



INSENTIAL HOSPITALITY INSURANCE PROGRAM

EMPLOYMENT PRACTICES SHORT- FORM APPLICATION

Employment Practices Liability coverage provides essential protection against claims arising out of harassment, discrimination or wrongful termination made by employees, past employees or by applicants for employment. You will not be covered for claims involving these disputes under other policies such as Business Package, General Liability, Property, Automobile Liability, Workers Compensation and Excess Liability

I. General Information

- A. Name and address of applicant: Zip Code:
B. Sole Proprietor, Corporation, Partnership, Joint Venture, Franchise, Other (Please specify)
C. Details of Current Insurance:

II. Loss History

- A. Any past Employment Practices Liability-related claims, EEOC actions or litigation?
B. Has any Director, Officer, Manager, Supervisory Employee or Partner knowledge of any circumstances, at the date this Application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?

PLEASE PROVIDE A FULL DESCRIPTION OF ANY CIRCUMSTANCE ON A SEPARATE SHEET.

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in, this Section will be excluded from coverage

III. Employees

- A. Number of employees : Full Time : Part Time: Union Employees:
B. Number of Seasonal/Temporary Employees or Independent Contractors:
C. Are any employees related to the owners and/or management of the applicant? If so, number:

IV. Other Material Facts

- A. Please declare any Material Facts on a separate sheet: None See attached

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant acknowledges and agrees this Application is for indication purposes only and that any binding contract is subject to receipt, review and acceptance of the insurance carrier's full application.

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer or the Applicant to accept insurance.

It is agreed that this application, the carrier's full application and any attachments shall be the basis of the insurance being applied for and will be attached and made a part of the Policy should a policy be issued.

Date Applicant's Authorized Signature of a Principal Partner or Officer Title