

**Section 1. General Information**

Name of Applicant:				
Business Entity Name:				
Mailing Address:		City:	State	Zip Code
HR Contact Name:		Telephone	Fax	
Email Address:		Number of Office Employees:		
Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____				
Principal Product/Service: Bowling Center				
Do you currently carry EPLI Coverage? Yes      No		If yes, which carrier?		

**Section 2. Location & Employee Information**

Total Employees	Full Time (30hrs/week or more)	Part Time Employees

**Section 3. Loss History (Both questions 1 and 2 must be answered)**

Provide specific claim details for each employment practice claim, lawsuit, or incident

1. Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Please provide claims details on a separate sheet and attach.

**If no claims, check here:**

Claim Date	Claimant Name	Nature of Claim	Defense Amount	Indemnity Amount	Reserve Amount	Current Status

2. Are you aware of any facts, incidents, or circumstances which may result in a claim against you?  
 Yes      No      If YES provide details on a separate sheet.

**Section 4. Requested Limit Options**

Single Limit Options:	\$250,000	\$500,000	\$1,000,000		
Aggregate Limit Options:	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000
<i>(\$2,000,000 and \$3,000,000 aggregate not available with \$250,000 single limit option)</i>					
Retention (Deductible) Options:	\$5,000	\$10,000	\$25,000	Other _____	

**Section 5. Human Resources Procedures**

Have you formally adopted and implemented the following:		
1. A written policy on anti-harassment and procedures to report harassment to management	Yes	No
2. A written policy and procedure on anti-discrimination or an EEOC statement prohibiting discrimination	Yes	No
3. Utilize an employment application that contains an at-will provision	Yes	No
4. Scheduled Management and Supervisory workplace training on HR related issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution	Yes	No
5. Open door policy and internal complain written procedure	Yes	No
6. An orientation program for all employees communicating work place procedures	Yes	No
7. Termination review by management, HR manager, or outside professional or law firm	Yes	No
8. Does your organization anticipate any of the following in the next 12 months? --Selling or closing any locations or operations? If yes, how many _____ --Acquiring or opening any new locations or operations? If yes, how many _____	Yes	No

**Section 6. Third Party Discrimination and Sexual Harassment Coverage**

1. Do you have written procedures for handling complaints of discrimination and sexual harassment from a person other than an employee?	Yes	No
2. Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a person other than an employee in the past 5 years?  --If Yes, provide the total number of complaints received. _____ Please provide details on a separate sheet including any amounts paid or reserved.	Yes	No
3. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law?	Yes	No
4. If No, do you anticipate that your facilities will be in compliance with ADA Law within the next 12 months? If No, please explain why.	Yes	No
5. Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a person other than an employee?	Yes	No

**Section 7. Applicant’s Warrants and Signature**

*I understand the Location and Employee Information Schedule form will become part of my organization’s Employment Practices Liability Application and is subject to the same representations and conditions.*

*The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.*

*The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued*

Date	Applicant’s Signature	Title

*Signature and date cannot be more than 30 days old from the effective date of coverage.*

## Employment Practices Liability Insurance Location and Employee Information Schedule

**Instructions:**

List all locations to be covered by the policy for which you are applying.

				Employees	
	Entity Name <small>(If different than the Applicant Name applying for this Insurance)</small>	Store No.	Entity Address	Full Time	Part Time
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Totals					

*I understand that the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.*

**Houston Casualty Companies/  
U.S. Specialty Insurance Company  
Employment Practices Liability Insurance**



*Wage and Hour Supplemental Form*

**Information**

Name of Applicant Organization:		
<i>Questions 1-6 apply to employers in ALL states (if you have employees in CA, NY, or NJ, you must answer the additional questions for each state, below):</i>		
1. In the last 3 years has any current or former employee made or threatened a claim for any violation of wage and hour laws, including but not limited to claims related to meal periods, rest periods, or unpaid overtime? If “yes”, describe the outcome and how you have changed your practices to prevent further claims (attach explanation if needed).	Yes	No
2. Does any manager, supervisor, shareholder, partner, or owner within your organization have knowledge of a potential violation of any wage and hour law that could result in a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods, or unpaid overtime?	Yes	No
3. Are all of your full-time employees allowed to take a meal period of at least 30 minutes during which they are relieved of all duties?	Yes	No
4. Do you utilize independent contracts (a.k.a. “1099 workers”)? If so, how many contractors in the past 12 months?	Yes	No
5. Are all employees allowed to take a rest period of 10 minutes or more in the middle of each four (4) hour work period?	Yes	No
6. Do all exempt supervisory employees.		
A. Have direct supervisory control over 2 or more employees?	Yes	No
B. Have authority to hire and terminate employees or to recommend hiring or terminating?	Yes	No
<i>Questions 7-9 apply only to employers with employees location in CALIFORNIA:</i>		
7. Do any of your employees take “on-duty meal periods”?	Yes	No
8. Do all salaried employees receive a salary of at least \$640 per week (i.e. two times the minimum wage) which is not subject to reduction based on the number of hours they work?	Yes	No
9. Do all exempt supervisory employees spend at least 50% of their working time supervising employees?	Yes	No
<i>Question 10 applies only to employers with employees location in NEW YORK:</i>		
10. Do all salaried employees receive a salary of at least \$543.75 per week that is not subject to reduction based on the number of hours they work?	Yes	No
<i>Question 11 applies only to employers with employees location in NEW JERSEY:</i>		
11. Do all salaried employees receive a salary of least \$55 per week that is not subject to reduction on the number of hours they work?	Yes	No

**I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of the my organization’s Employment Practices Liability Application and is subject to the same representations and conditions.**

<i>Applicant’s Signature</i>	<i>Date</i>