

**APPLICATION FOR  
EMPLOYMENT  
RELATED PRACTICES  
LIABILITY INSURANCE**



*Milton O. Johnston and Company*  
 P. O. Box 680105  
 Houston, Texas 77268-0105  
 281-444-5167 800-940-4889  
 Fax 281-444-4642

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY WHICH INCLUDES DEFENSE EXPENSE WITHIN THE LIMITS OF COVERAGE.  
 IF ISSUED, READ YOUR POLICY CAREFULLY.

**I. GENERAL INFORMATION**

1. Named Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 \_\_\_\_\_
3. Person to contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Business is:     Corporation         Individual Proprietor         Partnership         Other(Specify) \_\_\_\_\_
5. Nature of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Years in Business \_\_\_\_\_
6. Number of locations by state (including #2 above): \_\_\_\_\_
7. Desired Limits: Each Insured Event Limit/Total Limit (000's omitted)  
 500/500     1000/1000     2000/2000     3000/3000     4000/4000     5000/5000
8. Desired Effective Date: \_\_\_\_\_
9. Describe prior coverage for the past three years (if any):

Policy Period	Insurer	Premium	Limit	SIR/Deductible	% Co-Pay
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**II. EMPLOYEES**

1. Total Number of Employees, including Directors and Officers, (all locations):
 

<b>Non-union:</b>	Full Time _____	Part Time _____	Seasonal _____	Temporary _____
<b>Union:</b>	Full Time _____	Part Time _____	Seasonal _____	Temporary _____

For seasonal and temporary employees, indicate total annual hours worked:  
                                 Non-union \_\_\_\_\_        Union \_\_\_\_\_
2. Total number of employees for each of the last 3 years (all locations):  
                                 Latest Year \_\_\_\_\_        Second Year \_\_\_\_\_        Third Year \_\_\_\_\_
3. Annual employee turnover rate for each of the last 3 years (all locations):  
                                 Latest Year \_\_\_\_\_ %        Second Year \_\_\_\_\_ %        Third Year \_\_\_\_\_ %
4. How many employees have you terminated in the past three years (all locations):  
                                 Latest Year \_\_\_\_\_        Second Year \_\_\_\_\_        Third Year \_\_\_\_\_
5. Percentage of employees with salaries greater than:        \$100,000 \_\_\_\_\_ %        \$250,000 \_\_\_\_\_ %
6. Number of employees by length of service:        Less than 5 years \_\_\_\_\_        More than 5 years \_\_\_\_\_
7. Number of employees by state: \_\_\_\_\_  
                                 State    #        State    #        State    #        State    #        State    #