



HOUSTON CASUALTY COMPANIES
FRANCHISE PROGRAM
EMPLOYMENT PRACTICES LIABILITY INSURANCE
NEW BUSINESS APPLICATION

1. Name of Applicant: _____
Business Entity Name: _____
Address: _____ State: _____ Zip Code: _____
Key Contact Name: _____ Phone: () _____ Fax: () _____
Applicant is a (check one): ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other (describe): _____
Principal Products/Services: _____ Number of employees in office: _____

2. **LOCATION AND EMPLOYEE INFORMATION.** Please complete the schedule on the back of this application

3. **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 additional sheets if more space is needed. **Note: If no claims, check here:** ☐

Date of Claim	Claimant Name	Nature of Claim	Defense Amount	Indemnity Amount	Reserve Amount	Current Status

- 3a. Are you aware of any facts, incidents, or circumstances which may result in a claim against you? ☐ Yes ☐ No
If "YES" please provide details on a separate sheet. **QUESTIONS 3 AND 3a. MUST BE ANSWERED**

4. **HUMAN RESOURCES PROCEDURES** Have you formally adopted and implemented:

- An Equal Opportunity, Non-Discrimination and Anti-Sexual Harassment Policy? ☐ Yes ☐ No
- A Zero Tolerance Program as to Discrimination and Harassment that includes a protocol for responding to complaints? ☐ Yes ☐ No
- An Orientation Program for all employees to communicate that is DOCUMENTED? ☐ Yes ☐ No
- A regular Management Workplace Behavior Training Program that is DOCUMENTED? ☐ Yes ☐ No
- An Open Door Policy and Internal Complaint Program? ☐ Yes ☐ No
- An Exit Interview Form that is utilized with all terminations? ☐ Yes ☐ No
- Utilize an employment application and at-will provision? ☐ Yes ☐ No

Does 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 many _____ ☐ Yes ☐ No
- Acquiring or opening any new locations or operations? How many _____ ☐ Yes ☐ No

5. **REQUESTED LIMIT OPTIONS :**

Single Limit Option: ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Aggregate Limit Option: ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000

(\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit option)

6. Do you currently have EPLI coverage in force? Yes No. If yes, indicate the Insurer _____

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

Date

Applicant's Authorized Signature

Title

**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.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
2.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
3.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
4.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
5.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
6.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
7.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
8.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
9.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			
10.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit			

TOTAL

I understand the information on this form will become part of my organization's Employment Practices Liability Application and is subject to the same representations 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 complaints of discrimination and sexual harassment from a "person" other than an "employee"? ☐ Yes ☐ No
If Yes, are all complaints recorded?
2. Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a "person" other than an "employee" in the past five (5) years? ☐ Yes ☐ No
If Yes, provide the total number of complaints received. _____

Please provide details on a separate sheet including any amounts paid or reserved.

3. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law? ☐ Yes ☐ No
If Yes, do you anticipate that your facilities will be in compliance with the ADA Law for the next twelve (12) months? ☐ Yes ☐ No

If No, to either question, please provide an explanation on a separate sheet.

4. Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a "person" other than an "employee"? ☐ Yes ☐ No
If Yes, is the training part of a formalized course? ☐ Yes ☐ No
Is training compulsory? ☐ Yes ☐ No

If Yes, please provide details on a separate sheet of the controls that you have implemented, clearly stating whether or not they will continue to be used in the future.

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature

Date