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Employment Practices Liability Insurance (EPLI) - APPLICATION

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

A. GENERAL INFORMATION

Name of Owner/Company: _____

Type of Company (check one): Sole Proprietor Corporation Partnership Other (please specify)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

HR Contact: _____ Email: _____

B. Number of: Restaurants Locations _____ Full-time Employees: _____ Part-time Employees: _____
 IMPORTANT: PLEASE COMPLETE ATTACHED LOCATION SCHEDULE

C. QUOTATION REQUIREMENTS

Effective Date: _____ Requested Limit: \$250,000 \$500,000 \$1,000,000
 Requested Retention: \$5,000 (**not available in California**) \$10,000

D. LOSS HISTORY

In the **past 5 years**, have you had any wrongful termination, discrimination or harassment (sexual or non-sexual) lawsuits, claims or demands (whether insured or not and whether or not any loss has been paid), including any EEOC or similar filings or charges, made against you (include 3rd party insured event claims made by a customer or a person(s) who is not an employee including ADA claims)?
 Yes No

If Yes, please indicate the total number of claims or lawsuits in the past five (5) years

Date of Claim	Claimant's Name	Nature/Type of Claim	Defense Costs	Settlement Costs	Current Status

E. Has any manager or supervising employee knowledge of any circumstance which could give rise to a claim or any reasonable way to foresee that a claim may be brought? Include only those claims or possible claims which have not already been reported to your current or a past insurance carrier. Provide the information on a separate sheet of paper. Yes No

Note: Applicant acknowledges that any claims or incidents reported in this section, or that should have been reported in this section, will be excluded from coverage.

F. THIRD PARTY COVERAGE

Do the Applicant's public facilities have access for the disabled in compliance with ADA Law? Yes No

If No, indicate which restaurant(s) are not in compliance and list those store #'s not in ADA compliance.

Note: The Americans with Disabilities Act Exclusion will be added to this policy for all locations not in compliance with the ADA.

G. MATERIAL FACTS: Please declare all Material Facts on a separate sheet: None See Attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this application is material.

The Applicant warrants after full investigation and inquiry that the statements set for herein are true and include all material information. The Applicant on behalf of the Proposed Insured's further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind us to offer nor the Applicant to accept insurance, but it is agreed that this application, and all attachments to and materials submitted with this application, shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

 Date Applicant's Authorized Signature of a Principal Partner, Owner or Officer Title

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

INSTRUCTIONS:

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

Type: Restaurant Take-out Restaurant Diner Tavern Night Club Catering Facility

	TYPE	Store No	Entity Address	EMPLOYEES	
				FULL TIME	PART TIME
1.					
2.					
3.					
4.					
5.					
6.					
7.					
			Totals		

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

EPLI - Supplemental Application

Employment Practices Section

1) What percentage of applicant's employees are hourly (versus salary)? (approx) _____%

2) Has the owner/operator had conducted an audit within the last 3 years to evaluate the classification of its employees' exempt or non-exempt status? **YES** **NO**

2A) If so, who conducted the audit and what was the outcome?

2B) Has the applicant been sued (or had a claim) in the last 3 years by an employee or former employee for alleged wage or hour violations?

3) Has the applicant been involved in any EEOC Representative Actions, Class Actions or any Multi-Party matters (three or more plaintiffs) over the past three years? **YES** **NO**

If yes, please list the case number, caption, and jurisdiction?

Is the insured subject to any Administrative/EEOC Orders, Judgments, or Decrees relating to Employment-Related claim?

YES **NO** (if YES to either question, please explain)

4) With respect to new hires, is an I-9 Form completed within the required time limit? **YES** **NO**

5) Are valid, current I-9 Forms maintained along with a copy of the supporting documentation? **YES** **NO**

6) Do you sponsor employees for temporary or permanent visa status? **YES** **NO**

7) Has applicant ever been audited or fined with respect to any immigration issues? **YES** **NO**

Signature: _____

Print Name: _____ **Date:** _____