



4600 Cox Road, Glen Allen, VA 23060
 (800) 431-1270 Fax (804) 527-7966

Employment Liability Insurance (EPLI) Application

Use additional pages if more space is needed but clearly identify the question number. **This application must be signed by an owner, partner or executive officer.**

1. Names and addresses of each company and subsidiary to be insured: _____

2. Describe operations of each entity to be insured: _____

3. Limit: \$25,000/\$25,000 \$50,000/\$50,000 \$100,000/\$100,000
 \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 * For any other limit combinations, contact your underwriter.

4. Proposed effective date: _____ Proposed retro date: _____

5. Deductible: \$1,000 \$2,500 (standard) \$5,000 \$10,000

6. Have you ever had EPLI insurance canceled or been refused renewal? Yes No

If yes, explain: _____

7. Provide the number of full and part time employees by state. Include all full-time, seasonal and temporary workers as well as owners and executives. If volunteers are to be covered, include their numbers as well. Seasonal means employees working less than or equal to 6 months a year. Part time means employees working less than or equal to 25 hours a week.

| State | Full Time | Part Time | Union-Full Time | Union-Part Time | Seasonal | Volunteers |
|-------|-----------|-----------|-----------------|-----------------|----------|------------|
| | | | | | | |
| | | | | | | |

8. How many employees employed for:

| Less than 2 years: | From 2-5 years | Over 5 years |
|--------------------|----------------|--------------|
| | | |

9. Salary Ranges:

| | \$30,000 or less per year | \$30,001-\$100,000 per year | Over \$100,000 per year |
|----------------------------|---------------------------|-----------------------------|-------------------------|
| Number of Employees | | | |
| Percent of Total | | | |

10. Loss experience for past 5 years MUST be provided. Include any claims, suits, incidents, complaints, charges or proceedings related to actual or alleged sexual harassment or molestation, physical abuse or molestation, wrongful termination, wrongful discrimination, unfair labor practices, or wage and hour violation of any type whether or not covered by insurance.

COMPLETE A SUPPLEMENTAL CLAIM FORM FOR EACH CLAIM, SUIT, COMPLAINT, INCIDENT, CHARGE OR PROCEEDING.

Note: There is space for explanations on the following page

11. Are you aware of any actual or alleged wrongful employment practices that may result in a claim against you for sexual harassment, discrimination or wrongful termination? If yes, what have you done to remedy the situation? Yes No
12. Do you have a Personnel or Human Resources Dept.? If not, how do you handle this function and do you have staff that performs only the personnel function? Yes No
13. Do you have a staff lawyer or law firm on retainer that provides employment related practices counsel to you? Yes No
14. Do you use a written employment application? If yes, attach a copy. Yes No
15. Does your employment application include an employment-at-will statement or do you otherwise obtain a signed employment-at-will statement? Yes No
16. Do you have a personnel manual, employee handbook or statement of work rules and is it given to all employees? Yes No
- Is a signed acknowledgement statement required from all employees who receive it? Yes No
17. Do you provide an employee orientation for all new employees? Yes No
18. Do you maintain employee medical records separately from personnel records? Yes No
19. Do you have a written procedure for obtaining and tracking claim or incident information? Yes No
20. Do you conduct annual written performance evaluations on all your employees? Yes No
21. Do you prominently display all posters required by state and federal law, such as but not limited to, anti-discrimination, workers' compensation, wage & hour, etc.? Yes No
22. Do you have a formal written policy regarding discrimination? Yes No
23. Do you have written guidelines addressing: (if no handbook available, please explain)
- | | | | |
|-----------------------|--|-----------------------|--|
| Hiring/interviewing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Salary administration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performance review | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grievance procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Discharge/termination | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
24. Do you require that all employment terminations be reviewed prior to discharge by the Human Resources Dept., Legal Dept. or other lawyer qualified in employment related issues? Yes No
25. Is your company owned by a company domiciled outside of the USA or Canada? Yes No
26. Do you conduct exit interviews? If so, what do you do with the information obtained from those interviews? Yes No
27. Do you anticipate any workforce reduction in the next 6 months? Yes No
If yes, please provide details including the percentage of the force that will be reduced : _____
-
28. Do you have formal procedures for training of managers and supervisors? Yes No
29. Are managers and supervisors trained on interviewing techniques that are permissible under federal and state law? Yes No
30. Do you have a written severance policy and agreement? Yes No
31. Does the severance agreement waive the employee's rights to bring claims against you? Yes No
32. Do you plan to form any new businesses or open new locations in the next 12 mos? Yes No

If yes, explain: _____

33. Do you provide accommodations for disabled employees?

Yes No

If yes, explain what is provided and if no, why not? _____

34. Current EPLI carrier: _____ Current retro date: _____

ATTACH A COPY OF THE DECLARATIONS PAGE

35. ATTACH A COPY OF YOUR EMPLOYMENT APPLICATION AND EMPLOYEE HANDBOOK.

36. Provide any explanations here: _____

CLAIM SUPPLEMENT ATTACHED. PLEASE COMPLETE IF THERE HAVE BEEN ANY CLAIMS

THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY, WHICH PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED DURING THE POLICY PERIOD UNLESS THE EXTENDED REPORTING PERIOD OPTION IS EXERCISED IN ACCORDANCE WITH THE TERMS OF THE POLICY. THE COVERAGE APPLIED FOR PROVIDES NO COVERAGE FOR CLAIMS WHICH TOOK PLACE PRIOR TO THE RETROACTIVE DATE STATED IN THE POLICY AND ALL COVERAGE CEASES UPON TERMINATION OF THE POLICY EXCEPT FOR THE AUTOMATIC EXTENDED REPORTING PERIOD, UNLESS YOU PURCHASE ADDITIONAL EXTENDED REPORTING PERIOD COVERAGE.

DURING THE FIRST SEVERAL YEARS OF CLAIMS MADE COVERAGE, CLAIMS MADE RATES ARE GENERALLY LOWER THAN OCCURRENCE RATES AND YOU CAN ANTICIPATE ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS MADE COVERAGE REACHES MATURITY.

THE APPLICANT COMPANY(IES) REPRESENTS THAT INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF ITS KNOWLEDGE AND INCLUDES ALL MATERIAL INFORMATION. IF INFORMATION MATERIAL TO THE NATURE OF THIS INSURANCE CHANGES BEFORE THE EFFECTIVE DATE OF ANY POLICY WE ISSUE, APPLICANT WILL IMMEDIATELY NOTIFY US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

SIGNING THE APPLICATION DOES NOT BIND US OR APPLICANT TO OFFER OR ACCEPT INSURANCE BUT WE ARE RELYING ON THE INFORMATION HEREIN AS THE BASIS OF OUR DECISION TO ACCEPT OR REJECT THE APPLICATION.

SIGNATURE OF OWNER, PRINCIPAL, PARTNER OR OFFICER **TITLE**

PRINT NAME **DATE**

CLAIM SUPPLEMENT

(Complete one for each claim. You may copy this page when needed.)

1. Name of individuals involved: _____

2. Name of claimant/plaintiff: _____

3. Dates of alleged wrongdoing: _____

4. Date claim made: _____

5. Name of insurer claim made to: _____

6. Status of claim (open, closed, etc.) _____

7. If closed, how were damages paid: _____

8. If closed, total defense costs paid: _____

9. Amount of demand made & settlement: _____

10. Detailed description of claim: _____

11. What actions have you taken to avoid a recurrence? _____

12. Other information you feel is relevant: _____

