



## Employment Practices Liability Supplemental Application

1. Does the firm have:
- a. written procedures for handling employee complaints concerning harassment and discrimination  Yes  No
  - b. written procedures for hiring, performance evaluation, disciplinary issues and termination  Yes  No
  - c. the procedures reviewed by an attorney  Yes  No
  - d. all employees receive information on the company procedures regarding harassment and discrimination  Yes  No
  - e. owners, partners, managers and supervisors receive any training in dealing with harassment and discrimination issues  Yes  No
2. In the past five years, has the firm or firm affiliates had any wrongful termination, discrimination or harassment (including sexual and non-sexual) claims or demands, EEOC complaints, federal, state or local filings made whether or not any losses were paid?  Yes  No  
**If yes, please complete a claims supplement for each incident or claim.**
3. Are any owners, partners and officers of the firm or firm affiliates aware of any facts, incidents, or circumstances which may result in an employment-related claim being made?  Yes  No  
**If yes, please complete a claims supplement for each potential incident.**
4. Is the firm or firm affiliates considering any downsizing, mergers or acquisitions which may occur with in the next two years?  Yes  No  
If yes, please explain \_\_\_\_\_
5. Does the firm currently carry Employment Practices Liability Insurance?  Yes  No  
If yes, please provide a copy of the current declarations page or endorsement.

**Retroactive date for EPLI Coverage will be equal to the effective date of the when the endorsement is initially purchased with the CPA Protector Plan. If current Employment Practices coverage is in place elsewhere, please provide a copy of the policy and its declarations page for consideration of a matched retroactive date.**

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

\_\_\_\_\_  
Signature of Authorized Representative of the Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (must be signed by managing partner or managing executive of the Firm)

Attest \_\_\_\_\_

Producer / Agent \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_