



EMPLOYMENT PRACTICES LIABILITY CLAIMS-MADE COVERAGE RENEWAL APPLICATION

This is an application for a Claims-Made coverage. Please read your entire policy carefully to determine your rights, duties, coverage and coverage restrictions.

Insured Name:			
Mailing Address:			
Agent/Producer Name:	City:	State:	Zip:
Policy Period:	/ / to / /		Agent Code:
Renewal of Policy Number:			

EMPLOYMENT PRACTICES LIABILITY COVERAGE REQUEST

EPL Aggregate Limit of Liability	\$ _____	(\$100,000 minimum; additional options depend on State availability)
Per EPL Claim Deductible:	\$ _____	(\$10,000 minimum; additional options depend on State availability)
EPL Retroactive Date:	/ /	If different from Effective Date or no Retroactive
Number of Employees:	Full-Time _____	Part-Time _____
Third Party Coverage	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline

RISK MANAGEMENT PRACTICES

1. Does the insured utilize an employment application during its hiring process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" Does the insured have a written equal opportunity statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Does the insured have a written anti-harassment and discrimination policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" Does the insured have a written complaint procedure for discrimination and harassment claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Does the insured post, in places conspicuous to all employees and applicants for employment, all notices required by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does the applicant distribute an Employee Handbook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Within the last 5 years, has the applicant 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMENTS/EXPLANATIONS

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CLAIMS-MADE AND FRAUD WARNING STATEMENTS

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.

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.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All Other States:

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

Insured Name:		Agent Name:	
Insured Signed:	X	Agent Signed:	
Title:		Title:	
Date:		Date:	