

**EMPLOYMENT
PRACTICES
LIABILITY
INSURANCE**

Application for Employment Related Practices Liability Insurance

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY WHICH INCLUDES DEFENSE EXPENSE WITHIN THE LIMITS OF COVERAGES. IF ISSUED, READ YOUR POLICY CAREFULLY.

I. General Information

- Named Insured: _____
- Address: _____ County: _____
Zip: _____
- Person to contact: _____ Telephone: _____
- Business is: Corporation Individual Proprietor Partnership Other (Specify) _____
- (a) Nature of business:** _____ **(b) Number of years under current management:** _____
- (a) Number of employees by state (including #2. above): _____
- Desired Limits: Please check one \$250,000 \$500,000 \$1,000,000 \$2,000,000
 \$3,000,000 \$4,000,000 \$5,000,000
- Desired Retention: Please check one \$5,000 \$10,000 \$15,000
 \$25,000 Other \$ _____ Desired Effective Date _____
- Describe prior coverage for the past three years (if any):

Policy Period/ Retroactive Date*	Insurer	Premium	Limits	Retention/Co-insurance %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please specify retroactive date of expiring EPLI policy, if applicable.
- Other insurance in force: Directors & Officers' Liability Insurer _____ Limit _____
General Liability Insurer _____ Limit _____
- Please attach on a separate sheet a list of subsidiaries. Please note that all subsidiaries must be listed to be covered under the Policy.

II. Employees

- Total number of employees, including directors and officers, (all locations):

Non-Union: Full-Time _____	Part-Time _____	Temporary _____
Union: Full-Time _____	Part-Time _____	Temporary _____
Leased Employees: Full-Time _____	Part-Time _____	
Independent Contractors: Full-Time _____	Part-Time _____	
- Total number of employees for the last three years (all locations):

Latest Year _____	Second Year _____	Third Year _____
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- Annual employee turnover rate for the last three years (all locations):**

Latest Year _____ %	Second Year _____ %	Third Year _____ %
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- How many employees have been involuntarily terminated in the past three years (all locations):**

Full-Time Latest Year _____	Second Year _____	Third Year _____
Part-Time Latest Year _____	Second Year _____	Third Year _____
- Have you had any EEOC or NLRB charges, state and local judgments, and demand letters from current or former employees or their attorneys received by the applicant in the past five years? Include for each the applicable dates, damages incurred, legal expenses, current status, and a brief description of circumstances. Also indicate the valuation date and source of this data. Yes No **If yes, please provide details on a separate sheet.**
- Have you had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee by the applicant for the past five years? Include for each, the applicable dates, jurisdiction, Civil Action or Index Number, legal expenses incurred, current status, and a brief description of circumstances. Also provide the valuation date and source of this data. Yes No **If yes, please provide details on a separate sheet.**
- Are you aware of any circumstances which might give rise to a claim under this Policy? Yes No **If yes, please provide details on a separate sheet.**

It is agreed that any claim(s) arising from any facts, circumstances or situations mentioned in Questions 5., 6. or 7. above are excluded from coverage.

