

# Franchise/Affinity Program

Employment Practices Liability Insurance  
Houston Casualty Company/ U.S. Specialty Insurance Company



## Renewal Application

### Section 1. General Information

Please type or print clearly

Name of Applicant:			
Business Entity Name:			
Mailing Address:	City	State	Zip Code
HR Contact Name:	Telephone	Fax	
Email Address:	Number of Employees in Office		
Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other_____			
Principal Product/Service:		Name of Franchise/ Affinity Group:	
Current HCC/USSIC Policy No:		Expiration Date:	

### Section 2. Location and Employee Information

**MUST COMPLETE** the *LOCATION* and *EMPLOYEE INFORMATION SCHEDULE* attached to this *APPLICATION*

Total Employees:\_\_\_\_\_ Full Time\_\_\_\_\_ Part Time\_\_\_\_\_

### Section 3. Human Resources Procedures

<b>Have you formally adopted and implemented the following:</b>		
1. A written policy on anti-harassment and procedures to report harassment to management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A written policy and procedure on anti discrimination or an EEOC statement prohibiting discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Utilize an employment application that contains an at-will provision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Scheduled Management and Supervisory workplace training on HR relates issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Termination review by management, HR manager or outside HR professional or law firm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are your facilities designed to accommodate the disabled in accordance with the Americans with Disabilities Act (ADA) law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your organization anticipate any of the following in the next twelve (12) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any question please explain. <input type="checkbox"/> Selling or closing any locations or operations? If yes, how many _____ <input type="checkbox"/> Acquiring or opening any new locations or operations? If yes, how many_____		

### Section 4. Requested Limit Options

Single Limit Option:     \$250,000     \$500,000     \$1,000,000  
 Aggregate Limit Option:  \$250,000     \$500,000     \$1,000,000     \$2,000,000     \$3,000,000  
 Retention Options:         \$5,000         \$10,000         \$25,000         Other \$\_\_\_\_\_

(\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit option)

### Section 5. Applicant's Warrants and Signature

*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.*

*The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.*

*The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.*

<u>Date</u>	<u>Applicant's Authorized Signature</u>	<u>Title</u>

*Signature and date cannot be more than 30 days old from the effective date of coverage*

**EMPLOYMENT PRACTICES LIABILITY INSURANCE  
LOCATION AND EMPLOYEE INFORMATION SCHEDULE**



**INSTRUCTIONS:**

List all locations to be covered by the policy for which you are applying.

				EMPLOYEES	
	LOCATION TYPE	Store No	Entity Address	FULL TIME	PART TIME
1.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
2.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
3.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
4.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
5.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
6.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
7.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
8.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
9.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
10.	<input type="radio"/> Full Unit <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Unit				
			<b>Totals</b>		

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