



JWC EPLI APPLICATION

1. Name of Organization: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____

2. Person to receive all notices on behalf of the Insured:

Name: _____ Title: _____

Email Address: _____

3. Do you have more than one location? ___ Yes ___ No

If yes, attach a list of all locations, including the address and the number of employees at each site.

4. Is the applicant a subsidiary of another Organization? ___ Yes ___ No

Name of Parent: _____

Location: _____

5. Description of Operations: _____

6. Total number of employees. Current Prior Anticipated next 12 months

12 months 12 months (If operating less than 3 years)

Full Time: _____

Part Time: _____

Temporary/Seasonal: _____

Independent Contractors: _____

Leased: _____

7. How many employees have been involuntarily terminated in the past:

12 months? _____

24 months? _____

8. Number of years in operation? _____



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If less than 3 years, provide description of experience of owners and senior management.

9. Has the Organization closed, downsized, laid off, reduced staff, sold, merged or acquired any company in the past 12 months? ___ Yes ___ No

Does the organization anticipate doing so in the next 12 months? ___ Yes ___ No

If yes to either, please attach details.

10. Percentage of employees with total compensation including salaries, bonuses and commissions over \$75,000 _____%

11. Does the Organization currently carry Employment Practices Liability Insurance? ___ Yes ___ No

If yes, provide the following:

Name of Insurer Limits Policy Period Deductible/Retention Premium Retroactive date

12. Does the Organization want any subsidiary(s) covered? ___ Yes ___ No

If yes, provide name(s), nature of operation, number of employees and percentage of ownership the organization has in the subsidiary.

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY THE CHAIRPERSON OR PRESIDENT OF APPLICANT.

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

Defense Costs shall be applied against the retention.

13. Within the last 5 years has any employment related, or third party discrimination, or third party sexual harassment: inquiry, complaint, notice of hearing, claim or suit been made against the Organization or any person proposed for Insurance in the capacity of either Director, Officer or Employee of the Organization? ___ Yes ___ No

If "Yes," please complete a claim supplement for each claim.

14. Is any person proposed for this Insurance aware of any fact, circumstance or situation which may result in an employment claim or third party discrimination or third party sexual harassment claim against the Organization or any of its Directors, Officers or Employees? ___ Yes ___ No

If "Yes," please complete a claim supplement for each claim.

15. Do you have an Email/Internet Policy currently in place? ___ Yes ___ No

EMAIL TO : SHAWN@JWCINSURANCE.COM

FAX 949 916 5275



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If no, are you willing to implement one? (Sample can be provided by the Company)

Yes No

A premium credit will be applied for having, or agreeing to implement, an Email/Internet Policy.

Please submit a copy of current or newly implemented policy within 21 days after the inception date of this insurance.

Mandatory Written Employment Policies. Please identify policies Applicant has in place:

Anti-Harassment Policy Yes No

Anti-Discrimination Policy Yes No

Please forward copies of the policies identified above along with this signed and dated application. If you do not have these written policies in place, the Company will provide you with sample policies at the time of binding this insurance. As a condition precedent to issuance of the Policy for Insurance, the Applicant agrees:

1) to implement and distribute to each employee the Mandatory Anti-Harassment and Anti-Discrimination Policies which are currently not in place as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive these policies within 21 days after the inception date of this insurance will result in rescission of the binder for this insurance.

2) to adopt and distribute to each employee all changes required by the Company to the Applicant's Written Policies, as soon as possible, but no later than 21 days after receipt of notice of the changes required by the Company.

Recommended Written Employment Policies. Please identify policies Applicant has in place:

Employment Application Yes No

If applicant has an Employment Application, a copy must be forwarded for review by the Company as soon as possible, but no later than 21 days after the inception date of this insurance. Failure of the Company to receive this application within 21 days after the inception date of this insurance will result in rescission of the binder for this insurance.

Employee Handbook Yes No

Contains Employment-At-Will Statement? Yes No

Contains statement that Handbook is not a contract of employment? Yes No

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Fraud Statement: 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.

This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration of this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker

Address _____

Agent or Broker License
number _____

Mail completed Application through local Agent or Broker to:

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The

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Company 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 Company not to make or to limit any investigation or inquiry shall not be deemed

a waiver of any rights by the Company and shall not estop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature: _____
(Chairperson of the Board or President)

Name: _____

Title: _____
Date: _____