



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## EMPLOYMENT PRACTICES LIABILITY CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved*

### APPLICANT'S INFORMATION

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Individual(s) or entity involved in the claim: \_\_\_\_\_
3. Additional defendants \_\_\_\_\_
4. Full Name of Claimant: \_\_\_\_\_
5. a. Is the Claimant still your employee (or client if a Third Party Claim) after bringing the claim? Yes  No
- b. Are other witnesses/involved parties still employed? Yes  No
6. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_
7. What is the status of the claim? Closed/Settled  Open/Pending  Incident/Circumstance

8. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trial  Out of Court

9. IF PENDING:

- (a) Claimant's settlement demand? \$ \_\_\_\_\_ Defendant's settlement offer (if any): \$ \_\_\_\_\_
- (b) Insurer's reserve amounts? Loss \$ \_\_\_\_\_ Defense \$ \_\_\_\_\_
- (c) Amounts already spent defending the claim? By you? \$ \_\_\_\_\_ By the insurer? \$ \_\_\_\_\_
- (d) What is your best estimate of the likely settlement amount for this matter? \$ \_\_\_\_\_
- (e) What is your best estimate of the date when you expect this claim to be resolved? \_\_\_\_\_

*Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.*

10. The claim involves/involved the following laws or issues (please check all that apply):

Affirmative Action <input type="checkbox"/>	False Imprisonment <input type="checkbox"/>	Slander <input type="checkbox"/>
Bodily Injury <input type="checkbox"/>	Good Faith and Fair Dealing <input type="checkbox"/>	Third Party/Non-Employee Claim <input type="checkbox"/>
		(If so, please explain.) _____

Breach of Written Contract <input type="checkbox"/>	Implied Contract <input type="checkbox"/>	Whistle Blower Retaliation <input type="checkbox"/>
Discrimination <input type="checkbox"/> (Type: _____ _____ _____)	Invasion of Privacy <input type="checkbox"/>	Wrongful Termination <input type="checkbox"/>
Emotional Distress <input type="checkbox"/>	Libel/Defamation <input type="checkbox"/>	Other Issues: _____ _____ _____ _____
Equal Pay Act (EPA) <input type="checkbox"/>	Retaliation <input type="checkbox"/>	
FLSA (Fair Labor Standards) <input type="checkbox"/> Wage and Hour	Retaliation (Type): _____	
FMLA <input type="checkbox"/>	Sexual Harassment <input type="checkbox"/>	

11. Name(s) of Insurer(s) responding to this claim or incident \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

12. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response: \_\_\_\_\_  
\_\_\_\_\_

13. Explain what action(s) have been taken to prevent reoccurrence of a similar claim: \_\_\_\_\_  
\_\_\_\_\_

**I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Employment Practices Liability Application. I understand that an incorrect or incomplete statement could void my protection.**

\_\_\_\_\_  
Signature of Applicant/Title/Date (Must be signed by a Principal, Partner or Officer of the Firm)

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_