



EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION CLAIMS-MADE COVERAGE

Notices

Note that amounts incurred for Legal Defense shall be applied against the Deductible Amount.

Employment Practices Liability is a Claims-Made coverage.

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

Individual Corporation Limited Liability Corporation

Franchised Operation Non-Franchised Operation Other

Number of years in business _____

Describe the business operation _____

Claims Made Coverage

Deductible \$5,000 \$10,000 \$25,000

Limits Requested (Annual Aggregate) \$100,000 \$250,000 \$500,000 \$1,000,000

Third Party Coverage Requested Yes No If Yes, SIC Code _____

Prior Insurance Coverage? Yes No

If yes, was prior coverage cancelled or non-renewed? Yes 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 nd Prior	Current Year	Prior Year	2 nd Year
Full Time Employees						
Part Time Employees						
Temporary Employees						
Leased Workers						
Independent Contractors						



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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	_____ %

	Current	Prior	2 nd Prior
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 last 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

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.



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

If none, write 'none' here. _____

The undersigned authorized Proprietor, Partner or Officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should an Employment Practices Liability Coverage Part / Endorsement be issued, and the application is deemed to be attached to and shall become a part of this policy.

All written statements and materials furnished to the insurer in conjunction with this application, regardless of whether such documents are attached to the policy, are hereby incorporated by reference into this application and made a part hereof.

The insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission and/or cancellation of any bond or policy issued.

Note to Vermont Applicants

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized Proprietor, Partner or Officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Applicant's Proprietor, Partner, or Officer

Date

Title

Agent

Date