



## Recommended Coverage: SafeTalent Employment Practices Liability

### Application and Acceptance

CLAIMS MADE WARNING FOR APPLICATION: This Application 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.

**Insured Name** Law Firm with 30 or less employees

**Carrier** Admiral Insurance Company  
(A.M. Best Rating: A+ XV)

**Effective Date** TBD

**Expiration Date** TBD

Coverage	Aggregate Limit of Insurance	Coverage Synopsis	Premium
Employment Practices Liability (Claims Made & Reported)	\$250,000	\$25,000 Deductible Sub-limits: <ul style="list-style-type: none"> <li>\$100,000 3rd Party Liability</li> <li>\$10,000 Wage and Hour - Defense Only</li> <li>\$25,000 Illegal Alien Investigation - Defense Only</li> </ul> Prior and Pending Litigation Inception	Refer to pricing matrix

The summary above is a general description of coverage provided for illustrative purposes. Various provisions in the Policy restrict your coverage. Please read the policy carefully to determine the extent of coverage.

Number of Employees	Premium	Policy Fee	Agent Fee	Policy Total Due*
1 to 5	\$2,300	\$100	\$100	\$2500
6 to 10	\$2,600	\$100	\$100	\$2800
11 to 20	\$3,700	\$100	\$100	\$3900
21 to 30	\$4,900	\$100	\$100	\$5100

\*Total amount does not include surplus lines, taxes, or fees.

### Please Note

- Pricing assumes no claims. Underwriter review is required for firms with ANY past claims/incidents. Please fill out the [Claim Supplement](#)
- Employee count is 1 FT and ½ PT equivalent
- A completed and signed proposal form is required at time of binding
- Higher limits are available; please complete our [short-form application](#)

### Forms and Endorsements

- [SafeTalent Policy Form EPL-STI-4800-1220](#)

# Application for Employment Practices Liability Insurance

Whenever printed in this Application, the terms in boldface type shall have the same meanings as indicated in the Policy. This Application is to be completed with respect to the entire **Insured**. **Insured** as used herein is defined to include the **Firm** and any **Predecessor Firm(s)**.

1. Provide the current total numbers for the Firm:

Full Time Employees	Part Time Employees	Total Employees (FTEs)

*Total employee count is 1 FT and 1/2 PT equivalent*

2. During the last 5 years, has any **Insured**, including any **Predecessor Firm**, received any written demands for monetary or non-monetary relief, been involved in, or had any knowledge of any: civil or criminal action; administrative proceeding or arbitration; regulatory proceeding or investigation; any actual or alleged violations of any wage and hour law; any actual or alleged discrimination, harassment or wrongful discharge; and/or any actual or alleged **Wrongful Employment Act** as defined in the SafeTalent Employment Practices Liability Insurance Policy?  Yes  
 No

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 2. OF THIS SECTION.

3. Is any **Insured** aware of any fact, circumstance or situation involving any **Insureds** that might reasonably be expected to result in a **Claim** as defined in the SafeTalent Employment Practices Liability Insurance Policy?  Yes  
 No

IT IS UNDERSTOOD AND AGREED THAT THE INSURER SHALL NOT BE LIABLE TO MAKE ANY PAYMENT FOR LOSS IN CONNECTION WITH ANY CLAIM MADE AGAINST ANY INSURED BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM OR IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY LAWSUIT, ADMINISTRATIVE PROCEEDING, WRITTEN DEMAND, FACT, CIRCUMSTANCE, OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN THE INSURED'S RESPONSE TO QUESTION 3.

## PLEASE READ CAREFULLY

The undersigned, acting on behalf of all proposed **Insureds**, represent that the particulars and statements contained in the **Application** are true, accurate and complete, and agree that the **Insurer** has relied upon the truth of the **Insureds'** representations and that such particulars and statements, which are deemed to be incorporated into and to constitute a part of this Policy, are the basis of this Policy and are material to the **Insurer's** acceptance of this risk. It is further agreed that:

- if any significant change in the condition of the applicant is discovered between the date of this **Application** and the Policy inception date, which would render this **Application** inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- the Policy is issued in reliance on the truth of that representation and that such particulars and statements, which are deemed to be incorporated into and to constitute a part of this Policy, are the basis of this Policy and are material to the Insurer's acceptance of this risk. This Policy shall not, however, be avoided as to any Insured on account of the untruth of the particulars and statements contained in the **Application** unless:
  - such **Insured** knew of the untruth of such particular or statement, in which event such knowledge shall be imputed only to such **Insured**; or
  - the person providing such particular or making such statement in the **Application** knew of its untruth, in which event such knowledge shall be imputed to all **Insureds**.
- the information contained in this **Application** shall not be used by the Insureds as notice as provided for in section VII. Notice of Claim of the Policy;
- this **Application** has been completed as respects the entire **Insured**;
- the signing of this **Application** does not bind the undersigned to purchase the insurance.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_