



**EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION  
CLAIMS-MADE COVERAGE  
RENEWAL APPLICATION QUESTIONNAIRE**

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Employment Practices Liability is a Claims-Made coverage. Defense costs reduce the Limit of Insurance. Please read the entire policy carefully to determine your rights, duties, coverage and coverage restrictions.

Named Insured \_\_\_\_\_

Policy Number: \_\_\_\_\_

**1)** Has the firm received any employment-related lawsuits, negotiated settlements, grievances, EEOC or other administrative proceedings from any municipal, state or federal, regulatory authorities or any other governmental entities? **If yes, please attach details.**

If none, write 'none' here. \_\_\_\_\_

**2)** Are you aware of any fact or circumstances, which you reasonably believe may result in employment-related practices claims being made against the applicant? **If yes, please attach details.**

If none, write 'none' here. \_\_\_\_\_

**3)** In the box below, provide Number of Employees (if more than two locations, also provide this information for the additional locations)

***Location 1 - List City & State***

CURRENT YEAR

Full-time Employees		Full-time Employees	
Part Time Employees		Part Time Employees	
Temporary Employees		Temporary Employees	
Leased Workers		Leased Workers	
Independent Contractors		Independent Contractors	

***Location 2 - List City & State***

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE

Producer's signature \_\_\_\_\_