

Employment Practices Liability Insurance Supplemental Application

NOTICES: THE EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

IF AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT
IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS.

INSTRUCTIONS: The words "you", "your" and "Applicant" refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment. This Application, its respective attachments, and any other related information or documentation you provide (or indicate is available on a website) will constitute a single "Application".

1. Named Applicant: _____
 2. Address of Named Applicant: _____
City: _____ Primary State of Operations: _____ Zip Code: _____
 3. Applicant's Primary Nature of Business: _____
 4. Please select the Limit of Liability you would like to purchase:
\$25,000 _____ \$50,000 _____ \$100,000 _____ \$250,000 _____ \$500,000 _____ \$1,000,000 _____
 5. Please select the Deductible you would like to purchase:
\$5,000 _____ \$10,000 _____ \$25,000 _____ 50,000 _____ *
- * Please note that the minimum Deductible for California risks is \$25K.
6. Years of continuous operation: _____
 7. Please complete grid below:

Number of employees:	California	DC, FL, TX or MI	All Other States
Full time Union Employees			
Part time Union Employees			
Full time Non-Union Employees			
Part time Non Union Employees			
Total Employees			

8. What percentage of the Applicant's employees has been involuntarily terminated within the last 24 months?
None _____ 1%-25% _____ Greater than 25% _____
9. What percentage of employees does the Applicant anticipate will be laid off in the next 12 months?
None _____ 1%-25% _____ Greater than 25% _____

10. Is it the Applicant's practice to provide severance packages to the affected employee(s)?

Yes_____ No_____

11. Is it the Applicant's practice to obtain releases from liability from the affected employee(s)?

Yes_____ No_____

12. Does the Applicant utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? Yes_____ No_____

13. Has the Applicant implemented a formal procedure for recording and handling employee discrimination and harassment complaints? Yes_____ No_____

14. Have there been any past or are there any present Claims or Lawsuits alleging an act of harassment, discrimination or wrongful termination against the Applicant, its business, its employees or an executive officer of the Applicant? Yes_____ No_____ (If Yes, please provide complete details).

15. Does the Named Applicant, its subsidiaries, or any director, officer or employee of the applicant know of any act, error or omission which could give rise to a claim(s), suit(s) or action(s) under the proposed Employment Practices Liability coverage PART/ENDORSEMENT? Yes_____ No_____ (If Yes, please provide complete details)

It is agreed that with respect to Questions 14 and 15 above, if such claim(s), suit(s), investigation(s), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim or action arising there from or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

16. Has the Applicant ever had an application for employment practices liability coverage declined or have you ever had an employment practices liability policy cancelled or non-renewed?

Yes_____ No_____

17. Is the applicant currently insured under any Employment Practices Liability insurance policy?

Yes_____ No_____

(If yes, please provide a copy of the Declarations page and the EPL coverage form)

THE UNDERSIGNED AUTHORIZED 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 THE 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 OF ANY BOND OR POLICY ISSUED.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

