



A Chubb Company

# EMPLOYMENT PRACTICES LIABILITY APPLICATION

## I. GENERAL APPLICANT INFORMATION

Applicant's Name

Location Address	City	State	Zip
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Mailing Address (if different than location)

Principal	E-mail Address
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## II. NATURE OF OPERATIONS

## III. EMPLOYEE COUNT

Full-time employees	Part-time	Temporary/Seasonal	Independent Contractors	Leased
How many employees are located in the following:	California	Florida	New York City	Outside the US

## IV. EMPLOYEE TURNOVER

Voluntary

Involuntary

<b>This Year</b>		
<b>Last Year</b>		

Has any entity proposed for insurance downsized, laid off or reduced staff in the past 12 months or anticipates doing so in the next 12 months? Yes  No

## V. UNDERWRITING INFORMATION

- Year established:
- Has any entity proposed for coverage closed, sold, merged or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes  No
- Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor of the Equal Opportunity Commission? Yes  No   
*(If "Yes," please complete an ACE Claim Supplement for each claim)*
- Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers? Yes  No   
*(If "Yes," please complete an ACE Claim Supplement for each claim)*
- Has any policy for Employment Practices Liability ever been cancelled or non-renewed? Yes  No
- Did the applicant have prior coverage? Yes  No

Carrier	Limits	Retention	Premium	Continuity Date
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**Applicant's Signature**

(Must be signed by the highest ranking official of the board)

Date (Mo./Day/Yr.)