



Prior or Pending Employment Related Disputes Questionnaire

1. Name of Applicant:

Years of Operation:

2. Address:

City:

State:

Zip:

3. Nature of Operation:

4. Has the Applicant been involved in any employment or labor related dispute resulting in payment (including defense costs if any) greater than \$25,000, during the last 3 years?

Yes No

If "Yes," please provide details – including allegation and settlement amount for each dispute.

5. Does the Applicant currently purchase Employment Practices Liability Insurance, whether stand-alone or in connection with other coverages such as D&O?

Yes No

If "Yes," please provide a copy of the in-force Declarations Page.

6. Have all pending employment or labor- related claims been noticed to the current/prior insurance carrier?
If no please explain?

Yes No

Signed: _____

Date: _____