



# Employment Practices Liability Application

### I. GENERAL APPLICANT INFORMATION:

Applicant's Name \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different than location) \_\_\_\_\_  
 Principal \_\_\_\_\_ E-mail address \_\_\_\_\_

### II. NATURE OF OPERATIONS:

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### III. EMPLOYEE COUNT

Full-time employees _____	Part-time _____	Temporary/Seasonal _____	Independent Contractors _____	Leased _____
How many employees are located in the following:	California _____	Florida _____	New York City _____	Outside the US _____

### IV. EMPLOYEE COUNT Turnover

	Voluntary	Involuntary
<b>This Year</b>		
<b>Last Year</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

### IV. UNDERWRITING INFORMATION:

1. Year established \_\_\_\_\_
2. Has any entity proposed for coverage closed, sold, merged or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes  No
3. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor of the Equal Opportunity Commission?  
*(If "Yes," please complete an ACE Claim Supplement for each claim)* Yes  No
4. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers?  
*(If "Yes," please complete an ACE Claim Supplement for each claim)* Yes  No
5. Has any policy for Employment Practices Liability ever been cancelled or non-renewed? Yes  No
6. Did the applicant have prior coverage? Yes  No

Carrier \_\_\_\_\_ Limits \_\_\_\_\_ Retention \_\_\_\_\_ Premium \_\_\_\_\_ Continuity Date \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_  
 (Must be signed by the highest ranking official of the board) Date (Mo./Day/Yr.) \_\_\_\_\_