CEO counseling / consulting				
COBRA benefits				
Compensation levels / awards for employees				
Design of benefit plans				
Downsizing/layoffs, severance, and employee terminations				
Drafting employee handbook or standards				
Employee testing / screening				
ERISA programs				
General employee motivation and incentive plans				
Human resource technology implementation				
Life / workplace safety Issues				
Management of any escrow accounts, trust funds, or investment portfolios				
Outsourcing including staff placement				
Personnel record keeping				
Policies and procedures on hiring, termination, conduct, supervision, advancement, discipline, or other treatment of employees				
Review or consult on benefit plans				
Wellness Programs				
Other:				

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

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 policyholder or clamant for the purpose of defrauding or attempting to defraud the policyholder 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.

DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

KANSAS – Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY and PENNSYLVANIA – 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 and subjects such person to civil and criminal penalties.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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

OREGON – Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information, information concerning any material fact, may have committed a fraudulent insurance act.

PUERTO RICO – Any person who knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars ($5,000) nor more than ten thousand dollars ($10,000); or imprisonment for a fixed term of three (3) years or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:

Any person who knowingly presents a false claim 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, and denial of insurance benefits.

FOR APPLICANTS IN NEW YORK – 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.

This supplemental application must be signed by the owner (if the agency is a sole proprietorship), a duly authorized officer (if the agency is a corporation), or a partner (if the agency is a partnership). Carbon or stamped signatures are not acceptable.

Applicant signature(s): _____

Print name: _____ Title: _____ Date: _____

Required in Iowa: Soliciting agent: _____ License number: _____

> I/We HEREBY DECLARE that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any facts, and I/we agree that this supplemental application shall be the basis of the coverage issued by the company providing this insurance, and shall be deemed attached to and part of the policy. It is also acknowledged that the applicant is obligated to report any changes in the information provided herein that occur after the date of signature but prior to the effective date of coverage.

No coverage is provided unless a policy or certificate is issued. If the policy or certificate is issued, one signed copy of the application will be attached to the policy or certificate. Signature of the application and submission of a check does not bind the company to the issuance of an insurance policy. If the company declines to issue a policy, the premium check will be returned.

- Premium check, if applicable, should be made payable to Utica National Insurance Group.
- Return application and premium check, if applicable, to:
  UTICA NATIONAL INSURANCE GROUP
  ERRORS & OMISSIONS DEPARTMENT
  P. O. BOX 530
  UTICA, NY 13503
  OR
  180 GENESEE ST., NEW HARTFORD, NY 13413
- You may also fax to: (315) 734-2986 or scan and email to eo.apps@uticanational.com.