



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

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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.

**NEW YORK DISCLOSURE NOTICE:**

This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts or omissions that took place prior to the retroactive date, if any, stated on the declarations. The policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase for an additional premium an extended reporting period of 12 months following the termination of this policy. Potential coverage gaps may arise upon the expiration of this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases until the claims-made relationship has matured.

## **IMPORTANT INFORMATION CLAIMS-MADE COVERAGE**

Your Employment Practices Liability coverage is written on a 'claims-made' basis.

A 'claims-made' policy covers liability for damages that the insured is legally obligated to pay (including damages occurring prior to the effective date of the policy, but subsequent to the retroactive date, if any), that arises out of incidents, errors or omissions as long as the claim is first made during the policy period or any extended reporting period.

A 'retroactive date' means a date concurrent with the effective date of the policy, or a particular date prior to the effective date of the policy upon which the insurer and the insured agree in the policy that policy coverage will be applicable.

This policy provides no coverage for claims arising out of incidents, occurrences, or alleged wrongful acts which took place prior to the retroactive date stated in the policy.

This policy covers only claims actually made against the insured while the policy remains in effect. All coverage under the policy ceases upon termination of the policy.

However, upon termination of the policy there is an automatic extended reporting period of 60 days, and an option to purchase an extended reporting period. This allows you a one year extension in which to report claims for negligent errors or omissions that were first committed after the retroactive date but before the effective date of the termination of coverage. A coverage gap may arise upon expiration of the extended reporting period unless new coverage is purchased.



# EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION CLAIMS-MADE COVERAGE NEW YORK

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 \_\_\_\_\_