



# Employment Practices Liability

For submission directions, see next page.

www.bgsurplus.com

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_  
 Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_ Date organized: \_\_\_\_\_

If applicant is a subsidiary, provide name of parent organization: \_\_\_\_\_

Does applicant have any subsidiaries or affiliated companies?  YES  NO

**Total number of Employees\*:** \_\_\_\_\_  
Full-Time: \_\_\_\_\_ Independent Contractors/Leased: \_\_\_\_\_  
Part-Time: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
Temporary/Seasonal: \_\_\_\_\_

\* If multi-state, provide separate numbers for each state.

Number of involuntary terminations in past 12 months: \_\_\_\_\_

Number of voluntary terminations in past 12 months: \_\_\_\_\_

Has applicant been involved in any merger, acquisition, layoff, staff reduction, office or plant closing, opening new location(s) or forming new company(ies) in the past 3 years? If yes, explain.  YES  NO

Does applicant anticipate being involved in any of the aforementioned activities in the next 3 years?  YES  NO

Does applicant have a full-time human resource manager/department?  YES  NO  
Are proper EEOC notification posters prominently displayed in each location?  YES  NO  
Does applicant have a written policy, prohibiting discrimination and harassment? (Attach copy.)  YES  NO

**LOSS HISTORY** Please provide details for the past five years. Attach additional sheets if necessary.

Date filed	Claimant	Primary allegation	Losses paid/reserved	Legal exp paid/reserved

Is/are any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford ground for any claims under the proposed insurance? \*\*  YES  NO

Has any insurer declined, cancelled or non-renewed EPL insurance for this applicant? \*\*  YES  NO

\*\* If yes, attach a separate sheet explaining.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Submit by fax or email to the regional office that serves your primary location:



### West

San Francisco, CA  
Morgan Hill, CA  
Redondo Beach, CA  
Santa Clarita, CA  
San Diego, CA

Fax: 415-955-1924  
Fax: 408-778-6096  
Fax: 310-372-1903  
Fax: 661-297-7619  
Fax: 760-737-7989

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### Central

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Dallas, TX

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### Midwest

Oakbrook, IL

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### Northeast

Bedford, NH

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### Southeast

Birmingham, AL  
Lake Mary, FL

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Fax: 407-833-9194

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### All Regions

Garage Submissions

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