

USA INSURANCENET

**Employment Practices Liability Insurance
Application**

Section A. General Information

1. Name of Applicant: (If there are other entities being considered for coverage under this Policy, you must provide their name prior to binding coverage and complete the Additional Insured Supplemental)		
2. Address of Named Applicant:		
3. Contact Name:	4. Nature of Business:	
5. Email Address:	6. Website:	
7. Telephone:	8. Fax:	
9. Years in Operation:	10. Type of Organization: ___ Corporation ___ LLC ___ Partnership ___ Individual ___ Other	
11. Total Number of Employees: a. Full Time: Part Time: Number of Locations :		

Section B. Human Resources

1. Do you use a written employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have an at-will provision for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a written policy on anti-harassment and procedures to report to management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a written policy on anti-discrimination or an EEOC statement prohibiting discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C. Claim History

1. Has any claim, suit, incident, complaint, charge, or other proceeding related to actual or alleged sexual harassment, wrongful termination, wrongful discrimination, unfair labor practices, or wage and hour violation been brought against your company in the last FIVE (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you are required to provide full details of the claim(s), including but not limited to, specific nature of the allegations, date of loss, current status, all amounts paid and or anticipated. You can use our claim supplemental or provide a detailed explanation on a separate sheet.	
2. Does any Director, Officer, Manager, Supervisor, Employee or Partner currently have knowledge of any pending Claim(s) and/or any fact(s), circumstance(s), situation(s) or event(s) which could reasonably give rise to a Claim against you for alleged employment practices by any former or current employee or a claim alleging third party discrimination or harassment, which could reasonably give rise to a Claim against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please fully complete the attached claim supplement or attach an explanation.	

Section D. Applicant's Warrants and Signature

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

<u>Date</u>	<u>Applicant's Authorized Signature</u>	<u>Title</u>
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