

EPL Defense Shield® Application

NOTICES: PLEASE BE ADVISED THAT THE POLICY FOR WHICH THIS APPLICATION IS MADE WILL PROVIDE EMPLOYMENT PRACTICES LIABILITY INSURANCE FOR LEGAL EXPENSES ONLY. THE POLICY WILL NOT PROVIDE INSURANCE FOR JUDGMENTS, SETTLEMENTS OR ANY OTHER TYPE OF LOSS OTHER THAN LEGAL EXPENSES.

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS WITH NO PRIOR ACTS COVERAGE.

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS NOT AVAILABLE FOR INSUREDS DOMICILED IN CA OR NY.

Section A. GENERAL INFORMATION

1. Name of Applicant: _____
 Address of Applicant: _____
 City: _____ State of Domicile: _____ Zip Code: _____
2. Applicant's Primary Nature of Business: _____ Total Number of Employees: _____

The **EPL Defense Shield for Employment Practices Liability Insurance** policy and the corresponding rate table below are only available for those prospective Insureds with the following characteristics:
 *25 or fewer employees (including full-time, part-time, seasonal and temporary) *Not domiciled in California or New York
Risks that do not meet these qualifications are ineligible for this product and should contact their broker for additional information.

Section B. DESIRED COVERAGE (SELECT ONE)

Select	Employee Count	Coverage Description	Limit of Liability	Retention	Premium
BRONZE					
<input type="checkbox"/>	1 – 14	Defense Only	\$10,000	\$1,000	\$150.00
<input type="checkbox"/>	15 – 25	Defense Only	\$10,000	\$1,000	\$225.00
SILVER					
<input type="checkbox"/>	1 – 14	Defense Only	\$25,000	\$1,000	\$275.00
<input type="checkbox"/>	15 – 25	Defense Only	\$25,000	\$1,000	\$400.00
GOLD					
<input type="checkbox"/>	1 – 14	Defense Only	\$50,000	\$5,000	\$360.00
<input type="checkbox"/>	15 – 25	Defense Only	\$50,000	\$5,000	\$525.00
PLATINUM					
<input type="checkbox"/>	1 – 14	Defense Only	\$50,000	\$2,500	\$450.00
<input type="checkbox"/>	15 – 25	Defense Only	\$50,000	\$2,500	\$675.00

Notice to Arkansas, Colorado, District of Columbia, Louisiana, Maine, New Mexico, Oklahoma, Tennessee, Virginia, Washington, Florida, New Jersey, Ohio, and Kentucky Applicants: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company with respect to a claim for payment of Loss or benefit or in an application for insurance for the purpose of defrauding, injuring or deceiving or attempting to defraud, injure or deceive the company. Any such person is guilty of a crime and may be subject to fines, imprisonment, denial of insurance benefits, criminal penalties and civil damages or penalties.

Additional Notice to Colorado Applicants: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

All written statements and materials furnished to the insurer in conjunction with this application, regardless of whether such documents are attached to the policy, are hereby incorporated by reference into this application and made a part hereof.

The insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued, or, if issued in the State of New Hampshire, grounds for cancellation of any policy issued.

Signature of Applicant/Authorized Insurance Representative

_____/_____
Date

Print Name: _____

Broker: _____

Title: _____

License #: _____ City/State: _____