

**NEW BUSINESS APPLICATION**

**Section 1. General Information**

Name of Applicant			
Business Entity Name			
Address	City	State	Zip
Key Contact Name	Telephone	Fax	
Applicant is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (describe):			
Principal Products/Services <b>Restaurant</b>		Number of Employees in Office	

**Section 2. Location and Employee Information**

Please complete the schedule on the back of this application.

**Section 3. Loss History**

Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Attach additional sheets if more space is needed. **Note: If NO claims, check here:**

Date of Claim	Claimant Name	Nature of Claim	Defense Amount	Indemnity Amount	Reserve Amount	Current Status

3a. Are you aware of any facts, incidents, or circumstances which may result in a claim against you?  Yes\*  No \*If "YES" provide details on a separate sheet.

**Section 4. Human Resources Procedures**

Have you formally adopted and implemented (If answer is No, please contact your broker for samples.):

- ◆ An Equal Opportunity, Non-Discrimination and Anti-Sexual Harassment Policy?  Yes  No
- ◆ A Zero Tolerance Program as to Discrimination and Harassment that includes a protocol for responding to complaints?  Yes  No
- ◆ An Orientation Program for all employees to communicate that is DOCUMENTED?  Yes  No
- ◆ A regular Management Workplace Behavior Training Program that is DOCUMENTED?  Yes  No
- ◆ An Open Door Policy and Internal Complaint Program?  Yes  No
- ◆ An Exit Interview Form that is utilized with all terminations?  Yes  No
- ◆ Utilize an employment application and at-will provision?  Yes  No

Does your organization anticipate any of the following in the next twelve (12) months? (If yes to any question please explain)

- ◆ Selling or closing any locations or operations? How many \_\_\_\_\_  Yes  No
- ◆ Acquiring or opening any new locations or operations? How many \_\_\_\_\_  Yes  No

Does your company lease employees?  Yes  No

- ◆ Do you want to cover these employees under this policy? If Yes, how many? \_\_\_\_\_  Yes  No
- ◆ Must provide name of leasing company: \_\_\_\_\_

**Section 5. Requested Limit Options**

<input type="checkbox"/> \$250,000 / \$250,000	<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$250,000 / \$1,000,000	<input type="checkbox"/> \$250,000 / \$3,000,000
<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$500,000 / \$3,000,000	<b>Retention Options:</b> <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> \$1,000,000 / \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$1,000,000 / \$3,000,000	

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

# American Franchise Specialist Agency

FRANCHISE RESTAURANT PROGRAM  
 EMPLOYMENT PRACTICES LIABILITY INSURANCE  
 NEW BUSINESS APPLICATION



## Location and Employee Information Schedule

**INSTRUCTIONS:** List all franchise locations to be covered by the policy for which you are applying. This form must be dated and signed by the same individual who signs the application.

	Franchise Type	Entity / Address	Full Time Employees	Part Time Employees
1.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
2.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
3.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
4.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
5.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
6.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
7.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
8.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
9.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
10.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
11.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
12.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
13.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
14.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit			
<b>Total</b>				

I understand the information on this form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

# American Franchise Specialist Agency

## FRANCHISE RESTAURANT PROGRAM

### EMPLOYMENT PRACTICES LIABILITY INSURANCE

### THIRD PARTY DISCRIMINATION AND SEXUAL HARASSMENT COVERAGE SUPPLEMENTAL APPLICATION



#### INSTRUCTIONS:

1. This form is to be completed if you are seeking to add Third Party Discrimination and Sexual Harassment Coverage to your Employment Practices Liability Policy. This form must be dated and signed by the same individual who signs the application.
2. For the purpose of this supplemental application the term "person" means an individual who is an existing or former customer, vendor or a client of the Named Insured.

## Information

1. Applicant Name	
2. Do you have written procedures for handling complaints of discrimination and sexual harassment from a "person" other than an "employee"? If Yes, are all complaints recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you received any complaints alleging discrimination and/or sexual or non-sexual harassment from a "person" other than an "employee" in the past five (5) years? If Yes, provide the total number of complaints received. _____ <b>Please provide details on a separate sheet including any amounts paid or reserved.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law? If Yes, do you anticipate that your facilities will be in compliance with the ADA Law for the next twelve (12) months? <b>If No, to either question, please provide an explanation on a separate sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a "person" other than an "employee"? If Yes, is the training part of a formalized course? Is training compulsory? <b>If Yes, please provide details on a separate sheet of the controls that you have implemented, clearly stating whether or not they will continue to be used in the future.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

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