

# KAH INSURANCE BROKERAGE, INC.

510 Broadhollow Road - Suite 210, Melville, NY 11747  
Phone 631-271-1721 Fax 631-271-1703 E-mail info@kahinsurance.com

## EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION

### General Information

Owner/Operator Name:			
Business Entity Name :			
Address :	City :	State :	Zip :
Owner/Operator e-mail :			
Phone :	Mobile Phone :		
Do you currently carry EPLI coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Premium:	Carrier:

### Location information

Freestanding Store Count	# _____
Non-Freestanding Store Count, i.e. Wal-Mart, Oil Alliance, Mall etc.	# _____

### Human Resources – Franchise Compliance with Franchisor HR guidelines

Do you follow the rules and procedures promulgated by the Franchisor regarding personnel and human resource policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Loss History

A. Have you had any past Employment Practices Liability claims (by employees, administrative agencies or Third Parties) in the past 5 years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
B. Have you had, or are there any pending Directors & Officers claims against you in the past 5 years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
C. Have you had, or are there any pending Directors & Officers claims against you in the past 5 years?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
D. Are you aware of any facts, incidents, or circumstances which may result in a claim against you?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

**\*If Yes to Questions A, B, C or D, please provide a full description of claims or circumstances on a separate sheet and include date, nature, dollar amount, and current status of the claims.**

Some examples of incidents or circumstances which may result in a claim are as follows:

*For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:*

- Making a formal complaint to a supervisory employee of discrimination, harassment or other unfair employment practices;
- Threatening to hire an attorney
- Asking for a severance package in excess of what is being offered,
- Complaining of discrimination harassment or unfair treatment and threatening to do something about it; or
- Frequent complaining of discrimination, harassment or unfair treatment.

## Wage and Hour Coverage

A. Have any lawsuits, class actions, administrative proceedings (including audits, investigations or reviews by the Department of Labor or similar state agencies including but not limited to the California Department of Industrial Relations), or any hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the last five (5) years alleging violations of any federal, state or local wage and hour laws or regulations in support thereof?  (If yes, please give full details on separate sheet)	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  # _____
B. Do you use a Payroll Service?	
C. How many employees are salaried and not eligible for overtime?	

## Directors and Officers Liability Coverage

Are you, or any employees of your organization plan to be a Director or Officer of any other organization or business during this policy period? If yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Fiduciary - Please note this policy excludes ESOP plans

Do you have a retirement, 401K, Defined Benefit, Welfare Benefit, or any other plan that qualifies for coverage? <b>If yes</b> , we will need you your Form 5500 forwarded to us with this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**NOTICE TO ALL APPLICANTS:** The policy for which this Application is made is a claims-made and reported policy subject to its terms. This policy applies only to any Claim first made against the Insured's during the Policy Period provided such Claim is reported in writing to the Insurer as soon as practicable but in no event later than 60 days after the expiration of the Policy Period or the last day of the optional extension period, if purchased. Amounts incurred as defense costs, charges and expenses shall reduce and may exhaust the Limit of Liability and are subject to the retentions. Please read the policy carefully. If you do not have a copy of the policy, please request it from your agent or broker.

The Applicant acknowledges and 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, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

**Owner/Operator Signature**

**Date**

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**Please ensure that additional information is attached where applicable and Return to :**

**KAH Insurance Brokerage, Inc.**

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