



Premier Professional Liability Services L.L.C.
Managing General Underwriter



EMPLOYMENT PRACTICES LIABILITY INSURANCE

1. Applicant Name _____
2. Address _____
3. City _____ State: _____ County _____ Zip Code _____
4. Fax _____ E-Mail _____ Years in operation _____
5. Current Number of employees: full-time ____ part-time ____ temporary ____ volunteers ____ leased ____
6. Description of business operations _____
 *Please note that third party coverage is not available for healthcare providers; bars; taverns; or other entities that derive more than 25% of revenue from alcohol sales. Third party coverage may also be restricted based on the risk profile of the applicant.
7. List all locations by state and include approximate number of employees at each location. (Attach additional sheets if needed.)

8. Provide the percentage of employees for the prior 12 months who left: a. Voluntarily (resigned or quit): _____
 b. Involuntarily (terminated or laid-off): _____
9. Indicate the percentage of employees whose salary (including commissions and bonuses) is:
 Greater than \$50,000 _____ Greater than \$100,000 _____
10. Does the Applicant have the following written policies: A. Anti-Discrimination/EEO __ Yes __ No B. Harassment __Yes __ No
 C. Employment At-Will __Yes __No D. Employee Leave __ Yes __No E. Employee Acknowledgement Form __Yes __ No
 F. Handling complaints from third parties for issues involving harassment, discrimination or retaliation __Yes __No
11. Does the Applicant use any tests to screen applicants either for hire or promotion? __Yes __ No If "Yes," please provide details. (Attach additional sheets if needed) _____
12. Have you had or do you anticipate any facility closing or layoffs?: __ Yes __ No
13. Current limit of liability, retroactive date, and deductible _____ / _____ / _____
14. Requested limit and deductible _____ / _____

PAST HISTORY

15. Please furnish a list and description of all employment related and third party losses, claims, demand letters, litigation or administrative matters filed with the EEOC or other administrative agency in the past three (3) years. On a separate sheet, please provide: a.) initial date of the matter; b.) a complete description of the matter, including the type of matter (e.g. harassment, race, sex, age, disability or other); and c.) the amount paid or reserved (including expenses). (Attach additional sheets if needed.) If there were no losses, **please state NONE.** _____
16. Please provide a description of any facts or circumstances, which may result in employment practices claims being made against the applicant, entity or its agents. If none, state **NONE.** _____ (Attach additional sheets if needed.) _____

17. THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HER/HIS KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY IN CONNECTION WITH THIS APPLICATION, THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND COMPLETE. THE SUBMISSION OF THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE, OR THE APPLICANT TO PURCHASE, THE INSURANCE. THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER, AND ALONG WITH THE APPLICATION, IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME A PART OF THE POLICY. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ANY ATTACHMENTS IN ISSUING ANY POLICY. IF THE INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE INSURER, AND THE INSURER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTANDS THAT:

(a) THE POLICY SHALL APPLY ONLY TO COVERED "CLAIMS" MADE AND REPORTED TO THE INSURER DURING THE "POLICY PERIOD" OR TO "CLAIMS" MADE TO THE INSURER DURING ANY APPLICABLE EXTENDED REPORTING PERIOD;

(b) THE INSURER IS NOT OBLIGATED TO PAY ANY LOSS OR DEFEND ANY CLAIM AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF LOSS.

SIGNED: _____ **DATE:** _____
APPLICANT'S AUTHORIZED SIGNATURE OF A PRINCIPLE, PARTNER OR OFFICER

Print Name/Title