



**APPLICATION FOR  
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

**INSTRUCTIONS:**  
1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.  
2. Applications must be dated and have two signatures.  
3. "Applicant" refers to the company, its predecessors, and all proposed Insureds, including Subsidiaries.

**I. General Information**

A. Name and address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Person To Contact (Name, Title, E-mail, Telephone) \_\_\_\_\_  
\_\_\_\_\_

C. Website: \_\_\_\_\_

D. Describe nature of the Applicant's business: \_\_\_\_\_

E. List of other locations (indicate states/countries): \_\_\_\_\_

F. How long has the Applicant been under current management? \_\_\_\_\_ Years

G. In the past twelve (12) months, has your total number of employees decreased by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Y Yes Y No  
*(If Yes, please complete the Reduction In Force supplement (G))*

H. In the next twelve (12) months, do you anticipate the total number of your employees to decrease by more than ten percent (10%) or five (5) employees, whichever is **greater**, through any reduction in force, systematic lay-off or by closure of any division, office or facility that you own or operate? Y Yes Y No  
*(If Yes, please complete the Reduction In Force supplement (H))*

I. If, during the next 12 months, circumstances of which you are currently unaware, make it necessary for you to implement a Reduction in Force, that affects ten percent (10%) of your workforce or five (5) Employees, whichever is greater. Do you agree that you will consult with, and adopt the advice of the HR Experts at EPLI PRO (TEL: 800-387-4468 or EMAIL: [HRdirectors@ePlaceInc.com](mailto:HRdirectors@ePlaceInc.com))? This is part of the free loss control services included with the purchase of this insurance policy. You may also utilize in-house counsel for this Reduction in Force procedure, but only if that counsel is qualified and experienced in the practice of labor and employment. Y Yes Y No

J. Does the Applicant anticipate any merger, acquisition, or addition of any operations that would comprise a twenty five percent (25%) or ten (10) employees, whichever is **greater**, increase over the current number of employees? Y Yes Y No  
*(If Yes, please provide full details on a separate sheet)*

K. Has the proposed coverage ever been purchased before, whether specifically or as a part of or addition to another coverage? Y Yes Y No

<u>Year</u>	<u>Type of Coverage</u>	<u>Carrier</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

L. Has any insurer ever canceled or non-renewed the Applicant or its predecessor for this type of coverage? Y Yes Y No  
*(If Yes, please provide details on a separate sheet)*

**II. Financial Information**

A. Please answer the following nine (9) questions for the Insured Company, including its subsidiaries, for the most recent fiscal year end:

i) What are the Applicant's total assets? \$ \_\_\_\_\_

ii) What are the Applicant's current assets? \$ \_\_\_\_\_

iii) What are the Applicant's total liabilities? \$ \_\_\_\_\_

iv) What are the Applicant's current liabilities? \$ \_\_\_\_\_

v) What are the Applicant's total gross revenues? \$ \_\_\_\_\_

vi) Does the Applicant currently have:  
 Any credit facility/long term financing/overdraft Y Yes Y No  
 If yes, what amount is exercised/borrowed? \$ \_\_\_\_\_  
 If yes, what amount is repayable over the next 12 months? \$ \_\_\_\_\_  
 If yes, on what date does the credit facility/long term financing/overdraft  
 renew/expire? \_\_\_\_\_

vii) Within the last three years has the Applicant ever been in breach of any debt covenants or loan agreements? Y Yes Y No

If yes, please provide details \_\_\_\_\_  
 \_\_\_\_\_

- viii) Does the Applicant currently have:
 

Net Income	Y	or
Net Loss	Y	
Amount	\$	_____
  
- ix) Does the Applicant currently have:
 

Positive Cashflow	<input type="checkbox"/>	or
Negative Cashflow	<input type="checkbox"/>	
Amount	\$	_____

- B. Has an auditor in the previous two (2) fiscal years recommended a “going concern” opinion of the financial information for the Applicant? Y Yes Y No  
*(If Yes, please provide details on a separate sheet)*

**III. Loss History**

- A. Furnish details of all Wrongful Employment Practice Claims (as those terms are defined in the Policy) against the Applicant within the last 5 years. None Y See attached Y  
*(Please include all demands and lawsuits, as well as all charges, inquiries, investigations, grievance or other proceedings before the Equal Employment Opportunity Commission, or any other governmental agency with responsibility for employment practices.)*  
  
 Total number of Claims in the last 5 years \_\_\_\_\_

**Immigration Practices Defense Cover (if applicable)**

- B. Have any losses, lawsuits, administrative proceedings, governmental investigations, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violations of the Immigration Reform Control Act of 1986 or any other similar federal, state or local laws or regulations? None Y See attached Y

**Wage & Hour Defense Cover(if applicable)**

- C. Have any losses, lawsuits, administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years alleging violation of any **Wage and Hour Law**? None Y See attached Y

***PLEASE PROVIDE A FULL DESCRIPTION OF EACH CLAIM ON A SEPARATE SHEET.***

- D. ***(PLEASE ONLY ANSWER IF YOU HAVE NOT HELD EPL COVERAGE PREVIOUSLY)***  
 Does any director, officer, shareholder, principal, or employee with personnel responsibility have knowledge of any circumstances that could give rise to a Claim or in any other way suspect that a Claim may be brought? Y Yes Y No

**PLEASE PROVIDE A FULL DESCRIPTION OF EACH CIRCUMSTANCE ON A SEPARATE SHEET.**

*For example, but not by way of limitation, it would be reasonable for you to foresee that a Claim may be brought against you if a current or former employee, including officers, or an applicant for employment, has expressed dissatisfaction with the employment relationship or the employment application process by:*

- i) making a formal complaint to an officer, principal, or supervisory employee of unfair employment practices;*
- ii) otherwise complaining of discrimination, harassment, or unfair treatment;*
- iii) threatening to hire an attorney; or*
- iv) asking for a severance package in excess of what was offered.*

**The Applicant acknowledges that any Claims, or Claims later arising from circumstances reported, or that should have been reported, in this Section II will be excluded from coverage.**

**IV. Employees**

A. Number of employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

B. Salary ranges (including bonuses, dividends and commissions)      Number of full time employees      Number of part time employees

Less than \$25,000	:	_____	_____
\$ 25,001 to \$75,000	:	_____	_____
\$ 75,001 to \$150,000	:	_____	_____
\$150,001 and over	:	_____	_____

C. Does the Applicant use seasonal or temporary employees?      Y Yes    Y No  
If so, when and how many? \_\_\_\_\_  
Are these employees included in A and B above?      Y Yes    Y No

D. Does the Applicant use leased workers?      Y Yes    Y No  
If yes, how many have been retained by the Applicant in the past 12 months? \_\_\_\_\_  
Are these employees included in A and B above?      Y Yes    Y No

E. Does the Applicant use independent contractors?      Y Yes    Y No  
If Yes, how many? \_\_\_\_\_  
Do you want coverage for these Independent Contractors?      Y Yes    Y No

F. In the past 12 months, how many officers have left your employ? \_\_\_\_\_  
Of the above, how many were terminated? \_\_\_\_\_

G. In the past 12 months, how many other employees have left your employ? \_\_\_\_\_  
Of the above, how many were terminated? \_\_\_\_\_

**V. Human Resources**

- A. Have the Applicant’s managers and/or supervisors attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Y Yes Y No  
If Yes, who has attended? \_\_\_\_\_  
If Yes, who conducts the sessions? \_\_\_\_\_
- B. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Y Yes Y No  
If Yes, identify the firm and date of last review: \_\_\_\_\_
- C. Does the Applicant have an employee handbook? Y Yes Y No  
If Yes, does the Applicant distribute it to all employees? Y Yes Y No  
If Yes, do all employees sign for its receipt? Y Yes Y No  
If Yes, does it expressly state that it is not a contract and that employment is “at will”? Y Yes Y No
- D. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Y Yes Y No
- E. Does the Applicant require all terminations to be reviewed by:  
The person in charge of human resources? Y Yes Y No  
Outside counsel? Y Yes Y No
- F. Does the Applicant maintain a personnel file for each employee? Y Yes Y No

**VI. Third-Party Information**

- A. Has the Applicant or its predecessors ever received a complaint, formal or informal, from a non-employee, such as a customer, client, or prospective customer or client complaining about discrimination or harassment by the Applicant or any employee of the Applicant? Y Yes Y No  
*(If Yes, please provide details on a separate sheet)*
- B. Does the Applicant conduct staff training on client and customer relations issues such as avoiding discriminatory behavior? Y Yes Y No
- C. Are there procedures for reporting and dealing with complaints by customers/clients? Y Yes Y No
- D. Is the Applicant in compliance with Title III of the Americans with Disabilities Act (building and premises requirements)? Y Yes Y No



**SUPPLEMENTAL CLAIM INFORMATION**

Claimant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Position/Title(s): \_\_\_\_\_

Claim status:            Incident                            Claim                            Suit

Venue:  
(Court or Agency) \_\_\_\_\_

Date of act(s) causing claim / incident: \_\_\_\_\_

Date claim / incident reported to the applicant: \_\_\_\_\_

Nature of Claim and allegations:

Name of defense attorney and law firm: \_\_\_\_\_

Name of plaintiff attorney and law firm: \_\_\_\_\_

If Closed, total paid (defense and loss): \_\_\_\_\_

If Open:

1. Claimant's demand: \_\_\_\_\_

2. Insurer's defense and/or loss reserves: \_\_\_\_\_

3. Defense costs incurred to date: \_\_\_\_\_

4. Applicant's settlement offer: \_\_\_\_\_

5. Applicant's estimate of settlement: \_\_\_\_\_

Remedial action taken to prevent a similar claim:



