U.S. Risk Pros
A DIVISION OF U.S. RISK, LLC

Dallas 800-232-5830
Santa Ana 800-856-7035

Employment Practices Liability
RENEWAL APPLICATION

This Policy is issued on a Claims Made Basis.

1. Name of Employer Applicant: ____________________

2. Address ____________________

3. City ______________ State______________ Zip Code ______________ Tel. ______________

4. Business of Employer Applicant: ____________________

5. Have there been any changes with respect to subsidiary operations or corporations included as additional insureds?

   Yes ☐ No ☐ (If yes, please attach full details.)

6. Have you acquired or merged with any companies or have you been acquired by another company in the last year? __ Yes ☐ No ☐

7. Have you made any changes in the employment application in the past year? Yes ☐ No ☐
   (If yes, please attach a copy.)

8. Have you made any revisions to the employee handbook/policies manual in the past year? Yes ☐ No ☐
   (If yes, please attach copy of changes.)

9. Please complete the following:

   For 12 months ending: ____________________

   Total Assets: $____________________ Revenues: $____________________

   Working Capital: $____________________ Net Income: $____________________

   Long Term Debt: $____________________

   Net Worth: $____________________

10. Race and Sex of work force for all entities proposed for insurance: ______%Male ______%Female ______%White

    _____% Black ______%Hispanic ______%Asian ______%American Indian _____%Other

11. A. Please complete the following Employee information reflecting the **total** number of employees by salary range:

Salary Range	Hired during past 12 months.	Voluntary Terminations Past 12 Months.	Involuntary Terminations during past 12 months.
0-25,000			
25,001-50,000			
50,001-100,000			
100,001-200,000			
200,001 +			

11. B.

Salary Range	Employed Currently Total
$0-25,000	
$25,001-50,000	
$50,001-100,000	
$100,001-200,000	
$200,001 +	

C. Number of employees leased: ______________________
(These should be included within question 11B)

D. Number of seasonal or part-time employees: ___________
(These should be included within question 11B)

E. Are any employees union members? Yes ☐ No ☐
How many? ____________

12. Does the Employer Applicant, or any of those subsidiaries included as additional insureds, anticipate any lay-offs or reduction in staff of 20% or more in the next 18 months? Yes ☐ No ☐ (If yes, provide explanation)

13. Does the Insured want to renew coverage as expiring? Yes ☐ No ☐
If other limits or deductibles required, please indicate Limit:__________________ Deductible:________________

14. Have all known claims, lawsuits, incidents and/or charges involving (wrongful) acts of discrimination or wrongful termination been reported to U. S. Risk, Inc. or Professional Claims Managers, Inc.? Yes ☐ No ☐ (If no, provide explanation)

15. None of the individuals or corporations proposed for insurance is aware of any Wrongful Act (or allegation thereof) which there is reason to believe might afford grounds for any future claim such as would fall within the scope of the proposed insurance, except as follows: (if none, so state)

____

____

The undersigned authorized Officer of the Employer Applicant declares that to the best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application does not bind the undersigned to effect Insurance the undersigned, on behalf of all individuals, partnerships and corporations proposed for insurance, agrees that this form and the said statements shall be the basis of the contract and that the Underwriters have relied on the correctness thereof, should a policy be issued and this application and any attachments shall attach to and become part of any such contract.

Arkansas Residents: 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 subjects such person to criminal and civil penalties.

Signed____

Capacity____

Corporation____

Date____

INDIVIDUAL CLAIM DATA REPORT

APPLICANT'S INSTRUCTIONS:

A. This form is to be completed by Applicant regarding any claim or suit during the past five (5) years or any facts, circumstances, acts, errors, or omissions of which applicant is aware which may give rise to a claim. COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE.
B. If additional "Individual Claim Data Reports" are required, please photocopy blank report.
C. If space is insufficient to answer any question fully, attach a separate sheet.
D. Answer all questions completely.

1. Full name of Applicant:

____

2. Full name of individual(s) involved or named in the claim:

____

3. Full name of Claimant:

____

4. Indicate whether: Claim/suit:_________________ Incident: _________________________

5. Date of alleged error:_________________________ Date of claim:_____________________

6. Additional defendant (if any):

____

7. IF CLOSED:

Total Loss Paid including Deductible: $____

Legal Expenses Paid: $_________________

8. IF PENDING:

Claimant's settlement demand $___________________ Loss reserves $______________

Defendant's offer of settlement $____________________ Loss paid to date $_________

Expense reserves $_______________ Expenses paid to date $_________________

Deductible $_____________________ Is claim in suit: Yes ☐ No ☐

If Yes, Amount asked in summons? $____

9. Name of Insurer (if any) :____

10. Description of claim: (Provide enough information to allow evaluation and use back of this page or separate exhibit if additional space is required.)

A. Alleged act, error or omission upon which claimant bases claim:

____

____

B. Description of the type and extent or injury or damage allegedly sustained:

____

____

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature of Applicant___________________________________ Date _______________________