

5Star Specialty Programs

A Division of Crump Insurance Services, Inc.



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.

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303 W. Madison St., Suite 700, Chicago, IL 60606 (866) 879-6565 fax: (866) 720-5003
www.5StarSP.com

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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