Houston Casualty Companies

FRANCHISE PROGRAM EPL INSURANCE RENEWAL APPLCATION Employment Practices Liability Claims-Made Coverage

NOTICE: THIS INSURANCE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE COSTS, CHARGES AND EXPENSES. FURTHER NOTE THAT SUCH DEFENSE COSTS, CHARGES AND EXPENSES SHALL BE APPLIED AGAINST THE APPLICABLE DEDUCTIBLE(S)/RETENTION(S).

This application must be dated and signed by one of the organization's principals, partners or officers. IT IS IMPORTANT THAT THIS INDIVIDUAL READ SECTION IV. IMPORTANT NOTICES AND SECTION V. APPLICANT'S REPRESENTATIONS AND SIGNATURE OF THIS APPLICATION CAREFULLY.

SECTION I GENERAL INFORMATION

Contact Person: (Name)	Addiess					
Telephone:	City:		Si	tate:	Zip Code	
Contact Email Address: Form of organization: O Corporation O Partnership O Individual O Joint Venture O Other Name of franchise/hotel HCC/USI EPLI Policy Number Expiration Date: NUMBER OF EMPLOYEES: TOTAL: Expiration Date:	Contact Perso	on: (Name)		(Title)		
Form of organization: O Corporation O Partnership O Individual O Joint Venture O Other	Telephone:		Fax	Fax:		
Name of franchise/hotel HCC/USI EPLI Policy Number	Contact Emai	l Address:				
NUMBER OF EMPLOYEES: TOTAL: FULL TIME	Form of orgar	nization: O Co	rporation O Partnershi	p O Individual O Join	t Venture O Other	
MPORTANT: Please complete Location and Employee Information Schedule SECTION II HUMAN RESOURCES PROCEDURES: Have you formally adopted and implemented: An Equal Opportunity, Non-Discrimination and Anti-Sexual Harassment Policy? Utilize an employment application? At will provision? A Zero Tolerance Program as to discrimination and harassment that includes a procedure for responding to the complaints? An new employee orientation program? Regular management workplace behavior training program? An open door policy and internal complaint program? Conduct exit interviews on all terminations/resignations and documented? Utilize an employment application and at-will provision? Are your facilities designed to accommodate the disabled in compliance with	Name of franc	chise/hotel				
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SECTION III 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) SECTION IV: BUSINESS OPERATIONS Does your organization anticipate any of the following in the next twelve (12) months? (If yes to any question please explain) O Yes O No Selling or closing any locations or operations? O Yes O No Acquiring or opening any new locations or operations? O Yes O No Will there be an Increase/decrease in the number of "employees" by more than 20%? **SECTION V: IMPORTANT NOTICES** 1. If the inception date of the policy period is more than thirty (30) days after the date of this application, a signed declaration that statements and information provided in this application have not changed or a new signed and dated application will be required. 2. If you are signing this application, note the following: NOTICE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILT OF A CRIME, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS. SECTION IV: APPLICANT'S REPRESENTATIONS AND SIGNATURE A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete. The Applicant further represents that if the information supplied on this application changes between the date of the B. Application and the inception date of the policy period, the Applicant will immediately notify the Insurer of such change, and the Insurer may modify or withdraw any outstanding quotation. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this C. Application shall be the basis of the insurance and will be attached to and made part of the policy should a policy be issued. Applicant's Authorized Signature of a Principal, Partner or Officer.

Title:

Producing Broker:_____ License No.:_____

Printed Name:

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.	Full StoreNon-Standard Unit						
	O Non-Standard Unit						
2.	O Full Store						
	O Non-Standard Unit						
3.	O Full Store						
	O Non-Standard Unit						
4.	O Full Store						
	O Non-Standard Unit						
5.	O Full Store						
	O Non-Standard Unit						
6.	O Full Store						
	O Non-Standard Unit						
7.	O Full Store						
	O Non-Standard Unit						
8.	Full Store						
	O Non-Standard Unit						
9.	O Full Store						
	O Non-Standard Unit						
10.	O Full Store						
	O 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				