



SIMPLIFIED EPL APPLICATION

Subject to receipt, review and acceptance of a complete underwriting submission prior to binding

1. Name of Insured: _____
2. Mailing Address: _____
3. Web Address (if available): _____
4. Year Organized: _____
5. No. of Employees: Full Time _____ Part Time _____
Temporary Independent Contractors _____
6. Within the past 5 years, has any administrative hearing / claim been made or is now pending against the organization? Yes No
7. Is any person aware of any fact or circumstance that may give rise to a claim under this policy?
Yes No If YES, explain:

8. Nature of Operations: _____

9. Has there been, or is there anticipated to be any reduction in staff in the past / next 12 months?
Yes No If YES, explain:

10. Number of employees making in excess of \$50,000: _____



Are you aware of changes to legislation which affect Employment Practices?

- ADA Amendments
- New workplace privacy laws
- WARN Law

Employment Practices Liability will provide your business with:

- Free helpline human resources services
- Affordable deductibles
- Sexual Harassment prevention training
- Reasonably priced premiums to protect your business
- Expert defense counsel
- **PEACE OF MIND**

General Liability **WILL NOT** protect you and your business from an EPL claim!