



**TOKIO MARINE**  
**HCC**



**PROGRAM ADMINISTRATOR**

**CRC**

**SAN FRANCISCO**

**Direct all applications, bind orders, questions to:**

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**Qualifications**

- **Applicant MUST submit this Proposal Form through an IIAB Cal Member.**
- Applicant must be headquartered in the United States.
- Applicant must not have experienced any employment-related claims / incidents or potential claims whether insured or not (excluding workers compensation claims) within the past three (3) years. Applicant must also not have been named as a defendant or respondent before any federal, state or local agency within the past three (3) years. Applicants with 132a claims that have closed for \$0 total incurred within the past three (3) years will be considered for the program.

**Program Details**

- Insurer: Houston Casualty Company – A Non Admitted Carrier, A++ (Superior) AM Best Rating.
- Full Prior Acts coverage is included, excluding prior knowledge and any pending and/or prior litigation – see form for specific language. – All New Business accounts with no current coverage will be bound with a retro date of inception.
- The policy insures the entity as well as all employees, including part-time, temporary, leased (by endorsement), seasonal, and independent contractors (by endorsement).
- Third Party Wrongful Act Coverage
- Broad definition of discrimination that includes the following triggers: perceived or historic disability, marital status, medical condition, genetic information, military or veteran status, and gender identity and/or gender expression
- Broad definition of employee that includes an individual who has filed an application for employment
- Broad definition of harassment that includes electronic harassment
- Most favorable venue wording for Punitive and Exemplary damages
- Affirmative coverage for Third Party Disability Access Discrimination claims
- Up to three (3) years of ERP options are built into the form
- Full complement of risk management services provided by HR Pilot™, which include unlimited hot line service, online training, and state and federal compliance assistance.

DISCLAIMER: The above is a list of coverage highlights only and is not intended to be a complete summary of the policy nor is it to be construed as determination of coverage.

# Excluded Classes of Business

The following Classes are NOT eligible for the IIABCal EPLI Program

· Any type of agricultural risk	· *Full Service Restaurants (see definition below)	· Private Households/Domestic Employees
· Amusement/Gambling	· Financial Related Risks	· Property Managers
· Apparel Manufacturing	· Franchise Restaurants	· Public Entities
· Assisted Living Services/ In Home Care	· Golf Courses/Country Clubs	· Real Estate
· Auto Dealers	· Health Spas/Gym/ Fitness Instruction/ Material Arts	· Rehab Facilities/Services
· Banks	· Homeowners Associations	· Residential Cleaning Services
· Beauty Salon/Hair Salon/ Nail Salon/ Day Spa/ Massages	· Hospitals	· Schools
· Carwashes	· Hotels/Motels/ Inns	· Security Guards
· Casinos	· Lawyers	· Software Programmers/ Developers
· Churches	· Legal Related Risks	· Temporary Employment Agencies/ Staffing Agencies/ Recruiting Agencies/Firms
· Collection Agencies	· * Limited Service Restaurants with Full Bars – (Beer/Wine only will be considered)	· Traveler Accommodations
· Customer Service Centers/ Call Centers	· Management Companies	· TV Media/Broadcasting Productions
· Day Care	· Medical Professional Services	· Unions
· Offices of Doctors, Dentist, and all other Health Practitioners	· Mortgage Brokers	· Veterinarians
· Employee Leasing/ Staffing Agencies	· Night Clubs/Bars/ Lounges	· Vocational and Trade Programs
· Employment Placement Services	· Non-Profits	· Wineries
· Entertainment and Media related	· Nursing Activities	
· Fashion Designers/ Fashion Houses	· Passenger Transportation Services	
· Franchisors	· PEO's	

- **Full Service Restaurants are excluded from the program.** This industry comprises of establishments primarily engaged in providing food services to patrons who order and are served while seated (i.e. waiter/waitress service) and pay after eating.

**All Limited Service Restaurants must be submitted for approval for coverage**

## WAGE & HOUR EXCLUDED CLASSES OF BUSINESS:

- Insurance Brokers, Agents
- Motor Cycle Dealers
- Boat Dealers
- Event Planners
- Any type of risk that uses primarily Independent Contractors
- Janitorial Services
- Towing Operations
- Tour Guides
- Caterers
- Trucking
- Couriers
- Pizza/ Food Service Delivery

# 2020 Premiums and Deductibles

(If eligible Wage & Hour defense coverage is included in the rate)

Total Employees	\$250K/\$250k Limit	\$500k/\$500k Limit	\$1MM/\$1MM Limit	Deductible*
1-5	\$1,778	\$2,041	\$2,570	\$5,000
6-10	\$2,192	\$2,458	\$3,099	\$5,000
11-15	\$2,344	\$2,646	\$3,326	\$5,000
16-20	\$2,873	\$3,402	\$4,234	\$5,000
21-25	\$3,326	\$3,930	\$4,913	\$5,000
26-30	\$3,930	\$4,536	\$5,821	\$5,000
31-35	\$4,196	\$5,141	\$6,502	\$5,000
36-40	\$4,536	\$5,821	\$7,220	\$5,000
41-45	\$5,292	\$6,576	\$8,316	\$5,000
46-50	\$5,972	\$7,333	\$9,449	\$5,000
51-55	\$6,858	\$8,175	\$9,856	\$5,000
56-60	\$7,271	\$8,731	\$10,391	\$5,000
61-65	\$7,668	\$9,303	\$10,967	\$5,000
66-70	\$8,160	\$9,777	\$11,617	\$5,000
71-75	\$8,651	\$10,202	\$12,123	\$5,000
76-80	\$9,084	\$10,712	\$12,729	\$10,000
81-85	\$9,538	\$11,247	\$13,365	\$10,000
86-90	\$10,015	\$11,809	\$14,034	\$10,000
91-95	\$10,516	\$12,399	\$14,736	\$10,000
96-100	\$11,042	\$13,019	\$15,473	\$10,000
101-150	<b>Program rates and enhancements are available. Contact CRC for pricing.</b>			

\* Any insured with headquarters or a location in Los Angeles or San Francisco County will receive a \$15,000

## IMPORTANT NOTES

- Full-time employee is counted as 1 employee.
- Part-time, seasonal or temporary employee is counted as half (0.5) an employee. *Employee counts that arrive at a half (.5) will be rounded up. For example 15.5 employees will be rated as 16 employees.*
- Independent Contractors that are to be covered must be counted as 1 regular full-time employee.
- Leased employees that are to be covered must be counted as 1 regular full-time employee.
- If eligible for Wage & Hour, Wage & Hour Coverage Endorsement will be offered with a minimum \$25,000 Deductible.
- \$10,000 Deductible option for an 8% applied credit available for employee bands 1-75.

**Please accurately calculate your employee count.**

**No reduction in employee count that affects the premium will be accepted after binding coverage.**

- Plus CA Taxes and Fees (3.25 % in addition to the premium)  
*Outside of CA please contact CRC Swett for the appropriate SLA taxes, fees, and filing forms for that state*
- Plus Broker Fee (fully earned /non-refundable) - \$275  
*Broker fees are not taxable in CA, but may be taxable in other state. Please contact CRC Swett to find out if taxable*
- Payment is not required to bind coverage
- CRC will invoice your agency after binding

# Insurance Agency Class of Business Only Premium Chart

The standard IIAB Cal EPLI Program criterion applies to the Insurance Agency Program

Total Employees	\$100K/\$100K Limit	\$250K/\$250K Limit	\$500K/\$500K Limit	\$1MM/\$1MM Limit
1 – 5	\$1,804	\$2,657	\$2,816	\$3,612
6 – 10	\$2,095	\$3,164	\$3,407	\$4,191
11 – 15	\$2,265	\$3,323	\$3,502	\$4,534
16 – 20	\$2,865	\$4,138	\$4,400	\$5,730
21 – 30	\$4,158	\$5,527	\$5,891	\$7,712
31 – 40	-	\$7,031	\$7,502	\$9,860
41 – 50	-	\$8,759	\$9,356	\$12,335

## DEDUCTIBLES:

- **EPL Claims Deductible** - \$10,000
- **\*Contract Producer Deductible** - \$25,000
- **3<sup>rd</sup> Party Deductible** - \$10,000
- Any insured with headquarters or a location in Los Angeles or San Francisco County will receive a \$15,000 Deductible

**NOTES:**      **Wage & Hour Coverage is not available for Insurance Agency Class**

## Harassment Training Available



Effective January 1, 2019, California employers with 5 or more employees are **required** to provide:

- 1 hour of sexual harassment and bullying prevention training to all nonmanagerial employees
- 2 hours of sexual harassment and bullying prevention training to all supervisory employees

Training must be completed no later than December 31, 2020!

### How can HR Pilot help?

We made it easy for our policy holders to meet these requirements by the December 31, 2020 deadline.

HR Pilot, offers four, online sexual harassment training programs to help you comply with California law.

These programs were designed to exceed all minimum requirements set forth in the California Fair Employment and Housing Act giving you peace of mind your workforce training is fully compliant with the new law.

[www.hrpiilot.com](http://www.hrpiilot.com)

Login into the Training Center

Visit regularly to access the latest HR forms, guidelines, and trainings.

1-800-980-2988

Every call is free. Your time is unlimited.

Call us for assistance with Training Center login.

**Have an employment issue you're not sure how to handle?** Call our highly trained HR professionals for practical advice on how to best solve any employment issue.



**TOKIO MARINE  
HCC**

**Tokio Marine HCC  
CRC, San Francisco  
IIABCal Service Corporation**



<b>Section A. General Information</b>	
1. Name of Insured:  If there are other entities for which coverage under this Policy is requested, please provide their name(s) prior to binding coverage and complete the Additional Insured/Location schedule.	
2. Address of Named Insured (physical address required, no P.O. Box):	
3. Federal Tax Classification: C Corp___ S Corp___ Partnership___ LLC (C Corp)___ LLC (S Corp)___ Other:	4. Years in Operation:
5. Nature of Business:	6. Website:
7. Contact Name:	8. Telephone:
9. Fax:	10. Email Address:
11. Is your company a franchise? ___Yes ___No	11a. If yes, please provide the name of the franchise:
12. Total Number of Employees: Full Time:___ Part Time:___ Seasonal:___ Temporary:___ Union Full Time:___ Union Part Time:___ <b>No reduction in employee count that affects the premium will be accepted after binding.</b> <b>Please do not include independent contractors or leased workers in the above employee counts. See below</b>	
13. Does your organization use Independent Contractors?	___Yes ___No
a. If you are seeking coverage for Independent Contractors, please indicate the total number:	_____
14. Does your organization use Leased Workers?	___Yes ___No
If you are seeking coverage for Leased Workers, please indicate the total number and provide the name of the Leasing Firm:	
a. Number of Leased Workers: _____	b. Name of Leasing Firm: _____
15. Indicate the number of employees whose annual income is greater than \$100,000: _____	
16. Total Number of Locations: _____ (If more than one, you <b>must fully complete</b> the Additional Insured/Location schedule)	
17. Has the Organization reduced staff (voluntary or involuntary) by more than 50% (excluding seasonal employees) in any of the last three (3) years?	___Yes ___No
<i>If yes, coverage cannot be bound under the terms of this program. Submit complete details for quote outside program.</i>	
18. Does the Organization anticipate closing any facilities, reducing any staff or laying off any employees (excluding seasonal employees) during the next 24 months?	___Yes ___No
<i>If yes, please state the reason for the action and identify the number of employees affected. Coverage will be considered but cannot be bound until approved by the underwriter.</i>	

**Section B. Human Resources**

1. Does your company have a Human Resources or Personnel Department?	___Yes ___No
2. Do you train all your managers and supervisors on HR related issues, including prohibited harassment and discrimination?	___Yes ___No
3. Have you adopted and implemented anti-sexual harassment policies and written procedures?	___Yes ___No
4. Do you have an EEO Statement or have you adopted and implemented anti-discrimination policies and developed written procedures?	___Yes ___No
5. Does your company have an Employee Handbook?	___Yes ___No
<i>If no to questions 3 or 4 above, coverage cannot be bound until these policies are in place.</i>	
6. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law?	___Yes ___No
<i>If no, policy must be bound with EPL 3490 (All accounts not designed to accommodate the disabled in compliance with the America with Disabilities Act (ADA) law will be bound with the Third Party Wrongful Act Modification Excluding Disability Discrimination Access endorsement EPL 3490)</i>	

**Section C. Claims and Insurance History**

1. Does the Organization have current Employment Practices Liability Policy coverage in force? <i>If no current EPL coverage, the policy will be bound retro inception..</i>	___Yes ___No
2. If no, has the organization ever carried this coverage?	___Yes ___No
If yes to either of the above, Insured must provide up to a three (3) year loss run in order to bind coverage. (This does not apply to current HCC renewals)	
a. If you currently have EPL insurance which carrier: _____ Expiration Date: _____	
3. Has any insurer ever cancelled or non-renewed this type of insurance? <i>If yes, please provide details. Coverage will be considered but cannot be bound until approved by the underwriter.</i>	___Yes ___No
<b>The below questions are not required to be answered by current HCC policy holders.</b>	
4. Has any claim, suit, complaint, charge, or other proceeding related to actual or alleged wrongful employment practices, including but not limited to sexual harassment, wrongful termination, wrongful discrimination, unfair labor practices, or wage and hour violations, been brought against your company in the last THREE (3) years? <i>This includes, but is not limited to, any complaint or charge filed with the EEOC, state or local FEPA, or other administrative agency, any demand letter from an individual or an attorney, or any state or federal lawsuit.</i>	___Yes ___No
<i>If yes, coverage cannot be bound under the terms of this program.</i>	
5. Does any Director, Officer, Manager, Supervisor, Employee or Partner currently have knowledge of any pending Claim(s) and/or any fact(s), circumstance(s), situation(s) or event(s) which could reasonably give rise to a Claim against you for alleged employment practices by any former or current employee or a claim alleging third party discrimination or harassment, including but not limited to any alleged violations of the ADA, which could reasonably give rise to a Claim against you?	___Yes ___No
<i>If yes, coverage cannot be bound under the terms of this program.</i>	

**Section F. Representations and Important Notices**

The undersigned, acting on behalf of all 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 and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be

considered attached to and a part of the Policy. Any material submitted with the Application 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 Application and the Policy inception date, which would render this Application 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 Insureds shall be imputed to any other Insureds. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons and the Insured Entity;
- This Application has been completed as respects the entire Insured Entity;

The signing of this Application does not bind the undersigned to purchase the insurance.

**Applicant's Authorized Signature of the President, Chief Executive Office, or equivalent position**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_



## WAGE & HOUR SUPPLEMENTAL APPLICATION

Eligibility is subject to completion of the Wage and Hour Supplemental Application and underwriter approval. No backdating allowed for this coverage. Coverage must be elected at time of binding. If Wage and Hour coverage is new to Tokio Marine HCC, a retro date of inception will apply to the Wage and Hour Coverage. If eligible for Wage & Hour coverage, Wage and Hour Defense Costs Sublimit will be offered with a minimum \$25,000 deductible.

1. In the past five (5) years has any current or former employee made or threatened a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime? If yes, please describe the outcome and how you have changed your practice to prevent claims (attach explanation if needed).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Question 2 does NOT apply to current HCC renewals that have Wage &amp; Hour coverage</b>		
2. Does any manager, supervisor, shareholder, partner or owner within your organization have knowledge of a potential violation of any wage and hour law that could result in a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the last 3 years, has any insured received from the Department of Labor or similar federal, state or local agency notice of an audit or other regulatory or administrative investigation related to compliance with or violation of any federal, state or local wage and hour laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are all your full time employees allowed to take a meal period of at least 30 minutes during which they are relieved of all duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Questions 5-7 apply only to employers with employees located in CALIFORNIA:</b>		
5. Do any of your employees take on-duty meal periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, do you use an on-duty meal period agreement? If so, please send a copy over for review and describe who signs it and in what situations it is used.		
6. Are all employees allowed to take a rest period of 10 minutes or more in the middle of each 4 hour work period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do all salaried employees receive a salary of least two times the minimum wage per week that is not subject to reduction based on the number of hours they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Question 8 applies only to employers with employees located in NEW YORK:</b>		
8. Do all salaried employees receive a salary of at least: \$600.00/week on or after December 31, 2013; \$656.25/week on or after December 31, 2014; and \$675/week on or after December 31, 2015	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Question 9 applies only to employers with employees located in NEW JERSEY:</b>		
9. Do all salaried employees receive a salary of at least \$455 per week that is not subject to reduction based on the number of hours they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### EXCLUDED CLASSES OF BUSINESS:

- Insurance Brokers, Agents
- Motor Cycle Dealers
- Boat Dealers
- Event Planners
- Janitorial Services
- Towing Operations
- Tour Guides
- Caterers
- Trucking
- Couriers
- Pizza/ Food Service Delivery
- Any type of risk that uses primarily Independent Contractors

**INSTRUCTIONS:**

- List all locations to be covered by the policy for which you are applying. Applicant must include the names of all entities to be considered for coverage under this policy and all employees associated with these entities must be included in the employee count. Please note all entities must have a majority ownership of 50%+ by the Named Insured. We reserve the right to refuse to add any entity that is an excluded class of business.

	ENTITY NAME & ADDRESS	NATURE OF BUSINESS	Full Time	Part Time (include seasonal & Temporary)	Leased Workers	Independent Contractors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
		<b>Totals</b>				

*I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.*

**NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU [HAVE PURCHASED] [ARE APPLYING TO PURCHASE] IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT [WWW.NAIC.ORG](http://WWW.NAIC.ORG).**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED**

**STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

**7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.**

**8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

**Date:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**D-1 (Effective July 21, 2011)**