



Employment Practices Liability Insurance (EPLI)

Please complete the following information:

1. Name of Firm:

2. Address:

City/State/Zip:

3. Type of Business:

Individual ___ Joint Venture ___ Partnership ___ Corporation ___

4. Does Applicant anticipate any changes in ownership or company structure within the next twelve months?

Yes ___ No ___

If "Yes", Please Provide Details:

Limit of Insurance Requested: \$1,000,000 ___ \$500,000 ___

Deductible: \$5000 ___ \$25,000 ___

5. Employees: Please provide current number of employees by state/country. (If additional space is needed attach a separate sheet.)

	State	Part Time	Full Time	Independent Contractors
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a) _____

b) _____

c) _____

6. Who is responsible for Personnel/Human Resource functions and ADA compliance?

HR Department ___ Senior Management ___ Outsourced ___ None ___

7. Do you have an employee Handbook or Manual?(If "No" skip to #8) Yes___ No___
- a. Has the handbook been reviewed by an attorney? Yes___ No___
- b. Is the handbook issued to all employees, with written acknowledgement of receipt?
Yes___ No___
- c. Do changes to the handbook require the employees written acknowledgement of receipt?
Yes___ No___
- d. Does the handbook address:
- Sexual harassment? Yes___ No___
- Discrimination? Yes___ No___
- Termination grounds and procedures? Yes___ No___
- e. Does the handbook contain a disclaimer stating that it is not an employment contract?
Yes___ No___
- f. Does the handbook contain procedures for probationary periods?
Yes___ No___
8. Do you use a standardized employment application form? (If "No" skip to #9) Yes___ No___
- a. Has application been reviewed by an attorney? Yes___ No___
- b. Does application contain an "employment at will" statement? Yes___ No___
- c. Do you require applicants signature on application? Yes___ No___
9. Do you maintain written records of all disciplinary actions? Yes___ No___
10. Do you provide regular written performance evaluations for all employees? Yes___ No___
11. Are all employee files maintained in a secure place? Yes___ No___
12. Are you in compliance with the Americans with Disabilities Act? Yes___ No___
13. Are all employees provided a written procedure as to filing complaints for employment related matters?
Yes___ No___
14. Indicate the annual turnover rate for the last three years:
Last Year: _____ 2 Yrs Prior: _____ 3 Yrs Prior: _____
15. Are all federal/state mandated posters conspicuously displayed?
Yes___ No___
16. Are there any known circumstances or incidents which may result in an employment or
ADA related claim being made against the applicant? Yes___ No___
17. Have any employment or ADA related claims or incidents been made against the applicant or
any of its past or present personnel or prior owners within the past 5 years? Yes___ No___
18. Has any policy or application for employment practices liability insurance on behalf of the applicant or
any of its past or present owners, officers, partners or employees or solicitors ever been declined,
canceled or renewal refused within the last 5 years? Yes___ No___

19. Please provide an explanation and details of any "Yes" answer for Questions #16 thru #18 below or attach a separate sheet:

20. Does the applicant currently carry Employment Practices Liability Insurance? If yes, please complete the following:

Current Carrier: _____

Effective Dates: _____

Limits: _____

Deductible: _____

Premium: _____

Workers Comp Carrier: _____

Expiration Date: _____

Package Carrier: _____

Expiration Date: _____

21. Prior knowledge

Please complete the following paragraph:

Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission which he or she has reason to believe might give rise to a future claim that would fall within the scope of the proposed coverage? Yes _____ No _____ If yes, please explain:

It is agreed that if such fact or circumstance or actual or alleged act, error or omission exists, whether or not disclosed, any claim arising there from is excluded from this proposed coverage.

False Information

FRAUD WARNINGS

AR Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the insurance company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC It is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL Any person who knowingly and with intent to injure, defraud, or deceive any Insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil and criminal penalties.

NY Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK Any person who knowingly, and with intent to injure, defraud or deceive any Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such persons to criminal and civil penalties.

UT Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

VA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

Declarations and Signature

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The signing of this application does not bind the Underwriter, the Applicant or its proposed Insured Persons to effect insurance. The undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Underwriter is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

The undersigned, on behalf of all proposed Insured Persons, agrees that if the information in the declarations and representations contained in this application and its attachments materially changes between the date of this application and the inception of the proposed coverage, the undersigned will immediately report in writing to the Underwriter such change, and the Underwriter may withdraw or modify any outstanding quotations or agreements to bind coverage. The undersigned acknowledges and agrees that the Underwriter's receipt of such written report, prior to inception of the proposed coverage, is a condition precedent to coverage.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____

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