



APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

1. Name of organization: Address: City: State: Zip:

2. Describe the firm's operations:

3. Date established:

4. Number of locations and employees by state:

Table with 3 columns: State, # Locations, # Employees

5. a. Have you had any plant, facility, branch or office closings, consolidations, layoffs/staff reductions (greater than 10% of the workforce), mergers or acquisitions within the past 24 months? Yes No

If Yes, please provide details on the supplemental application.

b. Do you anticipate any of the above within the next 12 months? Yes No

If Yes, please provide details on the supplemental application.

6. Does the organization have any contracts with or receive financial assistance from the Federal Government? Yes No

If Yes, please provide details on the supplemental application.

7. For each of the last three (3) years, state your annual percentage turnover of employees: 199 : % 199 : % 199 : %

8. Total number of employer initiated terminations in the last three (3) years: 199 : 199 : 199 :

9. Total number of full time employees for each of the last three (3) years, as of:  
12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_

Total number of part time employees for each of the last three (3) years, as of:  
12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_

Total number of independent contractors for each of the last three (3) years, as of:  
12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_ 12/31/\_\_\_:\_\_\_\_\_

Note: Coverage for independent contractors is not included under the basic policy. If coverage for potential claims brought by independent contractors is desired, check here .

10. Indicate the number of employees earning between \$50,000 and \$100,000 per year \_\_\_\_\_.  
Indicate the number of employees earning over \$100,000 per year \_\_\_\_\_.

11. Within the last five (5) years inclusive of predecessor firms, has the firm received any employment related inquiry, complaint, charge, from any municipal, state, or federal regulatory authority or any other governmental entity?  Yes  No  
If Yes, explain each on the supplemental application.

12. Inclusive of predecessor firms, has a claim, suit, grievance, or demand been brought against the firm or any individual proposed for this insurance within the last five (5) years?  Yes  No  
If Yes, explain each on the supplemental application.

13. Are you aware of any facts, incidents, or circumstances which may result in a claim(s) being made against you?  Yes  No  
If Yes, explain on the supplemental application.

**THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS, OR CIRCUMSTANCES EXIST WHICH MAY REASONABLY GIVE RISE TO A CLAIM UNDER THIS POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS, OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED POLICY. FAILURE TO DISCLOSE SUCH KNOWN FACTS, INCIDENTS OR CIRCUMSTANCES HERE WILL VOID THIS POLICY IN ITS ENTIRETY.**

14. Who is designated to handle all employment-related incidents?  
Name:\_\_\_\_\_ Title:\_\_\_\_\_

15. Do you make use of any tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?  Yes  No  
If Yes, provide details on the supplemental application.

16. Do you currently carry EPLI?  Yes  No  
If Yes, please provide:  
Insurer: \_\_\_\_\_ Limit Per Claim: \_\_\_\_\_ Aggregate: \_\_\_\_\_  
Policy Period: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
Deductible: \_\_\_\_\_ Co-Insurance Amount: \_\_\_\_\_  
Premium: \_\_\_\_\_

17. Has any insurer ever canceled or non-renewed this type of coverage?  Yes  No  
 If Yes, provide details on supplemental application.
18. Current General Liability carrier: \_\_\_\_\_  
 Limit of Liability: \_\_\_\_\_
19. Have all your employment related policies and procedures been reviewed and approved by outside counsel?  Yes  No  
 If Yes, when? \_\_\_\_\_ Name of outside counsel: \_\_\_\_\_
20. Do you use an employment application during your hiring process?  Yes  No  
 If Yes, answer a. - d. below:
- a. Does your application contain an employment at will statement?  Yes  No  
 If No, are you willing to implement immediately?  Yes  No
- b. Does your application include authorization to check references and criminal conviction records?  Yes  No
- c. Does your application require a signature attesting that all representations are true?  Yes  No
- d. Does your application contain an equal employment opportunity statement?  Yes  No
21. Do you distribute an employment handbook to your employees?  Yes  No  
 If Yes, does it contain an employment at will statement?  Yes  No  
 If you do not have an employee handbook, are you willing to implement one within nine months?  Yes  No
22. Do you have a written equal employment opportunity statement?  Yes  No
23. Do you have a written anti-sexual harassment policy?  Yes  No  
 (If No, one must be in place prior to binding coverage.)
24. Do you have a written internal complaint procedure for discrimination and sexual harassment claims?  Yes  No
25. Does the company have a progressive disciplinary program?  Yes  No  
 If Yes, is it distributed to supervisors in writing?  Yes  No
26. Do you post, in places conspicuous to all employees and applicants for employment, all notices required by law?  Yes  No
27. When requested by employees, do you distribute information as required by Federal Law regarding the Family Medical Leave Act?  Yes  No
28. Do you require that all employment terminations be reviewed by the Human Resources Department or personnel having Human Resources responsibilities?  Yes  No
29. Do you require that all employment terminations be reviewed by outside counsel?  Yes  No
30. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations?  Yes  No

**ADDITIONAL INFORMATION**

**Please attach the latest Financial Report.**

Check desired limits of liability (per claim/aggregate):

\_\_\_\_\_ \$250,000/\$250,000 \_\_\_\_\_ \$500,000/\$500,000 \_\_\_\_\_ \$1,000,000/\$1,000,000

**THE UNDERSIGNED WARRANTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.**

**THE UNDERSIGNED FURTHER DECLARES THAT ANY CLAIM, INCIDENT OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY STATEMENT MADE WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURED MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.**

**THE FIRM UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY.**

**THE UNDERSIGNED INDIVIDUAL REPRESENTS AND WARRANTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THIS REPRESENTATION AND WARRANTY, ON BEHALF OF THE FIRM OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.**

Signatures of:

President or Chairman: \_\_\_\_\_

Dated: \_\_\_\_\_

Individual Responsible for Human Resources Function: \_\_\_\_\_

Dated: \_\_\_\_\_