



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

**Employment Practices Liability is a Claims-Made coverage.**  
**Amounts incurred for Legal Defense shall be applied against the Deductible Amount.**  
**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**

**Location 2 - 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	

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 \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_