

# Employment Practices Liability Application

**FAX IT BACK ⇨ 888-PLIT-FAX (754-8329)**

## Sexual Harassment

Individuals may allege that they were subjected to sexual harassment in the workplace.

## Discrimination

Current, former, or prospective employees may claim they were victims of illegal employment-related discrimination such as:

- pregnancy discrimination
- racial discrimination
- religious discrimination
- age discrimination
- disability discrimination

## Wrongful Termination

Employees may claim that they were terminated without just cause.

## Third Party Liability

Clients, vendors, and other third parties can allege discrimination or harassment.

## How You Can Protect Yourself?

For a coverage evaluation, fill out and fax back this application!

Practice Name: \_\_\_\_\_

Practice Contact Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

## Legal Structure

sole proprietor  partnership  corporation  LLC  other: \_\_\_\_\_

How many employees do you have? Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please provide your estimated assets: \$ \_\_\_\_\_



Have you completed any of the following in the past 18 months? Are you in the process or do you plan to complete any of the following during the next 12 months?		
<i>Please place an 'X' in the appropriate box.</i>	TRUE	FALSE
Over the next 12 months (or during the past 12 months) our Company <b>is not</b> contemplating any layoffs, staff reductions or facility closings that will affect more than 25% of the workforce.		
Our Company has written guidelines or procedures addressing discrimination, sexual harassment and employee complaints that are available to our employees.		
Our company is <b>not</b> a subsidiary or U.S. division of a foreign parent company.		
During the past 3 years, our Company had fewer than 3 EPL incidents, and the total amount paid or reserved on all litigation was less than \$50,000.		
If you answered false to any of the above, please fill in short details below the question or attach a brief explanation.		

A V M A



P L I T

Trust Broker and Administrator:



HUB International Midwest Limited  
HUB International Midwest Insurance Agency (CA)