



Insurance



Plan Administrator:
1200 East Glen Avenue, Peoria Heights, IL 61616-5348
Questions: please call 800.622.0344

EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI) APPLICATION

| | | | |
|---|---------------------|---------|--|
| Your Name | | | Date |
| Company Name | | | |
| Address | | | |
| City | State (or Province) | Country | Zip |
| Phone Number () | Fax Number () | Email | |
| Date new coverage needs to be effective / / | | | For internal use only. Email address will never be sold or shared. |

DESCRIBE YOUR BUSINESS

Legal Entity Corporation Limited Liability Company Partnership Individual Other _____

Please provide a complete description of your business _____

Annual Sales/Receipts \$ _____ Year Business Purchased/Began _____ Federal Employer ID Number _____ (If applicable)

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? Yes No If Yes, please describe on separate page.

EMPLOYMENT PRACTICES LIABILITY INSURANCE

If you employ one or more employees, you are at risk for an Employment Practice Liability claim!

Examples of Employment Practices Liability claims include: Wrongful Termination, Sexual Harassment, Discrimination, etc.

Select your desired coverage amount: \$50K \$100K \$250K \$500K \$1M

Desired Effective Date / / Please provide the retroactive date of your expiring EPLI coverage / /

Have you maintained/purchased continuous EPLI coverage from the requested retroactive date until the present? Yes No

Please provide the name of your current EPLI coverage carrier: _____

Have you had a workforce reduction of greater than 25% within the past two years? Yes No

Do you anticipate a workforce reduction of greater than 25% in the next year? Yes No

Please provide your total number of employees, including temporary, part-time, leased, and independent contractors: _____

Do greater than 25% of your employees have a salary equal to or greater than \$100,000? Yes No

How many employment-related claims, administrative proceedings, EEOC action letters, or attorney letters have you experienced in the past three years? 0 1 2 More

Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error, or omission which might give rise to a claim that would fall within the scope of the proposed coverage? Yes No

Please indicate which of the following written employment-related policies are in place and are easily accessible for all employees to reference (select all that apply):

- Written employment application
- Employment at-will statement
- Employee handbook or HR policies/procedures
- None of the above

Please select all that apply to your operation:

- A written procedure for reporting and tracking claim and incident information is in place
- Regular written performance evaluations
- Requires all terminations to be reviewed by HR or Legal Counsel
- None of the above

APPLICATION FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or another person files an application containing materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties.

Duty of Disclosure: In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers. In this respect, you must provide all information relating to the risk whether favorable or not, which would influence the judgment of prudent insurer in determining whether they will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, insurers have the right to void the contract from its commencement, which may lead to claims not being met.

Signature _____ Date _____

PLEASE SIGN AND DATE IN INK

Please fax completed application to 866.817.9009 or mail to: 1200 E. Glen Ave., Peoria Heights, IL 61616
If you have any questions, please call 800.622.0344.

Administered by Pearl Insurance in all states except in CA (Lic. #0F76076) and AR (Lic. #1322).

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