



## EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION CLAIMS-MADE COVERAGE

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.

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agent \_\_\_\_\_

Effective Date \_\_\_\_\_ Retroactive Date \_\_\_\_\_

### **Business Type**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Franchised Operation	<input type="checkbox"/> Non-Franchised Operation	<input type="checkbox"/> Other

Number of years in business \_\_\_\_\_

Describe the business operation \_\_\_\_\_

### **Claims Made Coverage**

Deductible	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
Limits Requested (Annual Aggregate)	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000
Third Party Coverage Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, SIC Code _____
Prior Insurance Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, was prior coverage cancelled or non-renewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

a. Carrier's Name	_____
b. Limit of Insurance	_____ Deductible _____
c. Effective Date	_____ Retroactive Date _____
d. Current Premium	_____

### **Employees**

Number of Employees (if more than two locations, also provide this information for the additional locations)

	Location 1 (city, state)			Location 2 (city, state)		
	Current Year	Prior Year	2 <sup>nd</sup> Prior	Current Year	Prior Year	2 <sup>nd</sup> Year
Full Time Employees						
Part Time Employees						
Temporary Employees						
Leased Workers						
Independent Contractors						



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CLAIMS-MADE COVERAGE**

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Percentage of Salaried Employees \_\_\_\_\_ % Non-Salaried Employees \_\_\_\_\_ %

Percentage of employees who are union members this year \_\_\_\_\_ %

Percentage of employees by salary range:

< \$30,000	_____ %
\$30,000 - \$100,000	_____ %
>\$100,000	_____ %

	<i>Current</i>	<i>Prior</i>	<i>2<sup>nd</sup> Prior</i>
Employee turnover rate for the last three years	_____ %	_____ %	_____ %
Percentage of terminations that were employer-initiated	_____ %	_____ %	_____ %

**Prior Year History:** Have you had any office, branch, facility or plant closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the last 12 months?  Yes  No

If yes, please describe \_\_\_\_\_

Do you anticipate any office, branch, facility or plant closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the next 12 months?  Yes  No

If yes, please describe \_\_\_\_\_

**Risk Management Practices**

Do you use an employment application during your hiring process? .....  Yes  No

Do you have a written anti-harassment or discrimination policy? .....  Yes  No

Do you have a written equal opportunity statement? .....  Yes  No

Do you have a written internal complaint and progressive disciplinary procedure for  
discrimination and harassment claims? .....  Yes  No

Do you post in places conspicuous to all employees and applicants for employment  
all notices required by law? .....  Yes  No

Have your employment policies and procedures been reviewed and approved by outside counsel? .....  Yes  No

Do you distribute an Employee Handbook to your employees? .....  Yes  No



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### ***Loss History***

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 government entities? **If yes, please attach details.**

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

Are you aware of any facts 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. \_\_\_\_\_

The applicant understands and agrees that this application, original application, and any supplements thereto are part of the policy, and any successive renewals that may be issued, and that Merchants Insurance relies on the truth of the statements set forth herein making a determination to issue any policy.

The applicant represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The application further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will notify Merchants Insurance of such change.

The signing of this application does not bind the applicant to accept any insurance offered, nor does the signing of the application bind the insurance company to renew an insurance policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

### ***Massachusetts***

Any person who knowingly and with intent to defraud any insurance company or another 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 fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### ***New Hampshire***

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### ***New Jersey***

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### ***Ohio***

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



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***Pennsylvania***

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

***Rhode Island***

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

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Applicant's Proprietor, Partner, or Officer

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Date

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Applicant's HR Representative

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Date

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Agent

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Date