

New Empire Group
EPLI Application



Over 100 Employees or Over \$25M Revenue

AGENCY INFORMATION

Agency _____ Name _____
Address _____ Phone _____ Fax _____
City _____ St _____ Zip _____ Email _____

GENERAL INFORMATION:

The Applicant to be named in Item 1. of the Declarations (the Named Insured):

Street Address (no P.O. Box): _____

City: _____ State: _____ Zip: _____

Telephone: _____

Website Address: _____

BACKGROUND INFORMATION:

Proposed effective date of coverage being applied for: _____

Officer designated to receive correspondence and notices from the Insurer:

Name: _____ Title: _____

Email: _____

Business Type: Corporation Partnership Sole Proprietorship LLC Other

Years in Business: _____

Nature of Business: _____

SIC Code: _____

of Locations _____

Foreign Parent: Yes No

State of Incorporation: _____

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Does the Applicant have any Subsidiaries for which coverage is requested? Yes No

If yes, please list and provide nature of business for each entity.

Do you currently carry employment practices liability? No

If yes, who is the current carrier? _____

Prior or pending date? _____

BACKGROUND INFORMATION:

Has the company had or are there plans to have any changes relating to mergers, consolidations, acquisitions, senior management changes or material changes in the nature of operations in the last 2 years?

Yes No

EMPLOYEE INFORMATION:

Provide the following information regarding all Employees of the Company:

Total number of Employees: _____

Full Time: _____

Part Time: _____

Seasonal: _____

Temporary: _____

Union: _____

Number of Employees in Texas ___%; California ___%; Michigan ___%
District of Columbia ___%; Florida ___%; New Jersey ___%

For the past two years, what has been the annual percentage rate of Employee turnover (including Directors and Officers) (all locations):

Current Year: _____%

Prior Year: _____%

EMPLOYMENT PRACTICE PROCEDURES:

Does the Company have a Human Resources or Personnel Department? Yes No

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If “No”, who performs the human resources functions? (Provide details on what personnel are involved in performing human resources functions.)

Does the Company use a uniform employment application for all applicants at all locations?

Yes No

If “No”, which applicants are not required to use one and how is the hiring process conducted?

Does the Company have a formal orientation program for all new Employees? Yes No

Does the Company regularly conduct sensitivity training or other discrimination or sexual harassment prevention education? Yes No

If “Yes”, who is required to attend and when was it last held? _____

Does the Company provide regular written performance evaluations for all Employees? Yes No

Does the Company use an “800” number, intranet or similar method for reporting of allegations of employment practices violations? Yes No

Does the Company publish a uniform employment handbook for all Company locations and subsidiaries? Yes No

If “Yes”, is it distributed to all Employees? Yes No

Does the company have a discrimination policy? Yes No

Does the company have an email policy? Yes No

Does the company have a termination protocol? Yes No

THIRD PARTY LIABILITY COVERAGE:

Do you want third party liability coverage? Yes No

What percentage of Employees have direct contact with customers, clients or the general public?

Yes No

Does the Company have policies or procedures outlining Employee conduct when interacting with customers, clients, the general public or other third parties? Yes No - If “Yes”, attach a copy.

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Has a customer, client or third party ever submitted a written complaint or brought a civil proceeding against a proposed Insured alleging harassment, discrimination, or civil rights violations? Yes No

If “Yes”, attach a summary of all such complaints or proceedings, describing the allegations, any determination, judgment or settlement amount, and any cost incurred for each.

CLAIM INFORMATION:

Has there been, or is there now pending, any Claim(s) against any proposed Insured relating to employment or labor matters? Yes No

If “Yes”, attach details for any Claim in which the total of defense costs, judgment, settlement and other costs exceeded, or is expected to exceed \$25,000.

Does any proposed Insured have knowledge or information of any act, error, omission, face, circumstance, inquiry or investigation which might give rise to a Claim under the proposed Policy? Yes No

LITIGATION INVOLVEMENT

Has any director or officer been involved in any litigation concerning any business venture, been the subject of disciplinary action by a regulatory agency, been required to comply with any judicial or administrative agreement, order, decree or judgement, been the subject of action where a license was revoked or suspended or been involved in any administrative proceedings before the Equal Opportunity Commission or the US Department of Labor? Yes No

Agent Signature _____	Date _____
Agent Name (Print) _____	
Insured Signature _____	Date _____
Insured Name (Print) _____	