

## Premier Professional Liability Services L.L.C.

Managing General Underwriter



## **EMPLOYMENT PRACTICES LIABILITY INSURANCE**

	Applicant Name				
2.	Address				
3.	City	State:	Co	ounty	Zip Code
4.	City E-Mail Current Number of employees: full-time	Years in operat	on	·oluntooro	lagged
٥. د	Description of business operations	_ part-time tem	porary v	olunteers	leaseu
Ο.	*Please note that third party coverage is not			hars: tayorn	s: or other entities that derive more
7.	than 25% of revenue from alcohol sales. Third party coverage may also be restricted based on the risk profile of the applicant. List all locations by state and include approximate number of employees at each location. (Attach additional sheets if needed.)				
8.	Provide the percentage of employees for the		eft: a. Volun	tarily (resigne	ed or quit):
_	b. Involuntarily (terminated or laid-off):				
9.	Indicate the percentage of employees whose		missions and i	bonuses) is:	
10	Greater than \$50,000 Greater to D. Does the Applicant have the following writte			EO Voc	No P Harassmont Vos No
10	C. Employment At-WillYesNo D.				
	F. Handling complaints from third parties for				
11	1. Does the Applicant use any tests to screen a				
٠.	details. (Attach additional sheets if needed)		ic or promotic	511105	No II Tes, please provide
12	2. Have you had or do you anticipate any facilit		Yes N	lo	
	<ol><li>Current limit of liability, retroactive date, an</li></ol>				
	Requested limit and deductible		'		<del></del>
	AST HISTORY				
	administrative matters filed with the EEOC of please provide: a.) initial date of the matter harassment, race, sex, age, disability or oth sheets if needed.) If there were no losses, <b>p</b>	r; b.) a complete des er); and c.) the amou	cription of the nt paid or rese	e matter, incl	uding the type of matter (e.g.
16	6. Please provide a description of any facts or the applicant, entity or its agents. If none,	circumstances, which state <b>NONE</b> .	may result in (Attach	employment additional she	practices claims being made against eets if needed.)
17	7. THE UNDERSIGNED AUTHORIZED AGEN DECLARES THAT TO THE BEST OF CONNECTION WITH THIS APPLICATI ACCURATE AND COMPLETE. THE SUBMI OR THE APPLICANT TO PURCHASE, THI THIS APPLICATION IS ON FILE WITH PHYSICALLY ATTACHED TO THE POLIC RELIED UPON THIS APPLICATION AND THIS APPLICATION CHANGES PRIOR TO INSURER, AND THE INSURER MAY MOD THE UNDESIGNED DECLARES THAT UNDERSTANDS THAT: (a) THE POLICY SHALL APPLY ONLY TO "POLICY PERIOD" OR TO "CLAIMS" PERIOD; (b) THE INSURER IS NOT OBLIGATED THAS BEEN EXHAUSTED BY PAYMENT	HER/HIS KNOWLE ON, THAT THE II ISSION OF THIS AP E INSURANCE. THE I THE INSURER, A Y AND WILL BECO O ANY ATTACHMENT O THE EFFECTIVE D OFFY OR WITHDRAW THE PERSON(S) O COVERED"CLAIMS O MADE TO THE INSU	DGE AND E IFORMATION PLICATION EINFORMAT ND ALONG ME A PART ( S IN ISSUIT ATE OF THE ANY OUTST AND ENTITY URER DURIN	BELIEF, AFT N CONTAIN DOES NOT E ION CONTA WITH THE OF THE POL NG ANY PO POLICY, TH ANDING QU ((IES) PRO D REPORTEI NG ANY APE	TER REASONABLE INQUIRY IN THIS APPLICATION IS SIND THE INSURER TO PROVIDE INED IN AND SUBMITTED WITH APPLICATION, IS CONSIDERED LICY. THE INSURER WILL HAVE LICY. IF THE INFORMATION IN THE APPLICANT WILL NOTIFY THE OTATION.  POSED FOR THIS INSURANCE TO THE INSURER DURING THE PLICABLE EXTENDED REPORTING
SI	IGNED:	TUDE OF 4 PRINCIP			_ DATE:
	APPLICANT'S AUTHORIZED SIGNA	IURE OF A PRINCIP	LE, PARTNEF	OR OFFICE	:K
	Print Name/Title				_