

**EVANSTON INSURANCE COMPANY**

Shand Morahan Plaza  
Evanston, IL 60201

**APPLICATION FOR:  
EMPLOYMENT PRACTICES LIABILITY INSURANCE**

**INSTRUCTIONS:**

1. Answer **all questions** as **completely** and **accurately** as possible.
2. If space is insufficient to answer question(s) fully, use a separate sheet and attach to this application.
3. **Application must be signed and dated by owner, partner or authorized officer** of the applicant.
4. Please type or print all answers. This application becomes part of the policy.
5. **PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.**

1. Full legal name of proposed **Named Insured**: \_\_\_\_\_
2. (a) Principal place of business (**Location (1)**): \_\_\_\_\_  
(b) **Telephone No.** of primary place of business: \_\_\_\_\_
3. (a) **Years in business** under current and all former corporate names: \_\_\_\_\_  
(b) If Named Insured is subsidiary, name of *parent company*: \_\_\_\_\_
4. Show **all other insured locations**, including addresses and **corporate names** (e.g.: *subsidiaries*): \_\_\_\_\_

| Location #/Name of Insured Entity & Relationship to Named Insured | Complete Address | Years in Business |
|---|------------------|-------------------|
| (2)   |                  |                   |
| (3)   |                  |                   |
| (4)   |                  |                   |

(Note: if there are multiple locations within a state, show only main location for each state.)

5. Estimated **Annual Sales** for Policy Period: \_\_\_\_\_ **Annual Payroll**: \$ \_\_\_\_\_
6. Name of **present EPLI Insurer**, **limits** and **retroactive date**: \_\_\_\_\_

7. Describe **business activities** and **SIC codes** applicable to each insured location and show number of all employees at each such location. (Note: include all **temporary** and **seasonal employees** as well as **officers, owners and partners** who are active in the business (including all affiliates.)

| Location No. | Primary Business Activities | SIC Code | # Full-time Reg. | # Full-time Seas/Temp | # Part-time Reg. | # Part-time Seas/Temp |
|--------------|-----------------------------|----------|------------------|-----------------------|------------------|-----------------------|
| (1)          |                             |          |                  |                       |                  |                       |
| (2)          |                             |          |                  |                       |                  |                       |
| (3)          |                             |          |                  |                       |                  |                       |
| (4)          |                             |          |                  |                       |                  |                       |

(Note: if there are multiple locations within a state, show total employment for each state.)

8. Indicate **employment turnover** at each insured location **during the last three years** (in columns asking for terminations, show separate figures for **voluntary** and **involuntary terminations**):

| Location No. | # Full-time Employees hired | # Full-time Employees terminated (vol./invol.) | # Part-time Employees hired | # Part-time Employees terminated (vol./invol.) |
|--------------|-----------------------------|--|-----------------------------|--|
| (1)          |                             | /  |                             | /  |
| (2)          |                             | /  |                             | /  |
| (3)          |                             | /  |                             | /  |
| (4)          |                             | /  |                             | /  |