Argonaut Insurance Company



EMPLOYMENT PRACTICES LIABILITY INSURANCE Renewal Application

1.	Applicant Name						
2.	Address (if different from the prior period)						
3.	City State		County		Zip Cod	e	
4.	Fax E-Mail						
5.	Current Number of employees: full	-time	part-time	temporar	y		
	volun	teers	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		G	reater than \$100,	000		
9.	In the previous policy period, have an revised section(s)): A. Anti-Discrimination/EEO Policy C. Employment At-Will Policy E. Employee Acknowledgement Form	☐ Yes ☐ Yes	s been made to the	B. Harassment D. Leave Policy	Policy Yes	□ No	
10.	Are any tests used to screen applicants either for hire or promotion?						
11.	Do you anticipate any facility closings or layoffs in the next (12) twelve months?						
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 INSURANCE DECLARES THAT TO INQUIRY IN CONNECTION WITH THAPPLICATION IS ACCURATE. THE PROVIDE, OR THE APPLICANT TO SUBMITTED WITH THIS APPLICAT	THE BES IIS APPL SUBMIS PURCHA ION IS ON	T OF HER/HIS KN ICATION, THAT T SION OF THIS AP ASE, THE INSURA N FILE WITH THE	OWLEDGE AND HE INFORMATIO PLICATION DOE NCE. THE INFOI INSURER, AND A	BELIEF, AFTER IN CONTAINED IS NOT BIND TH RMATION CONT ALONG WITH TI	R REASONABLE IN THIS IE INSURER TO FAINED IN AND HE	

EPL APP_REN-0805 AIC Page 1 of 2

WITHDRAW ANY OUTSTANDING QUOTATION.

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

GENERAL FRAUD STATEMENT (Not applicable in Colorado and Ohio)

Any person who knowingly and with intent to defraud any insurance company or another 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 subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Colorado & Ohio – see notice belo	ow.	
-	APPLICANT'S SIGNATURE	DATE (MM/DD/YY)
	Applicable in Colorado	
company for the purpose of de- imprisonment, fines, denial of inst company who knowingly provide claimant for the purpose of defrau	ride false, incomplete, or misleading farauding or attempting to defraud the arance, and civil damages. Any insurances false, incomplete, or misleading facts adding or attempting to defraud the policy insurance proceeds shall be reported to ary Agencies.	company. Penalties may include ce company or agent of an insurance or information to a policy holder or holder or claimant with regard to a
_	APPLICANT'S SIGNATURE	DATE (MM/DD/YY)
	Applicable in Ohio	
• •	fraud or knowing that he/she is facilitating a false or deceptive statement is g	
_	APPLICANT'S SIGNATURE	DATE (MM/DD/YY)
SIGNED: APPLICANT'S AUTHORIZED SIG	NATURE OF A PRINCIPLE, PARTNER OR OFFICER	DATE:
PRINT NAME/TITLE		

EPL APP_REN-0805 AIC Page 2 of 2