



McGOWAN RISK SPECIALISTS

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APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD" AND REPORTED TO THE COMPANY DURING THE "POLICY PERIOD" OR WITHIN SIXTY DAYS AFTER THE EXPIRATION OF THE "POLICY PERIOD", UNLESS THE EXTENDED REPORTING PERIOD IS EXERCISED. THE LIMITS OF LIABILITY SHALL BE REDUCED BY "CLAIM EXPENSES" AND "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE, UNLESS THE POLICY IS AMENDED BY ENDORSEMENT. PLEASE READ THE POLICY CAREFULLY.

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

1. Full name of Applicant: _____

2. Principal business premise address: _____

(Street)

(County)

(City)

(State)

(Zip)

3. Full description of business operations: _____

4. Is more than 40% of the Applicant's revenue from the sale of alcoholic beverages? Yes No

5. Date organized (MM/DD/YYYY): _____

6. Business is a: corporation partnership sole proprietorship other _____

7. If Applicant is a subsidiary, name of parent company: _____

8. Does the Applicant have any subsidiaries or affiliated companies? Yes No

If Yes, provide the following for each subsidiary and affiliated company.

Name	Description of Operations	% of Ownership by Applicant or Affiliate	Date Acquired, Created or Affiliated	Domicile State

II. EMPLOYEES

1. For all Applicants, provide the following information for all locations within each state. Attach a separate schedule if necessary.

State	Full Time Employees, Directors, Officers and Partners	Part Time Employees, Directors, Officers and Partners	Independent Contractors Total Number	Seasonal Total Number	Volunteers Total Number

2. Provide the total number of employees:

(a) Involuntarily terminated during the last twelve (12) months: _____

(b) Voluntarily terminated during the last twelve (12) months: _____

3. Has any insurer declined, cancelled or non-renewed any Employment Practice Liability Insurance Policy or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance? (Missouri Applicants need not reply.) Yes No

If Yes, provide details. _____

4. During the last three years has any Applicant been involved in, or are they presently considering or contemplating:

- (a) Any merger, consolidation or acquisition? Yes No
- (b) Any layoffs, staff reductions, early retirements or office or plant closings? Yes No
- (c) Opening any new locations or forming any new companies? Yes No

If Yes, to any of the above, provide details. _____

- 5. Do all Applicants prominently display all of the proper notification posters required by the EEOC? Yes No
- 6. Do all Applicants have a full-time human resource manager or department? Yes No
- 7. Do all Applicants have a written:
 - (a) Policy prohibiting discrimination? Yes No
 - (b) Policy prohibiting sexual harassment? Yes No
 - (c) Employee handbook? Yes No

III. LOSS HISTORY

- 1. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any claim, such as would fall under the proposed insurance? Yes No
If Yes, provide details. _____

- 2. During the last five years, have there been any claims, demands or charges filed with the EEOC or state agency or any lawsuit against any Applicant at any location, whether filed by current employees, terminated employees or employees not hired? Yes No

If Yes, provide the following information. **For each charge, attach a copy of the charges, the Applicant's response and the dismissal or status.**

Date of claim, demand, charge or law suit	Claimant	Primary Allegation	Losses Paid	Losses Reserved	Legal Expense Paid	Legal Expense Reserved

IV. FINANCIAL INFORMATION

- 1. Presently, do current liabilities exceed current assets for any Applicant? Yes No
If Yes, provide a copy the Applicant's annual report or audited financial statements for the last two years.
- 2. Has any Applicant been the subject of any bankruptcy proceeding or legal or financial reorganization in the last two years or are they considering or contemplating such action? Yes No

V. THIRD PARTY DISCRIMINATION LIABILITY COVERAGE (to be completed if applying for this coverage)

Note: Not all business classes are eligible for Third Party Discrimination Liability Coverage.

- 1. Do all Applicants have policies or procedures for dealing with the general public, customers, clients, patrons, visitors, or other third parties involving harassment and/or discrimination? Yes No
- 2. Has (have) any judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance involving third party discrimination and/or harassment? Yes No

If Yes, provide details.

- 3. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any third party discrimination claim? Yes No
If Yes, provide details.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The Company is authorized to make any inquiry in connection with this application.

Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is considered physically attached to and part of the policy if issued. The Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company; who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

Notice to Applicants: 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 the person to criminal and civil penalties.