



Employment Practices Liability Insurance Application

Section A. General Information

1. Name of Insured:

If there are other entities for which coverage under this Policy is requested, please provide their name(s) on the Employee and Location schedule.

2. Address of Named Insured (physical address required, no P.O. Box):

3. Federal Tax Classification: C Corp ☐ S Corp ☐
Partnership ☐ LLC (C Corp) ☐ LLC (S Corp) ☐
Other:

4. Years in Operation:

5. Contact Name:

6. Name of the franchise:

7. Telephone:

8. Email Address:

Please enter all employee counts on the Employee and Location Schedule on page 2

9. Does your organization use Leased Workers (employees provided by a staffing company)? ☐ Yes ☐ No
If you are seeking coverage for Leased Workers, please provide the name of the Leasing Firm below:

Name of Leasing Firm: _____

10. Are you seeking coverage for Independent Contractors? ☐ Yes ☐ No

11. What has been your annual percentage turnover rate of employees for the past one (1) Year? _____

12. Does the Organization anticipate closing any facilities, reducing any staff or laying off any employees (excluding seasonal employees) during the next twenty-four (24) months? ☐ Yes ☐ No

13. Does the Organization anticipate in the next twelve (12) months or has the Organization transacted in the last twenty-four (24) months any restructuring or legal or financial reorganization or filing for corporate bankruptcy? ☐ Yes ☐ No

Section B. Human Resources

1. Does your company have a Human Resources or Personnel Department, which provides guidance on personnel matters to company staff? ☐ Yes ☐ No

2. Do you train all your employees, managers and supervisors on HR related issues, including prohibited harassment and discrimination? ☐ Yes ☐ No

3. Have you adopted and implemented anti-sexual harassment policies and written procedures? ☐ Yes ☐ No

4. Do you have an EEO Statement, or have you adopted and implemented anti-discrimination policies and developed written procedures? ☐ Yes ☐ No

Section C. Claims and Insurance

1. Does the Organization have current Employment Practices Liability Policy coverage in force? ☐ Yes ☐ No

If you currently have EPL insurance, which carrier: _____

Expiration Date: _____

2. Have you ever had a claim whose total paid amounts (including defense costs) exceed \$100,000 in the past five (5) years? ☐ Yes ☐ No

3. Has any insurer ever cancelled or non-renewed this type of insurance? ☐ Yes ☐ No

If yes, please provide details. Coverage will be considered but cannot be bound until approved by the underwriter.

Section C. Claims and Insurance Continued

4. Has any claim, suit, complaint, charge, or other proceeding related to actual or alleged wrongful employment practices, including but not limited to sexual harassment, harassment, wrongful termination, discrimination, hostile work environment, retaliation, unfair labor practices, or wage and hour violations, been brought against your company in the last THREE (3) years? ☐ Yes ☐ No

This includes, but is not limited to, any complaint or charge filed with the EEOC, state or local FEPA, or other administrative agency, any demand letter from an individual or an attorney, or any state or federal lawsuit.

5. After a reasonable and diligent affirmative inquiry to all persons proposed as Insureds under the Policy, does any person, Director, Officer, Manager, Supervisor, Employee or Partner currently have knowledge of any pending claim(s) and/or any fact(s), circumstance(s), situation(s) or event(s) which could give rise to a claim against you for alleged employment practices by any former or current employee or a claim alleging third party discrimination or harassment, including but not limited to any alleged violations of the ADA, which could reasonably give rise to a claim against you? ☐ Yes ☐ No
- a. If yes, please fully complete our Supplemental Claim Report form or provide a detailed explanation on a separate sheet.

Section D. Employee and Location Information Schedule

List all locations and/or entities to be covered by the policy for which you are applying. Failure to list a particular location or entity may preclude coverage for that location or entity. Please note all locations and/or entities must have a majority ownership of 50%+ by the Named Insured to be eligible for coverage under this Policy. Any location, organization or entity that is created, formed or merged after the Effective Date of this Policy must be reported to the Company.

	Entity Name	Address (include city, state and zip)	Nature of Operations	Full Time	Part Time	Leased Workers	Independent Contractors
1.							
2.							
3.							
4.							
5.							
6.							
7.							
		Totals					

Section E. Representations and Important Notices

The undersigned, acting on behalf of all Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change shall be reported in writing to the Insurer immediately;
- Any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any Insureds shall be imputed to any other Insureds. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons and the Insured Entity;
- This Application has been completed as respects the entire Insured Entity;

The signing of this Application does not bind the undersigned to purchase the insurance.

Applicant's Authorized Signature of the President, Chief Executive Office, or equivalent position

Signature: _____ Date: _____

Printed Name: _____ Title: _____

APPLICABLE TO NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, NY, OH, OK, OR, VT or WA – for those states see their statements below.) (In LA, ME, TN, and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of

insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN MARYLAND:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

WAGE & HOUR SUPPLEMENTAL APPLICATION

Are you interested in purchasing Wage & Hour coverage?

☐ Yes ☐ No

If yes, please complete the below questions. This application is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

1. In the past five (5) years has any current or former employee made or threatened a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime?

☐ Yes

☐ No

If yes, please describe the outcome and how you have changed your practice to prevent claims (attach explanation if needed).

Question 2 does NOT apply to current TMHCC renewals that have Wage & Hour coverage

2. Does any manager, supervisor, shareholder, partner or owner within your organization have knowledge of a potential violation of any wage and hour law that could result in a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime?

☐ Yes

☐ No

3. In the last 3 years, has any insured received from the Department of Labor or similar federal, state or local agency notice of an audit or other regulatory or administrative investigation related to compliance with or violation of any federal, state or local wage and hour laws?

☐ Yes

☐ No

4. Are all your non-exempt employees allowed to take an unpaid meal period of at least 30 minutes during which they are relieved of all duties?

☐ Yes

☐ No

Questions 5-8 apply only to employers with employees located in CALIFORNIA:

5. Do any of your non-exempt employees take on-duty meal periods?

☐ Yes

☐ No

6. Are all non-exempt employees allowed to take a rest period of 10 minutes or more in the middle of each 4-hour work period?

☐ Yes

☐ No

7. Do all exempt employees receive a minimum salary of at least two times the minimum wage per week that is not subject to reduction based on the quantity (e.g., hours worked; quotas not met) or quality of their work?

☐ Yes

☐ No

8. Do you give every new non-exempt employee, at the time of hire, a written notice of their regular pay rate, overtime rate, and the basis of their pay rate (i.e. hourly, shift, weekly, salary, piece rate, commission, or otherwise)?

☐ Yes

☐ No

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature:

Date: