

EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL CLAIM APPLICATION

I. INSTRUCTIONS (Complete one form for each claim or incident)

1. The applicant should complete this form when they have been involved in any claim or are aware of an incident which may give rise to a claim. **Complete one supplemental application for each claim or incident.**
2. Instead of attaching suit papers, please provide a complete narrative description of the allegations involved and details of actions taken.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue on a separate page, and indicate the question number.
4. If the applicant has or had Employment Practices Liability Insurance coverage at the time of the claim or incident, please provide currently valued carrier Loss Runs within 60 days of the current coverage's effective date.

II. APPLICANT INFORMATION

1. Applicant's Full Name: _____

2. Full Name of Individual(s) or entity(ies) involved in the claim: _____

3. Additional Defendants: _____

4. Full name of Claimant(s): _____

5. The Claimant is a(n): Employee or Third Party
 - a. If Employee, are they still employed? Yes No
 - b. If a Third Party, describe the relationship with the applicant: _____
 - c. If a Third Party, are they still involved in any with the applicant? Yes No
 - d. Are other witnesses/involved parties still employed? Yes No
6. Please confirm the status of this issue: Claim Suit Incident/Circumstance
7. Please confirm the date and location of the alleged act, error, or omission? _____

8. Date of Claim: _____ Date Reported to Insurance Company: _____

9. What's the Status of the Claim? Closed/Settled Open/Pending Incident/Circumstance

10. If the Claim is CLOSED, please complete:

Please provide the total paid including deductible(s).

Avoid responses such as "unknown" or "unavailable," they are inadequate.

| | Claim Expenses | Loss/Compensatory Damage |
|-------------------|----------------|--------------------------|
| Paid by you | \$ _____ | \$ _____ |
| Insurance Company | \$ _____ | \$ _____ |

Date Resolved: ____/____/____ Trial Out of Court

11. If the claim is PENDING, please complete:

Avoid responses such as "unknown" or "unavailable," they are inadequate.

(a) Claimant's demand? \$ _____ Defendant's settlement offer (if any): \$ _____

(b) Insurer's reserve amounts? Loss \$ _____ Defense \$ _____

(c) Amounts spent defending the claim? By you? \$ _____ By the insurer? _____

(d) What is your best estimate of the likely settlement amount for this matter? \$ _____

(e) What is your best estimate of the date when you expect this claim to be resolved? _____

12. Please indicate all that apply to this claim or incident:

| | | |
|--|--|---|
| <input type="checkbox"/> Affirmative Action | <input type="checkbox"/> False Imprisonment | <input type="checkbox"/> Slander |
| <input type="checkbox"/> Bodily Injury | <input type="checkbox"/> Good Faith and Fair Dealing | <input type="checkbox"/> Third Party/Non-Employee |
| <input type="checkbox"/> Breach of Written Contract | <input type="checkbox"/> Implied Contract | <input type="checkbox"/> Whistle Blower |
| <input type="checkbox"/> Discrimination Describe the type: _____ _____ | <input type="checkbox"/> Invasion of Privacy | <input type="checkbox"/> Wrongful termination |
| <input type="checkbox"/> Emotional Distress | <input type="checkbox"/> Libel/Defamation | <input type="checkbox"/> Other laws or issues _____ _____ _____ |
| <input type="checkbox"/> Equal Pay Act (EPA) | <input type="checkbox"/> Retaliation | |
| <input type="checkbox"/> FLSA (Fair Labor Standards or Wage & Hour) | Retaliation Type: _____ _____ | |

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| <input type="checkbox"/> FMLA | <input type="checkbox"/> Sexual Harassment | |
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13. Name of Insurance Carrier responding to the claim or incident: _____
 Policy Number: _____
 Deductible: _____ Limits of Liability: _____

14. Please provide a full narrative and explanation of the suit, claim or incident, that includes the allegations involved, the potential extent of injury or damages and your response to these: _____

15. Please explain what corrective and/or remedial action(s) you have taken to prevent similar claims in the future: _____

III. ACKNOWLEDGEMENTS AND SIGNATURE

FRAUD WARNING

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

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| Alabama | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. |
| Alaska | A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. |
| Arizona | For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. |
| Arkansas | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| California | For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |

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| Colorado | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| Delaware | Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. |
| District of Columbia: | WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. |
| Florida | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. |
| Idaho | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony. |
| Indiana | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. |
| Kentucky | Any person who knowingly and with intent to defraud any insurance company or other person files a 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. |
| Louisiana | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Maine | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. |
| Maryland | Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Minnesota | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime. |
| New Hampshire | Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. |
| New Jersey | Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |
| New Mexico | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. |
| New York | 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. |
| Ohio | Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. |
| Oklahoma | WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. |
| Pennsylvania | 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. |

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| Rhode Island | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |
| Tennessee | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. |
| Virginia | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. |
| Washington | It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. |
| West Virginia | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. |

Applicant:

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

Applicant Signature: _____

Applicant Written Name and Title: _____

Date: _____

Agent/Broker:

1. If coverage is currently in place, does your office currently control this risk? Yes No
2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? Yes No
(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____