



EmPloyrite - EMPLOYMENT PRACTICES LIABILITY INSURANCE
APPLICATION (UNDER 50 EMPLOYEES)

THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY

1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries :
(please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Website:

3. Describe nature of business:

Sole Proprietor Franchise Corporation Other (Please specify) Partnership Joint Venture

Number of Employees: Full-time : Current Year Prior Year
CANADA US CANADA US
Part-time or Seasonal: CANADA US CANADA US
[Part-time = less than 25 hours per week / Seasonal = less than 6 months annually]

Total Payroll: \$

4. Any past Employment Practices Liability claims? YES NO

5. Are there any known situations that could give rise to a claim? YES NO

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
ii) Threatening to hire a lawyer ;
iii) Asking for a severance package in excess of what is being offered;
iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
v) Frequent complaining of discrimination, harassment or unfair treatment.

6. Does the Company currently carry Directors and Officers insurance? YES NO

If YES, please provide the following information:

Table with 4 columns: INSURER, TERM, LIMIT, DOES THE POLICY INCLUDE EPL? YES NO

We strongly suggest that you carefully consider purchasing this coverage. Failing to do so could expose your business to a serious financial loss.

2. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

3. WARRANTY STATEMENT

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change in writing.

Signing this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

SIGNED: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____