



CARRIER:

Employment Practices Liability Application – All States

THIS COVERAGE IS LIMITED TO CLAIMS FIRST MADE AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD AS STATED IN THE DECLARATIONS OR ANY APPLICABLE EXTENDED REPORTING PERIOD. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION. PLEASE READ YOUR POLICY CAREFULLY.

New York Disclosure Notice: Under EPL 133 NY and EPL 162 NY, if made part of your policy, or Section IV Exclusions C, the limits of liability available under this policy may be completely exhausted by the payment of defense costs.

Applicant may qualify for an INSTANT QUOTE by completing Section I below. Section II and III answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past five years. If there is a loss history, please complete the application and submit details in a USLI claim supplement.

Primary Applicant's name (See #4 to add subsidiary[ies]/affiliate[s]): _____

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 are located in: California _____ Florida _____ Louisiana _____ Outside the U.S. _____

II. UNDERWRITING INFORMATION

1. Year established: _____

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(ies)/affiliate(s) covered? If "Yes," include employees in employee count above and provide: ☐ Yes ☐ No

a) Name of subsidiary(ies)/affiliate(s)

b) Is the subsidiary(ies)/affiliate(s) at least 50% owned by the applicant? ☐ Yes ☐ No

c) Does the subsidiary(ies)/affiliate(s) fall within the same class of business as the applicant? ☐ Yes ☐ No

5. Expiring policy: Retroactive date _____ Carrier _____ Limits _____ Retention _____ Premium _____

(Attach a statement of details for all "Yes" answers to the following questions)

6. a) Has any entity proposed for insurance closed, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? ☐ Yes ☐ No

b) Has any entity proposed for insurance downsized, laid off or reduced staff in the past 12 months or anticipates doing so in the next 12 months? _____ ☐ Yes ☐ No

If "Yes," what percentage of the workforce was/will be affected? _____

7. Within the last five years, has any employment related, 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 related, 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

9. Has any policy for employment practices liability insurance ever been cancelled or non-renewed by the carrier?(Do not answer if applicant is located in Missouri) ☐ Yes ☐ No ☐ Yes ☐ No

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