

EPLI PREFERRED APPLICATION

THIS IS A PROPOSAL FORM FOR A POLICY RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE CURRENCY OF THE POLICY

Section One - Applicant

1) Name of Organization _____

Address _____

(City)

(State)

(Zip Code)

2) NAS Helpline Contacts (Please provide 2 contacts):

(Name)	(Title)	(Phone)	(Fax)	(Email)
(Name)	(Title)	(Phone)	(Fax)	(Email)

3) Organization's Legal Structure: Corporation: _____ Partnership: _____ LLC: _____

Other (Describe): _____

4) Subsidiaries to be included? (If yes, please attach a schedule) Yes No

5) Nature of operations: _____

6) Date operations commenced under current ownership: _____

7) Number of Employees:

Full Time: _____ Part Time: _____ Temporary/Seasonal: _____ Independent Contractor: _____
(Full time employee counts as 1 employee. Independent contractor counts as 2/3 an employee. Part time employee counts as 1/2 an employee. Seasonal and temporary employee counts as 1/3 an employee.)

8) Does the organization currently utilize an employee handbook? Yes No

9) Is the applicant compliant with all mandatory postings as required by law? Yes No
(If No, coverage cannot be bound until postings are in place)

10) Does the organization have an Employment Practices Liability Policy or coverage in force? Yes No
If YES, please indicate:

The Insurer: _____ Expiration Date: _____
Limit: _____ Deductible: _____ Premium: _____

For questions 11 through 15, if the answer is "YES", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "Yes" answers.

11) Has the Organization reduced staff (voluntary or involuntary) by more than 25% (excluding seasonal employees) in the last 24 months? Yes No

12) Does the organization anticipate closing any facilities, reducing any staff, or laying off any employees (excluding seasonal employees) during the next 24 months? Yes No

13) Has the Organization terminated any senior manager, officer or partner within the last 12 months? Yes No

14) Within the last five years, has the organization had any employment related claims/incidents (excluding Workers Compensation) or been named as a defendant or respondent in any regulatory actions involving a Federal, State or local EEO agency? Yes No

15) Is any director, officer, owner, member, partner, or supervisory employee of the organization aware of any fact, circumstance, or situation, which would indicate the probability of a claim for wrongful employment practice that may be brought against any proposed insured? Yes No

16) **Third Party Claims Exposure** (Please respond if coverage for third party claims is desired)

- a) Does the Applicant have direct contact with customers, clients or other third parties? Yes No
- b) Does the Applicant have written procedures for the handling of customer/client/third party relations? Yes No
 - i) Are these procedures included in the Employee Handbook? Yes No
 - ii) Do they include anti-discrimination and anti-sexual harassment policies? Yes No
 - ii) Do they include procedures for handling complaints of discrimination and sexual harassment by a customer/client/other third party? Yes No
- c) Is any person or entity proposed for this insurance aware of any wrongful acts, facts, incidents, or any circumstances which may result in claims being made against you? Yes No
- d) Within the last five years, has any person or entity proposed for Third Party claims coverage been the subject of or involved in any: litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry? Yes No

(Organizations with prior claims cannot be bound under the terms of this program. If you wish for an indication outside the program, then please submit full details regarding each and every claim/incident).

Section Two - Coverage Selection (Check options desired):

<u>COVERAGE</u>	<u>LIMIT</u>	<u>SIR</u>	<u>PREMIUM</u>
<input type="checkbox"/> EPLI	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$5,000	_____
<input type="checkbox"/> EPLI w/ 3 rd Party	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$10,000	_____
	<input type="checkbox"/> \$1,000,000		_____

Requested effective date (no backdating): _____

Section Three - Notice to the Applicant

- A. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The applicant agrees that after receipt of the completed application form, underwriters have five working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage

Signed: _____ Date: _____

Authorized signature of a Principal or Officer

Print Name: _____ Title: _____

(Must be signed and dated no more than 45 days prior to binding)