



## Supplemental Application Discrimination and Employment Practice Liability Coverage

### Eligibility for Employment Practice Liability

1. Over the next 12 months (or during the past 12 months) our Company **is not** contemplating any layoffs, staff reductions or facility closings that will affect more than 25% of the workforce.  True  False
  
2. Our Company **has** written guidelines or procedures addressing discrimination, sexual harassment and employee complaints that are distributed to our employees and Independent Contractors.  True  False
  
3. Our Company **is not** a subsidiary or U.S. division of a foreign parent company.  True  False
  
4. During the past 3 years, our Company has not had any EPL claims or incidents.  True  False

If any questions are answered “false”, please provide complete details to determine coverage eligibility for the “Discrimination and Employment Practice Liability” coverage. Answering “false” to any of the above questions does not affect the firm’s eligibility for Discrimination Coverage (without Employment Practice Liability) as previously offered.

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I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this supplement shall be the basis of the contract with the company and that coverage, if written, will be provided on a claims-made basis. It is understood and agreed that completion of this supplement does not bind the company to issue or the applicant to purchase the insurance.

Name	Title
Signature	Date

Supplement MUST BE CURRENTLY SIGNED AND DATED BY A PRINCIPAL OF THE FIRM TO BE CONSIDERED FOR A QUOTATION.