

MISCELLANEOUS PROFESSIONAL LIABILITY

SUPPLEMENTAL APPLICATION FOR EMPLOYMENT PRACTICES AND HUMAN RESOURCE CONSULTING

1. Name of Applicant: _____

2. Which of the following services do you provide?

- Outplacement Services
- Lay-off/Termination Consultation
- Employment Handbook Consultation
- New Employee Orientation Consultation
- Performance Evaluation Consultation
- Discrimination/Sexual Harassment Advice
- Pre-employment Testing/Screening Advice
- Affirmative Action Planning
- Substance Abuse Procedures
- Americans with Disabilities Act Guidelines
- Union Negotiations

3. Do you guarantee your services? Yes No

If yes, attach full particulars.

IF THIS IS A RENEWAL OF THE INSURER, SKIP QUESTIONS 4 & 5.

4. Does any person to be insured have knowledge of any fact, circumstance or situation or act, error or omission which might reasonably be expected to give rise to a **Claim** against him or the Applicant under the proposed policy? Yes No

If yes, please attach an explanation on a separate sheet of paper.

5. Has any Claim or Claims been made against the Applicant or any person to be insured during the last three years? Yes No

If yes, please attach an explanation on a separate sheet of paper.

THE APPLICANT UNDERSTANDS THAT THE INFORMATION SUBMITTED HEREIN SHALL BECOME A PART OF THE **APPLICATION** ATTACHED HERETO.

APPLICANT'S AUTHORIZED SIGNATURE: _____

APPLICANT'S TITLE: _____

DATE: _____

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSILVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.

YOUR SIGNATURE

DATE

YOUR NAME (PRINTED)

YOUR TITLE OR INTEREST

NAME OF YOUR BUSINESS (PRINTED)