

Franchise/Affinity Program

Employment Practices Liability Insurance
Houston Casualty Company/ U.S. Specialty Insurance Company

New Business Application

Section 1. General Information

Please type or print clearly

Name of Applicant:			
Business Entity Name:			
Mailing Address:	City	State	Zip Code
HR Contact Name:	Telephone	Fax	
Email Address:	Number of Employees in Office		
Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other _____			
Principal Product/Service:	Name of Franchise/ Affinity Group:		
Do you currently carry EPLI Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate carrier _____		

Section 2. Location and Employee Information

MUST COMPLETE the **LOCATION** and **EMPLOYEE INFORMATION SCHEDULE** attached to this **APPLICATION**

Total Employees: _____ Full Time _____ Part Time _____

Section 3. Loss History (Both questions 1 and 2 must be answered)

Provide specific claim details for each employment practice claim, lawsuit or incident.

1. Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach. Note: If no claims, check here:

Date of Claim	Claimant Name	Nature of Claim	Defense Amt	Indemnity Amt	Reserve Amt	Current Status

2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you?
Yes No If YES provide details on a separate sheet.

Section 4. Requested Limit Options

Single Limit Option:	\$250,000	\$500,000	\$1,000,000		
Aggregate Limit Option:	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000
Retention Options:	\$5,000	\$10,000	\$25,000	Other \$ _____	

(\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit option)

Section 5. Human Resources Procedures

Have you formally adopted and implemented the following:		
1. A written policy on anti-harassment and procedures to report harassment to management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A written policy and procedure on anti discrimination or an EEOC statement prohibiting discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Utilize an employment application that contains an at-will provision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Scheduled Management and Supervisory workplace training on HR relates issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Open door policy and internal complaint written procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. An orientation program for all employees communicating work place procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Termination review by management, HR manager or outside HR professional or law firm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your organization anticipate any of the following in the next twelve (12) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any question please explain. ♦ Selling or closing any locations or operations? If yes, how many _____ ♦ Acquiring or opening any new locations or operations? If yes, how many _____		

Section 6. Third Party Discrimination and Sexual Harassment Coverage

1. Do you have written procedures for handling complaints of discrimination and sexual harassment from a person other than an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a person other than an employee in the past five (5) years? - If Yes, provide the total number of complaints received. _____ Please provide details on a separate sheet including any amounts paid or reserved.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If No, do you anticipate that your facilities will be in compliance with the ADALaw for the next twelve (12) months? If no, please explain why.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a person other than an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7. Applicant's Warrants and Signature

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

<u>Date</u>	<u>Applicant's Authorized Signature</u>	<u>Title</u>

Signature and date cannot be more than 30 days old from the effective date of coverage

**EMPLOYMENT PRACTICES LIABILITY INSURANCE
LOCATION AND EMPLOYEE INFORMATION SCHEDULE**

INSTRUCTIONS:

List all locations to be covered by the policy for which you are applying.

				EMPLOYEES	
	ENTITY NAME <small>(If different than the Applicant Name applying for this Insurance)</small>	Store No	Entity Address	FULL TIME	PART TIME
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
			Totals		

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