



Employment Practices Liability Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 5 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Web Address: _____

Email Address of primary contact: _____

Description of Operations:

Full time employees _____ Part time _____ Temporary/ Seasonal _____ Independent Contractors _____ Leased _____

How many of the above employees/independent contractors are located in: California _____ Louisiana _____ Outside the U.S. _____

II. UNDERWRITING INFORMATION

1. Have any entities proposed for insurance been in business less than three years? Yes No
2. Do more than 50% of all employees currently earn more than \$100,000? Yes No
3. a) Is the Applicant a Subsidiary of another organization? Yes No
 b) Is the Applicant a franchisee of another organization? Yes No
 c) Name of Parent and/or Franchisor and Location _____
4. Does the Applicant want any Subsidiary(s) covered? If "Yes," include employees in employee count above and provide: Yes No
 a) Name of Subsidiary(s) _____
 b) Is the Subsidiary(s) at least 50% owned by the Applicant? Yes No
 c) Does the Subsidiary(s) fall within the same class of business as the Applicant? Yes No
5. Expiring Insurance Information: Carrier _____ Limits _____ Retention _____ Premium _____
Written Guideline Requirements:
 a) Does each entity proposed for Insurance have a written Email/Internet Policy currently in place or is willing to implement one? Yes No
 b) Does each entity proposed for insurance have a written Anti-Discrimination and Anti-Harassment Policy currently in place? Yes No

(Attach a statement of details for all "yes" answers to the following questions)
6. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged-with, or acquired any company in the past 12 months or anticipate doing so in the next 12 months? Yes No
7. Within the last 5 years, has any employment related, or third party discrimination, or third party harassment inquiry, complaint, notice of hearing, claim, or suit been made against any entity proposed for insurance or any person proposed for Insurance in the capacity of either Director, Officer, Member (if an LLC), or Employee of any entity proposed for Insurance? **If "Yes" complete USLI Claim Supplement for each claim** Yes No
8. Is any person proposed for this Insurance aware of any fact, circumstance, or situation which may result in an employment claim, or third party discrimination, or third party harassment claim against any entity proposed for Insurance or any of its Directors, Officers, Members (if an LLC), or Employees? **If "Yes," complete USLI Claim Supplement for each claim** Yes No
9. Has any Policy for Employment Practices Liability Insurance ever been cancelled or non-renewed? Yes No

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

President, Chairperson of the Board, Managing Member, or Executive Director