

# Small Business Program

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



## New Business Application

### INSTRUCTIONS:

1. To apply for this Small Business Program the applicant:
  - a. **MUST NOT** have more than 50 ratable employees
  - b. **MUST NOT** have had any employment related claims/"incidents" (excluding workers compensation) in the past three (3) years.
  - c. **MUST NOT** be one of the excluded types of businesses for this Program listed in Section 7 of this Application.
  - d. **MUST NOT** have operations in more than one state.
  - e. If a question is not applicable, indicate N/A. If a question requires a comment or explanation, indicate it in Section 8, REMARKS of this Application or answer on a separate sheet of paper.

### Section 1. General Information

*Please type or print clearly*

<b>Name of Applicant Organization:</b>			
<b>Mailing Address:</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>HR Contact Name:</b>	<b>Telephone</b>	<b>Fax</b>	
<b>Email Address:</b>	<b>Number of Employees in Office</b>		
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_____			
<b>Principal Product/Service</b>		<b>Principle SIC Code</b>	
<b>Carrier/Policy No:</b>		<b>Expiration Date:</b>	

### Section 2. Employee Information

<b>Number of EMPLOYEES:</b>	<b>Total Number of Employees</b> _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Full Time</td> <td style="width: 25%;">Part Time</td> <td style="width: 25%;">Seasonal</td> <td style="width: 25%;">Temporary</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Full Time	Part Time	Seasonal	Temporary					
Full Time	Part Time	Seasonal	Temporary						

### Section 3. Loss History (Both questions 1 and 2 must be answered)

<b>Provide specific claim details for each employment practice claim, lawsuit or incident.</b>						
1. Furnish first dollar Loss History (3 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach. <b>Note: If no claims, check here:</b> <input type="radio"/>						
<b>Date of Claim</b>	<b>Claimant Name</b>	<b>Nature of Claim</b>	<b>Defense Amt</b>	<b>Indemnity Amt</b>	<b>Reserve Amt</b>	<b>Current Status</b>
2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you? <input type="radio"/> Yes <input type="radio"/> No    If YES provide details on a separate sheet.						

### Section 4. Human Resources Procedures

Have you formally adopted and maintained the following		
1. A written policy on anti-harassment and procedures to report harassment to management	Yes_____	No_____
2. A written policy /procedure on anti discrimination or an EEOC statement prohibiting discrimination	Yes_____	No_____
3. Utilize an employment application that contains an at-will provision	Yes_____	No_____
4. Scheduled Management and Supervisory workplace training on HR related issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution	Yes_____	No_____
5. Termination review by management, HR manager or outside HR professional or law firm	Yes_____	No_____
6. Are your facilities designed to accommodate the disabled in accordance with the Americans with Disabilities Act (ADA) law?	Yes_____	No_____
7. Does your organization anticipate any of the following in the next twelve (12) months? If yes to any question please explain. <ul style="list-style-type: none"> <li>◊ Selling or closing any locations or operations? If yes, how many _____</li> <li>◊ Acquiring or opening any new locations or operations? If yes, how many_____</li> </ul>	Yes_____	No_____

### Section 5. Requested Limit Options

<b>Limit Option:</b> <input type="radio"/> \$250,000/\$250,000 <input type="radio"/> \$500,000/\$500,000 <input type="radio"/> \$1,000,000/\$1,000,000
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### Section 6. Applicant’s Warrants and Signature

<p><i>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.</i></p> <p><i>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.</i></p>		
<u>Date</u>	<u>Applicant’s Authorized Signature</u>	<u>Title</u>

