

**QUICK APPLICATION
 EMPLOYMENT PRACTICES LIABILITY INSURANCE**

Applicants Name: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Effective Date: _____ Type of Hotel - Limited Service: _____ Full Service: _____ Resort/Upscale: _____

Limit of Liability : \$250,000 per claim \$250,000 Aggregate \$500,000 per claim \$500,000 aggregate
 \$1,000,000 per claim \$1,000,000 Aggregate \$1,000,000 per claim \$3,000,000 aggregate

Please list all legal entities to be covered and their ownership to the **Applicant**.

LEGAL ENTITY	ADDRESS	# OF EMPLOYEES	
		FULL- TIME	PART-TIME

Section IV. LOSS HISTORY:

(a) Please provide a listing of all employment practices claims over the past three (3) years involving employees, independent contractors, customers, clients, or other third parties. If none, so state. Please use a separate addendum if necessary.

YEAR	TYPE	ALLEGATION(S)	STATUS	LOSS/SETTLEMENT	DEFENSE

(b) Please provide a listing of any facts or circumstances which may result in any employment practices claims being made against the **Applicant** including those involving Employees, independent contractors, customers/clients, or other third parties. If none, so state. Please use a separate addendum if necessary.

Applicant's Authorized Signature of a Principal, Partner or Officer.

Printed Name: _____ Title: _____

Signature: _____ Date: _____