



Phone: 802-229-5660 Fax: 802-229-5669

### EPL LITE Insurance application form

Name and address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe nature of business: \_\_\_\_\_

- Sole Proprietor       Corporation       Partnership       Joint Venture
- Franchise       Other (Please specify) \_\_\_\_\_

Number of full time employees \_\_\_\_\_

Number of other employee's(Part-time/Seasonal/Temporary/Independent Contractors) \_\_\_\_\_

Any past Employment Practices Liability claims?       Yes       No

Are there any known situations that could give rise to a claim?       Yes\*       No

\*If you answer yes to the above question, please provide details regarding the claim or occurrence that could give rise to a claim: \_\_\_\_\_  
\_\_\_\_\_

*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:*

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

\*\*\*\*\*  
This Employment Practices Liability coverage provides essential protection against claims arising out of harassment, discrimination or wrongful termination made by employees, past employees or by applicants for employment. You will not be covered for claims involving these disputes under other policies such as Business Package, General Liability, Property, Automobile Liability, Workers Compensation and Excess Liability.

Do you wish to proceed with this coverage?       Yes       No

We strongly suggest that you carefully consider purchasing this coverage. You could be exposing your business to a serious financial loss. If you have any questions concerning Employment Practices Liability please contact:

**Insurance Agent:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Authorized Signature of a Principal Partner or Officer

\_\_\_\_\_  
Title

**\* Depending on the situation described above, this risk may not be eligible for coverage under the EPL Lite program, however we can still consider terms through another program.**