

**EMPLOYMENT PRACTICES LIABILITY INSURANCE  
Renewal Application**

1. Applicant Name \_\_\_\_\_
2. Address (if different from the prior period) \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
5. Current Number of employees: full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary \_\_\_\_\_  
volunteers \_\_\_\_\_ leased \_\_\_\_\_
6. List all locations by state and include approximate number of employees at each location. (Attach additional sheets if needed.)  
\_\_\_\_\_  
\_\_\_\_\_

7. For the previous policy period, indicate the number of employees who left:  
a. Voluntarily (resigned or quit): \_\_\_\_\_ b. Involuntarily (terminated or laid-off): \_\_\_\_\_

8. Indicate below the percentage of employees whose salary (including commissions and bonuses) is:  
Greater than \$50,000 \_\_\_\_\_ Greater than \$100,000 \_\_\_\_\_

9. In the previous policy period, have any changes been made to the following employment policies (If so, please attach revised section(s)):  

A. Anti-Discrimination/EEO Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Harassment Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Employment At-Will Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Leave Policy(ies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Employee Acknowledgement Form	<input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Are any tests used to screen applicants either for hire or promotion?  Yes  No  
(If yes, provide details.)
11. Do you anticipate any facility closings or layoffs in the next (12) twelve months?  Yes  No  
(If yes, provide details.)
12. Have you had any facility closing or layoffs in the previous policy period for which we did not receive notice?  
 Yes  No (If yes, provide details.)
13. For the previous period, please furnish a first dollar loss history for all losses for which we did not receive notice. On a separate sheet, please provide: a) the date of loss; b) a complete description of the loss; c) the amount paid or reserved (including expenses); d) if there were no losses, state NONE. \_\_\_\_\_

Coverage requested: Limit of Liability and Deductible Options: \_\_\_\_\_

14. **THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON (S) AND ENTITY (IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HER/HIS KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY IN CONNECTION WITH THIS APPLICATION, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE. THE SUBMISSION OF THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE, OR THE APPLICANT TO PURCHASE, THE INSURANCE. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER, AND ALONG WITH THE APPLICATION, IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF THE POLICY. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ANY ATTACHMENTS IN ISSUING ANY POLICY. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION.**

