

**FRANCHISE EMPLOYMENT PRACTICES INSURANCE APPLICATION (NEW BUSINESS)**

**THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY**

I. Name and address of applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

**\*Please list on a separate sheet all locations to be covered under this policy, including each location's legal name and address.\***

A. Total number of restaurant locations: \_\_\_\_\_  
 Total number of office locations: \_\_\_\_\_

B.  Sole Proprietor       Corporation       Partnership  
 Joint Venture       LLC       Other  
*(Please specify)* \_\_\_\_\_

C. Does the Applicant anticipate any store/restaurant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months?  
 Yes    No

D. Have you acquired any companies in the past two (2) years?       Yes    No

E. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? If so, how many? \_\_\_\_\_  
 Yes    No  
*(If you have answered Yes to either question D. or E. above, please provide details on a separate sheet)*

F. Has the proposed coverage ever been purchased before?       Yes    No  
*(If YES, please provide details below)*  
 Policy Period: \_\_\_\_\_ Carrier: \_\_\_\_\_ Limits/Deductible: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Retrodate: \_\_\_\_\_

G. Has an Insurer ever canceled or non-renewed this type of coverage?       Yes    No  
*(If YES, please provide details).*

H. Furnish Loss History (5 years) for all wrongful termination, discrimination and harassment claims or lawsuits, including any third party claims or lawsuits, that include any charges, inquiries, investigations, grievances or other hearings before the Equal Employment Opportunity Commission (EEOC) or any other federal, state or local governmental agency:  
 None       See Attached       Total Number of claims in the last 5 years

I. Has any **Management or Supervising Employee** knowledge of any circumstances which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?  
 Yes    No

***PLEASE PROVIDE A FULL DESCRIPTION OF ANY CLAIM OR CIRCUMSTANCE ON A SEPARTE SHEET.***

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire an attorney;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.

The Applicant acknowledges that any claims or incidents reported in, or that should have been reported in this Section will be excluded from coverage.

- J. Total number of employees : \_\_\_\_\_ Number full time: \_\_\_\_\_ Number part time: \_\_\_\_\_
- K. Payroll including bonuses and commissions: Last year: \_\_\_\_\_ This year: \_\_\_\_\_ Next year: \_\_\_\_\_
- L. In the last 12 months, how many employees have involuntary left your employ?  
Officers: \_\_\_\_\_ Other employees: \_\_\_\_\_ (Please provide details of any involuntary Officer terminations)

**M. Human Resource Policies & Procedures**

Has the Applicant formally adopted and implemented:

- 1) At-will relationships with all employees?  Yes  No
- 2) An employment handbook that is distributed to all employees, who each sign that they have received it?  Yes  No
- 3) Anti-sexual harassment and anti-discrimination policies?  Yes  No
- 4) Written employee complaint procedure  Yes  No
- 5) Termination review and exit interview policy/procedures  Yes  No
- 6) Family Medical Leave Act (FMLA) policy  Yes  No
- 7) A personnel file for each employee  Yes  No

**II. Third Party Coverage**

- A. Does the Applicant's public facilities have access for the disabled in compliance with A.D.A. Law?  Yes  No  
**If NO, please provide explanation on a separate sheet.**
- B. Does the Applicant take steps to ensure that their business operations comply with A.D.A. requirements?  Yes  No  
**If NO, is the Applicant willing to do so?**  Yes  No  
**If YES, please provide details of the controls that the Applicant has implemented on a separate sheet, clearly Stating whether or not they will continue to use those controls in the future.**

**III. Material Facts**

- A. Please declare all Material Facts on a separate sheet: None  See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this application is material.

The Applicant warrants after full investigation and inquiry that the statements set for herein are true and include all material information.

The Applicant on behalf of the Proposed Insureds further warrants that the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind us to offer nor the Applicant to accept insurance, but is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Authorized Signature of a Principal Partner or Officer

\_\_\_\_\_  
Title

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