

EMPLOYMENT PRACTICES LIABILITY COVERAGE APPLICATION

Employment Practices Liability Insurance (EPLI) is now available through Healthcare Providers Insurance Exchange (HPIX). This EPLI coverage is provided on a "CLAIMS MADE" basis.

EPLI coverage provides essential protection against claims arising out of wrongful employment practices including wrongful termination. Generally, the insured are NOT COVERED for these kinds of claims under most package insurance policies, including from HPIX.

EPLI covers claims made by an employee, a former employee, or an applicant for employment, alleging discrimination, harassment, or inappropriate employment conduct, by the insured. The insured may also be eligible for Third Party coverage which covers claims made by an individual who is not the insured's employee, alleging discrimination or harassment, by the insured.

To receive a quote for EPLI coverage, please answer the following questions and send this form to your underwriter.

1. Insured/Applicant _____

2. Policy Number (Leave blank for new business) _____

3. Limit: \$250,000 \$500,000 \$1,000,000

* HPIX will quote with the lowest retention available.

* HPIX will quote \$250,000 Limits when higher limits are not permitted by underwriting rules.

4- Number of Employees (including owners): Full Time: [___] Part Time: [___]

5- Prior claims or situations:

Are there any past Employment Practices Liability claims or claims alleging discrimination or harassment from a person who is or was an employee or an applicant? Yes No

Are there any known situations that could give rise to an Employment Practices Liability claim or a claim alleging discrimination or harassment from a person who is or was an employee or applicant?
 Yes No

If the answer is "yes" to either or both questions under item 6, please complete the attached Claim Information Form for each claim or situation.

Examples of claims or situations that would require a "Yes" answer are claims or situations that involve a current or former employee, or an applicant for employment, who has expressed dissatisfaction with the employment relationship, or with the employment application process by:

- Making a formal complaint of discrimination, harassment or 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.
- Frequently complaining of discrimination, harassment or unfair treatment.

Signature of Authorized Representative

Date

CLAIM INFORMATION FORM

Claimant(s): _____

Title(s): _____

Defendant(s): _____

Title(s): _____

Claim status: Incident Claim Suit

Venue (Court or Agency): _____

Date of act(s) causing claim / incident: _____

Date claim / incident reported to the applicant: _____

Right to sue issued? Yes No

Expiry date: Yes Date: [] No

Nature of Claim and allegations: _____

Name of defense attorney and law firm: _____

Name of plaintiff attorney and law firm: _____

If Closed, total paid (defense and loss): _____

If Open:

Claimant's demand: _____

Insurer's defense and loss reserves: _____

Defense costs incurred to date: _____

Applicant's settlement offer: _____

Applicant's estimate of settlement: _____

Remedial action taken to prevent a similar claim: _____

Signature of Authorized Representative

Date