

Franchise Program

Employment Practices Liability Insurance
Houston Casualty Companies



Renewal Application

Section 1. General Information

Please type or print clearly

Name of Applicant:			
Business Entity Name:			
Mailing Address:	City	State	Zip Code
HR Contact Name:	Telephone	Fax	
Email Address:	Number of Employees in Office		
Applicant is a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other _____			
Principal Product/Service		Name of Franchise	
Current HCC/USSIC Policy No:		Expiration Date:	

Section 2. Location and Employee Information

Please complete the Location and Employee Information Schedule attached to this application

Section 3. Human Resources Procedures

Have you formally adopted and maintained the following

1. A written policy on anti-harassment and procedures to report harassment to management..... Yes No
2. A written policy and procedure on anti discrimination or an EEOC statement prohibiting discrimination.. Yes No
3. Utilize an employment application that contains an at-will provision..... Yes No
4. Scheduled Management and Supervisory workplace training on HR relates issues,
including but not limited to anti-harassment and anti-discrimination and conflict resolution..... Yes No
5. Termination review by management, HR manager or outside HR professional or law firm..... Yes No
6. Are your facilities designed to accommodate the disabled in accordance with the Americans
with Disabilities Act (ADA) law? Yes No
7. Does your organization anticipate any of the following in the next twelve (12) months?..... Yes No
If yes to any question please explain.
 - Selling or closing any locations or operations? If yes, how many _____
 - Acquiring or opening any new locations or operations? If yes, how many _____

Section 4. Requested Limit Options

Single Limit Option: \$250,000 \$500,000 \$1,000,000
 Aggregate Limit Option: \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000
 Retention Options: \$5,000 \$10,000 \$25,000 Other \$ _____

(\$2,000,000 and \$3,000,000 aggregate not available with a \$250,000 single limit option)

I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

<i>Date</i>	<i>Applicant's Authorized Signature</i>	<i>Title</i>

Signature and date cannot be more than 30 days old from the effective date of coverage



**EMPLOYMENT PRACTICES LIABILITY INSURANCE
LOCATION AND EMPLOYEE INFORMATION SCHEDULE**

INSTRUCTIONS:

List all franchise locations to be covered by the policy for which you are applying.

	FRANCHISE TYPE	Store No	Entity Address	EMPLOYEES	
				FULL TIME	PART TIME
1.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
2.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
3.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
4.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
5.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
6.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
7.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
8.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
9.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
10.	<input type="radio"/> Full Store <input type="radio"/> Non-Standard Unit <input type="radio"/> 24 Hour Store				
			Totals		

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