

# **HOUSTON CASUALTY COMPANIES**

# FRANCHISE PROGRAM EMPLOYMENT PRACTICES LIABILITY INSURANCE NEW BUSINESS APPLICATION

Key Contact Name:	Address:				State:	Zip Cod	de:
Applicant is a (check one): O Corporation O Partnership O Sole Proprietorship O Other (describe):    Principal Products/Services: Number of employees in office:   LOCATION AND EMPLOYEE INFORMATION. Please complete the schedule on the back of this application LOSS HISTORY. Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Attach additiona sheets if more space is needed. Note: If no claims, check here: O    Date of Claim   Claimant   Nature of Defense   Indemnity   Reserve   Current Amount   Amount   Amount   Status	Key Contact Na	me:	Phor	ne: <u>( )</u>	Fax: <u>()</u>		_
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<ul> <li>An Exit Interview Form that is utilized with all terminations?</li> <li>Utilize an employment application and at-will provision?</li> <li>Does your organization anticipate any of the following in the next twelve (12) months?  (If yes to any question please explain)</li> <li>Selling or closing any locations or operations? How many</li></ul>					s DOCUMENTED?		
Oyes your organization anticipate any of the following in the next twelve (12) months?  (If yes to any question please explain)  Selling or closing any locations or operations? How manyOyes ONO  Acquiring or opening any new locations or operations? How manyOyes ONO  REQUESTED LIMIT OPTIONS: Single Limit Option: O\$250,000 O\$500,000 O\$1,000,000  Aggregate Limit Option: O\$250,000 O\$500,000 O\$1,000,000 O\$2,000,000 O\$3,000,000  (\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit option)  Do you currently have EPLI coverage in force? Yes_No. If yes, indicate the Insurer  Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. ersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be recovered by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant he/she is aware that legal defense that are incurred shall be applied against the retention amount.  Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date cay, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and in the proper of the application and will be attached and in the proper of the application and will be attached and in the proper of the application and will be attached and in the proper of the application and will be attached and in the application shall be the basis of insurance and will be attached and in the application shall be the basis of insurance and will be attached and in the application shall be the basis of insurance and will be attached and in the							
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# EMPLOYMENT PRACTICES LIABILITY INSURANCE LOCATION AND EMPLOYEE INFORMATION SCHEDULE

#### **INSTRUCTIONS:**

List all franchise locations to be covered by the policy for which you are applying. This form must be dated and signed by the same individual who signs the application.

			EMPLOYEES		
	FRANCHISE TYPE	ADDRESS	FULL TIME	PART TIME	
1.	O Full Store				
	O Non-Standard Unit				
2.	<ul><li>Full Store</li></ul>				
	O Non-Standard Unit				
	2 5 1101				
3.	<ul><li>Full Store</li><li>Non-Standard Unit</li></ul>				
	O Non-Standard Unit				
4.	O Full Store				
٦.	O Non-Standard Unit				
5.	O Full Store				
	<ul> <li>Non-Standard Unit</li> </ul>				
6.	O Full Store				
	O Non-Standard Unit				
7.	O Full Store				
7.	O Non-Standard Unit				
	O Non-Standard Offic				
8.	O Full Store				
	O Non-Standard Unit				
9.	O Full Store				
	O Non-Standard Unit				
40	O Full Store				
10.	<ul><li>Full Store</li><li>Non-Standard Unit</li></ul>				
	- Non-Standard Unit				
	1		1		
		TOTAL			
		TOTAL		-	
Lund	erstand the information	on this form will become part of my organization's Employment	Practices Liabili	ity Application	
		epresentations and conditions.	i ractices Liabili	Ty Application	
and i	o dabject to the danie it	pprocentations and conditions.			
	Date	Applicant's Authorized Signature	Title		



## **HOUSTON CASUALTY COMPANIES**

EMPLOYMENT PRACTICES LIABILITY INSURANCE
THIRD PARTY DISCRIMINATION AND SEXUAL HARASSMENT COVERAGE
SUPPLEMENTAL APPLICATION

## **INSTRUCTIONS**

1.	Do you have written procedures for handling comp sexual harassment from a "person" other than an "off Yes, are all complaints recorded?		O Yes	O No
2.	Have you received any complaints alleging discrim other than an "employee" in the past five (5) years?		arassmer	nt from a "person"
	If Yes, provide the total number of complaints recei	ved	O Yes	O No
	Please provide details on a separate sheet inclu	uding any amounts paid or reserved	l.	
3.	Are your facilities designed to accommodate the di the Americans with Disabilities Act (ADA) law?	sabled in compliance with	O Yes	O No
	If Yes, do you anticipate that your facilities will be in Law for the next twelve (12) months?	n compliance with the ADA	O Yes	O No
	If No, to either question, please provide an expl	anation on a separate sheet.		
4.	Do you provide training to your employees regarding harassment of a "person" other than an "employee' If Yes, is the training part of a formalized course? Is training compulsory?		xual O Yes O Yes O Yes	O No
	If Yes, please provide details on a separate she stating whether or not they will continue to be u		plemen	ted, clearly
inform	sent after full investigation and inquiry that the ation on this form will become a part of my orget to the same representations and conditions.			
	Applicant's Signature	Date		