

EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

25 OR FEWER EMPLOYEES

The policy is issued on a Claims Made and Reported Basis

Workplace Helpline is Included

- checkbox New Application
checkbox Renewal of Policy # _____

Desired Effective Date: _____

Desired Limit of Liability: checkbox \$100,000 checkbox \$300,000 checkbox \$500,000 checkbox \$1,000,000 checkbox Other: _____

Desired Deductible: checkbox \$1,000 checkbox \$2,500 checkbox \$5,000 checkbox \$7,500 checkbox Other: _____

1. Named Insured: _____
(Include full legal entity and all trade names. Attach separate sheet if necessary).

Mailing Address: _____
(City, State, Zip)

Website Address: _____

Contact Person: _____ Title: _____

Contact person email address: _____

Phone Number: _____ Fax Number: _____

2. Named Insured organizational structure (check all that apply): checkbox Individual checkbox Corporation checkbox Partnership checkbox Joint Venture
checkbox LLC checkbox Governmental checkbox Other _____ checkbox For Profit checkbox Not-for-profit

3. Description of Operations: _____

4. Date organized: _____ Number of Locations: _____

5. Have you acquired or merged with any companies or have you been acquired by another company in the last five (5) years? If yes, describe: _____ checkbox Yes checkbox No

6. Do you anticipate any lay-offs or reductions in staff of 20% or more during the next 18 months? If yes, provide explanation: _____ checkbox Yes checkbox No

7. Provide total number of employees and full time and part time breakdown: Total: _____ Full-time: _____ Part-time: _____

8. Do you utilize any of the following employee types?:
a. Leased checkbox Yes checkbox No If yes, how many? _____
b. Seasonal checkbox Yes checkbox No If yes, how many? _____
c. Temporary checkbox Yes checkbox No If yes, how many? _____
d. Independent Contractors checkbox Yes checkbox No If yes, how many? _____

9. Number of employees:
a. involuntarily terminated during the past 12 months: _____
b. voluntarily terminated during the past 12 months: _____

10. Average employee turnover rate in the past 3 years: _____%

11. Do you have a written sexual harassment/discrimination policy? checkbox Yes checkbox No

12. Do you have a written grievance policy? Yes No
13. Are the sexual harassment/discrimination and grievance policies distributed to all employees? Yes No
14. Do the employees sign an acknowledgement of receipt and understanding of these policies? Yes No
15. Do you use an employment application that complies with state/federal laws? Yes No
16. Is current Employment Practices Liability insurance in place? Yes No

<u>Carrier</u>	<u>Policy Term</u>	<u>Limit of Liability</u>	<u>Deductible</u>	<u>Expiring Premium</u>	<u>Is this a claims made policy form?</u>	<u>Retroactive Date, if claims made</u>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

17. Is the named insured **or** firm, or any other person for whom insurance is being requested, aware of any fact(s), incident(s), act(s), event(s), circumstance(s) or occurrence(s) that may result in a claim(s) being made against you? Yes No
 If yes, please provide full details: _____

18. How many Employment Practices claims or EEOC/State Agency charges have been filed against any proposed insured over the past five (5) years? _____

Please attach a detailed explanation and loss runs, if applicable, to include primary allegations, status and indemnity and expense amounts reserved or paid.

THE NAMED INSURED DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY THE UNDERWRITERS OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERWRITERS TO OFFER, NOR THE APPLICANT TO ACCEPT, INSURANCE; BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

*Notice applicable in most states:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

 Applicant's Signature/Title

 Date