



EMPLOYMENT PRACTICES LIABILITY
INSURANCE
CLAIM/INCIDENT SUPPLEMENTAL
APPLICATION

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CLAIMS MADE WARNING FOR APPLICATION: This Proposal Form is for a Claims Made and Reported Policy, relating to claims made against the Insureds during the Policy Period or any Extended Reporting Period that may apply.

Whenever printed in this Claims Supplement Form, the terms in boldface type shall have the same meanings as indicated in the Policy. This Claims Supplemental Form is to be completed with respect to the entire Insured Entity. Insured Entity as used herein is defined to include the Named Insured and any Subsidiaries.

INSTRUCTIONS: COMPLETE ONE FORM FOR EACH CLAIM, SUIT, OR CIRCUMSTANCE DURING THE LAST 5 YEARS. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.

I APPLICANT'S GENERAL INFORMATION

- 1. Name of Named Insured
2. Street Address, Suite
3. City County State Zip

II CLAIM/INCIDENT INFORMATION

- 1. Full name and title or position of individual(s) involved in the Claim, suit, or circumstance which could give rise to a Claim:
a) Full name(s) of Claimant (Plaintiff)
b) Full name(s) of Defendant
2. Date alleged Claim, suit, or circumstance occurred
3. Date Claim made against an Insured
4. Location of Claim: City State
5. Has this Claim, suit, or circumstance been reported to any insurance carrier?
6. To which insurance company did you report this Claim, suit, or circumstance?
7. Current status of Claim, suit, or circumstance (check one):
8. If Claim, suit, or circumstance is Closed, provide the following:
9. If Claim, suit, or circumstance is Open, In Suit, or Potential, provide the following:
10. a) What specific causes of action are alleged in the Claim, suit, or circumstance?

10. b) Description of events that gave rise to the Claim, suit, or circumstance (attach a copy of the formal complaint, Charges, etc. if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) How did the Insured Entity's respond to the allegations in the Claim, suit, or circumstance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Describe how the Claim, suit, or circumstance was investigated and by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) What policies and/or procedures have been implemented or revised to prevent a recurrence or similar Claim, suit, or circumstance? \_\_\_\_\_  
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### III SIGNATURE REQUIRED

I understand that the information submitted herein becomes a part of the Insured Entity's Employment Practices Liability Insurance Proposal Form and is subject to the same representations and conditions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (*print*) \_\_\_\_\_

**Note: The Application must be signed by the President, Chairperson of the Board, Managing Member, or Executive Director.**