Houston Casualty Companies
FRANCHISE PROGRAM EPL INSURANCE

NEW BUSINESS 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

NAME OF APPLICANT ORGANIZATION:_____

Address:_____
City:_____State:_____Zip Code_____

Contact Person: (Name)_____(Title)_____

Telephone:_____Fax:_____

Form of organization: ❍ Corporation ❍ Partnership ❍ Individual ❍ Joint Venture ❍ Other _____

Name of franchise _____

Franchisor Name:_____

NUMBER OF EMPLOYEES: TOTAL:_____

FULL TIME	PART TIME	SEASONAL

IMPORTANT: 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? ❍ Yes ❍ No
- Utilize an employment application? ❍ Yes ❍ No
- At will provision? ❍ Yes ❍ No
- A Zero Tolerance Program as to discrimination and harassment that includes a procedure for responding to the complaints? ❍ Yes ❍ No
- An new employee orientation program? ❍ Yes ❍ No
- Regular management workplace behavior training program? ❍ Yes ❍ No
- An open door policy and internal complaint program? ❍ Yes ❍ No
- Conduct exit interviews on all terminations/resignations and documented? ❍ 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

SECTION III 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)

SECTION IV LOSS HISTORY SECTION

1. Within the last three (3) years, has the organization had any employment-related claims/"incidents" (excluding workers compensation) or been a named as a defendant or respondent in any regulatory actions involving a federal, state or local agency?
❍ Yes ❍ No

2. Is any director, officer, owner, member, partner or "management or supervisors" of the organization aware of any fact, circumstance or situation which may give rise to a claim for a wrongful employment practice that may be brought against any proposed Insured?
❍ Yes ❍ No

ANY YES ANSWER TO A CLAIM QUESTION MUST BE EXPLAINED IN DETAIL

SECTION V UNDERWRITING INFORMATION

1. A. Do you currently have an Employment Related Practices or Employment Practices Liability Insurance Policy or Coverage in force?
❍ Yes ❍ No

B. If Yes, indicate the insurer: _____,
the expiration date: _____, and limits $_____

SECTION VI: 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 VI: 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.

B. The Applicant further represents that if the information supplied on this application changes between the date of the 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.

C. Signing of this Application does not bind the Insurer to offer nor the Applicant to accept insurance, but it is agreed that this 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.
Printed Name:_____ **Title:**_____

Signature:_____**Date:**_____

Producing Broker:_____ **License No.:**_____

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.

	FRANCHISE TYPE	ADDRESS	EMPLOYEES FULL TIME	EMPLOYEES PART TIME
1.	❍ Full Store ❍ Non-Standard Unit			
2.	❍ Full Store ❍ Non-Standard Unit			
3.	❍ Full Store ❍ Non-Standard Unit			
4.	❍ Full Store ❍ Non-Standard Unit			
5.	❍ Full Store ❍ Non-Standard Unit			
6.	❍ Full Store ❍ Non-Standard Unit			
7.	❍ Full Store ❍ Non-Standard Unit			
8.	❍ Full Store ❍ Non-Standard Unit			
9.	❍ Full Store ❍ Non-Standard Unit			
10.	❍ Full Store ❍ 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. This form is to be completed if you are seeking to add Third Party Discrimination and Sexual Harassment Coverage to your Employment Practices Liability Policy. This form must be dated and signed by the same individual who signs the application.

2. For the purpose of this supplemental application the term “person” means an individual who is an existing or former customer, vendor or a client of the Named Insured.

INFORMATION

1. Applicant Name:____ _____

2. 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?

3. 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?

   If Yes, provide the total number of complaints received. _____ ❍ Yes ❍ No

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

4. 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.

5. 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