

**Employment Practices Liability
Construction Supplemental Questionnaire**

Travelers Casualty and Surety Company of America
Hartford, Connecticut 06183

NOTICE: ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST "INSUREDS" DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS "DEFENSE EXPENSES", AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY "CLAIM" UNLESS DUTY-TO-DEFEND COVERAGE HAS BEEN SPECIFICALLY PROVIDED HEREIN.

Name of Applicant: _____

The term "Applicant" means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

FOR CONTRACTORS

- Maximum number of job sites in the last year: _____
- Locations and Maximum/Minimum number of workers for each:

State or Country	# of Locations	Full Time Employees				Part Time Employees			
		As of Date of Application		12 Months Ago		As of Date of Application		12 Months Ago	
		MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN

- Total payroll each of the last two years:

	20__	20__
Payroll:	\$	\$

- Workers Compensation Modifier: _____

HUMAN RESOURCE INFORMATION

- Who handles human resource matters on job sites, locations and branch offices other than your principal place of business?

- If local personnel (e.g., foreman), are they formally trained in human resource matters at least once a year? Yes No
- Are all prospective non-union employees required to complete an employment application prior to hire? Yes No
- Are regular, written performance evaluations completed for and provided to all non-union employees? Yes No
If "No", do you document employee reprimands, warnings, commendations or other employment actions in a personnel file on each individual employee (including union employees)? Yes No

REQUIRED ATTACHMENTS – EPLI CONSTRUCTION

- Most recent audited financial statement of Applicant

ADDITIONAL INFORMATION

*This page may be use to provide additional information to any question on the Wrap+ application.
Please identify the Section Letter and Question Number (i.e. Section G. #4)*