

First Time Buyer EPLI Application Form

Name of Applicant: _____ dba: _____

Street Address: _____ City: _____ State: _____ Zip: _____

The person designated below will be contacted by Comply America to arrange for the required manager's compliance training.

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Number of full time employees: Number of part time or seasonal employees:

[Part-time = less than 25 hours per week. Seasonal = less than 6 months annually]

Classification

Do you currently carry Employment Practices Liability Insurance? No
 Yes

In the last five years have you had any Employment Practices Claims or known situations that could give rise to a claim? No
 Yes

For example, but no 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 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*

	Limits	Indicated Premium	Surplus Line Tax	Stamping Fee	EPRMA Fee	Additional Fee	Total
<input type="radio"/>	500/500						
<input type="radio"/>	1MM/1MM						

\$2,500 per claim deductible all states except Los Angeles County, California - \$5,000

Description of Operation

Do you wish to continue with this coverage? No. I understand that I have a potential exposure to a serious financial loss that is not covered by Workers Compensation or General Liability insurance.
 Yes. Please process this application and issue a formal quote binder and policy.

Inception Date

_____ Date

_____ Applicant's Authorized Signature of a Principal Partner or Officer

_____ Title



Employment Practices Risk Management Association Certificate of Membership

Member Name _____

Member Number _____

*Please enter the first letter of the business' name,
the first letter of the city and today's date
without dashes, lines or spaces. e.g. ML10262006*

Benefits of Membership:

Comply America Training.

Members are eligible to register for and complete Comply America Compliance training courses Listed Below:

- **Comply America Managers' Course.** This course is for all employees who hire, fire, supervise or manage people including senior management and any corporate officers.
- **Comply America Employee's Course - Sexual Harassment Prevention.** This course is for all employees and concentrates specifically on training all employees regarding corporate anti-discrimination and anti-harassment policies.

A representative of Comply America will contact the person designated in your application for insurance.

Legal Information Helpline.

Members have access to Burke Warren McKay and Serritella of Chicago. A fuller description of the services is available on the EPRMA Website www.EPRMA.com Please have your EPRMA number handy when you call.

Commercial Insurance Products

Association members will be eligible to purchase Employment Practices Liability Insurance at special rates.

If you have any questions please email Sally Niehoff at sallyn@edgewater.net or call 1-877-288-9838 Pin # 0946. Please have your EPRMA member number handy when you call.