



Conifer  
Insurance  
Company

**T.H.C. Employment Practices  
Liability Insurance Supplemental  
Application**

1. Name of Applicant: \_\_\_\_\_
  2. Loc. Street Address: \_\_\_\_\_
  3. City, State, Zip Code: \_\_\_\_\_
  4. Applicant's Nature of Business: \_\_\_\_\_ SIC Code (if known): \_\_\_\_\_
  5. Please select the Limit of Liability you would like to purchase:  \$100,000
  6. Please select the Deductible:  \$2,500  \$5,000  \$10,000
  7. # of years of continuous operation: \_\_\_\_\_
  8. Has the Insured filed for bankruptcy within the past 5 years or received any negative opinions from an accountant as to its ability to continue as a "growing concern"?  Yes  No
  9. Total Number of Insured Locations: \_\_\_\_\_
  10. Total Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
  11. Percentage of employees that are : Salaried: \_\_\_\_\_% Non-Salaried: \_\_\_\_\_%
  12. Are there any staff reductions and/ or mergers and acquisitions planned within the next 12 Months?  
 Yes  No If "yes", please provide details: \_\_\_\_\_
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13. Does the applicant utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?  Yes  No  
If Yes, do employees sign or acknowledge receipt of the handbook?  Yes  No
  - A. Are all job applicants required to complete and sign an employment application?  Yes  No
  - B. Is there a dedicated Human Resource Department/ Function?  Yes  No
  - C. Do all employees have written performance evaluation?  Yes  No  
If "Yes", how often? \_\_\_\_\_
  - D. Do you post all notices required by law?  Yes  No
  14. Has the applicant implemented a formal procedure for recording and handling employee discrimination and harassment complaints?  Yes  No
  15. Does the Applicant have a policy against harassment, discrimination, and civil rights violations with respect to customers, clients and other third parties?  Yes  No
  16. Are the Applicant's employees trained on the company's anti-harassment and anti-discrimination policies?  Yes  No



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17. Has the Applicant ever had an application for employment practices liability coverage declined or have you ever had an employment practices liability policy cancelled or non-renewed?  Yes  No
18. Is the Applicant currently insured under any Employment Practices Liability insurance policy?  
 Yes  No

Current EPL Carrier: \_\_\_\_\_ Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

(If Yes, please provide a copy of the Declaration page and the EPL coverage form)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date