

This application only generates **price indications**—use full application to obtain firm quotes.

Use extra sheets, if necessary, & be accurate about employee counts & claims info.



**EVANSTON INSURANCE COMPANY**  
 SHAND MORAHAN PLAZA  
 EVANSTON, ILLINOIS 60201

**SHORT FORM APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE**

1. Full legal name of proposed **Named Insured**: \_\_\_\_\_
2. Principal place of business (**Location 1**): \_\_\_\_\_

**Full-time employees** ⇨: \_\_\_\_\_ **Part-time Employees** ⇨: \_\_\_\_\_ (**Note: Include all temporary, leased and seasonal employees, as well as officers, owners and partners active in the business [including all affiliates]—if there are currently no seasonal employees, show here average number of such employees hired annually: Full-time** ⇨: \_\_\_\_\_ **Part-time** ⇨: \_\_\_\_\_).

3. Description of **primary business activities** & main SIC codes: \_\_\_\_\_
4. Show **all other insured locations**, including addresses and **corporate names** (i.e., subsidiaries):

Location #/Name of Insured Entity & Relationship to Named Insured	Corporate Address	Full-Time employees	Part-Time employees
2			
3			
4			

5. How many people have been voluntarily terminated over the last 3 years? \_\_\_\_\_
6. Annual Sales: \$ \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_
7. Do you have a personnel or human resources department?  Yes  No And do you have an employee manual that states your right to terminate employment at will?  Yes  No
8. Do you intend to make any acquisitions or close any facilities within the next year?  Yes  No
9. Are you aware of any present situation that may result in a claim in the next year?  Yes  No
10. Of the total number of EEOC/state agency **charges** filed against any insured over the last **seven** years, indicate the primary allegations as follows:

Location No.	1 Racial Discrimination	2 Age Discrimination	3 Religious Discrimination	4 Other Ethnic Discrimination	5 Fair Labor Standards Act	6 Gender Discrimination/ Sexual Harass	7 Violation of Am. With Disab. Act.	8 All Others
1								
2								
3								
4								

11. With respect to **litigated cases** (including wrongful termination suits under state law other than anti-discrimination law) and EEOC/state agency **charges** over the last **seven** years for which **any settlement was or may be paid**, please provide the following information, which must be currently valued:

Date of Occurrence	Claimant	Allegation (if applicable, use # from Qu. 9)	Damages Paid	Damages Reserved	Legal Expense Paid	Legal Expense Reserved

*If necessary, use additional pages to complete claims information.*