



SMALL BUSINESS EMPLOYMENT PRACTICES LIABILITY QUESTIONNAIRE



YOUR INDUSTRY

Construction and Repair Services – Health Care Medical – Automotive – Energy – Hospitality – Legal Professionals – Habitational – Rental – Sports – Chemical Users - Cleaning Services – Transportation – Garage – Recreation – Restaurant / Bar – Domestic Service (Etc.) - Health Services / Non-Medical – Property Managers – Architects / Engineers – Misc Professionals – Real Estate Professionals – Insurance Professionals – Accounting Professionals

Do these statements accurately describe your firm? Yes No (If “NO”, Please **STOP** and complete the **Standard Application**.)

- Your firm has less than fifty (50) employees
- Your firm has less than \$2,000,000 of revenues
- Within the past five (5) years, your firm has not had any Employment Practices claims.

THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER SIC CODE: _____

General Information

Proposed Effective Date: _____

1. Insured's Name: _____ SS or FEIN #: _____

2. Insured's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Web Site: _____

Business Telephone Number: _____ Fax: _____

3. Physical Location of Business (if different): _____

4. Population within 50 miles: _____ County: _____

5. Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

6. Please list any other names the business is or has been known by: _____

7. Contact Person: _____ E-MAIL: _____

8. What is your license classification or business designation for your company? (per the listing above)

9. Is this a new business? Yes No If no, how many years have you been in business? _____

What year was your business established? _____



10. How many years of experience do you have? _____

11. Applicant is: Individual Corporation Partnership Joint Venture Other (describe):

12. Total Number of Employees: # _____ Full-Time: # _____ Part-Time: # _____
 Independent Contractors # _____

13. A How many employees are in your firm? _____

B Annual revenue from the most recently completed fiscal year: _____

C Are there any employees located in California, Florida, Louisiana or outside the United States?
 Yes No

D Within the last five years, has any employment related, or third party discrimination, or third party harassment inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance or any person proposed for insurance in the capacity of either director, officer, member (if an LLC), or employee of any entity proposed for insurance ? Yes No

14. Provide the following information about your firm's insurance:

	Insurance Company	Policy Period	Limits	Deductible
Professional Liability				
General Liability				
Business Auto				

15. Claims Awareness

- During the past five (5) years, have any claims or suits been made against the applicant or any principal, partner, officer, director, member, employee or other proposed Insured that could or would be covered under this policy? Yes No
- Is any owner, principal, partner, officer, director, member, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the proposed insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? Yes No



If "Yes" to any questions, please provide details'

II. UNDERWRITING INFORMATION

- 1. Year established: _____
- 2. Do more than 30% of all employees currently earn more than \$100,000? Yes No
- 3 a) Is the applicant a subsidiary of another organization? Yes No
- b) Is the applicant a franchisee of another organization? Yes No
- c) Name of parent and/or franchisor and location: _____
- 4. Does the applicant want any subsidiary(ies)/affiliate(s) covered? If yes include employees in employee count above and provide. Yes No
- a) Name of subsidiary(ies)/affiliate(s): _____
- b) Is the subsidiary(ies)/affiliate(s) at least 50% owned by the applicant? Yes NO
- c) Does the subsidiary(ies)/affiliate(s) fall within the same class of business as the applicant?
 Yes NO
- 5. Expiring Policy.
 Retroactive Date _____ Carrier _____
 Limits _____ Retention _____ Premium _____

III. WRITTEN EMPLOYMENT GUIDELINES

- Applicant currently has a written email/internet policy in place **OR**
- Applicant agrees to implement a written email/internet policy within 60 days of the effective date of coverage **OR**
- Applicant does not have a written email/internet policy in place and will not implement such policy.

The written employment policies below are required to obtain coverage. By checking the boxes below and signing this application, the applicant agrees they either have or will implement and maintain the policies below within sixty (60) days of the effective date of coverage.

- Applicant currently has a written anti-discrimination policy in place **OR**
- Applicant agrees to implement a written anti-discrimination policy within 60 days of the effective date of coverage **OR**



Applicant does not have a written anti-discrimination policy in place and will not implement such policy.

Applicant currently has a written anti-harassment policy in place **OR**

Applicant agrees to implement a written anti-harassment policy within 60 days of the effective date of coverage **OR**

Applicant does not have a written anti-harassment policy in place and will not implement such policy.

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurers decision to provide the requested insurance and is relied on by the Insurer in providing such insurance The signer of this application represents that the information provided in this Application is true and correct in all matters The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage which render the information provided herein untrue incorrect or inaccurate in any way will be reported to the Insurer immediately in writing The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged based on the Insurer's underwriting guides The Insurer is hereby authorized but not required to make any investigation and inquiry in connection with the information statements and disclosures provided in this Application The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not stop the Insurer from relying on any statement in this Application in the event the Policy is issued It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title _____ Date _____