

National Casualty Company

Home Office: Madison, Wisconsin
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SHORT FORM RENEWAL APPLICATION FOR PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY

THE EPLI COVERAGE IS ON A CLAIMS MADE BASIS.
PLEASE READ THE COVERAGE PART CAREFULLY.

NOTICE TO THE INSURED: THIS APPLICATION FOR THE EPLI COVERAGE PART IS ON A CLAIMS MADE BASIS. PLEASE READ THE COVERAGE PART CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. EXCEPT FOR THE EXTENDED REPORTING PERIOD, THERE IS NO COVERAGE FOR CLAIMS REPORTED AFTER TERMINATION OF POLICY. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS MADE RELATIONSHIP, CLAIMS MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND AN INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY.

THE DEDUCTIBLE AMOUNT SHOWN IN THE PERSONNEL CONSULTANTS AND TEMPORARY HELP SERVICES PROFESSIONAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY COVERAGE PARTS WILL BE APPLIED TO BOTH DAMAGES AND CLAIM EXPENSE. CLAIM EXPENSE WILL BE CHARGED AGAINST THE DEDUCTIBLE AND WILL NOT EXCEED FIFTY PERCENT (50%) OF SUCH DEDUCTIBLE. THE COMPANY WOULD ASSUME ANY CLAIM EXPENSE OVER THIS AMOUNT.

1. Name of **Applicant** (please include DBAs): **(Use an additional sheet of paper if necessary)** _____

Address: _____

City: _____ State: _____ Zip: _____

2. CLAIMS

(IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS YOU MUST COMPLETE A FULL RENEWAL APPLICATION. PLEASE CONTACT YOUR AGENT.)

a. **Since the completion of your last application has there been any Professional Liability or Employment Practices Liability (EPLI) claims, incidents or regulatory complaints made against you, any employee or former employee, the Applicant or anyone proposed for this insurance, in the last year?**..... Yes No

If yes, how many? _____

If yes, please contact your Agent and complete a full renewal application as well as a Claim/Circumstance/Administrative Hearings Supplement for each claim.

b. **Since the completion of your last application have you or anyone proposed for this insurance become aware of any circumstances which might give rise to a Professional Liability or EPLI claim, incident or regulatory complaint?**..... Yes No

If yes, how many? _____

If yes, please contact your Agent and complete a full renewal application as well as a Claim/Circumstance/Administrative Hearings Supplement for each incident.

c. **Since the completion of your last application have you or anyone proposed for this insurance become aware of any charges, inquiries, investigations, grievances or other administrative hearings in the last year or currently?** Yes No

If yes, how many? _____

If yes to any, please contact your Agent and complete a full renewal application as well as a Claim/Circum- stance/Administrative Hearings Supplement for each.

EXPIRATION DATE OF CURRENT POLICY: ____ / ____ / ____

RENEWAL PREMIUM THAT MUST BE RECEIVED PRIOR TO EXPIRATION DATE OF CURRENT POLICY IN ORDER TO RENEW YOUR CURRENT POLICY: \$ _____

SIGNATURE SECTION AND OTHER INFORMATION

NOTE: Please recheck all answers and sign below. Coverage cannot be bound without signature or if this application is incomplete.

THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS OR HER BELIEF AND KNOWLEDGE, AFTER REASONABLE INQUIRY AND DUE DILIGENCE, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY SUPPLEMENTS THERETO ARE TRUE AND CORRECT.

THE UNDERSIGNED DECLARES THAT ANY CLAIM, INCIDENT OR CIRCUMSTANCE TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WILL IMMEDIATELY BE REPORTED IN WRITING TO THE INSURER. AS A RESULT, THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE A POLICY.

THE APPLICANT UNDERSTANDS AND AGREES THIS APPLICATION AND ANY SUPPLEMENTS THERETO SHALL BE INCORPORATED INTO ANY POLICY THAT MAY BE ISSUED AND THE UNDERWRITERS ARE RELYING ON THE TRUTH OF THE STATEMENTS SET FORTH HEREIN IN MAKING A DETERMINATION TO ISSUE ANY POLICY. THE APPLICANT ALSO UNDERSTANDS AND AGREES THIS APPLICATION FOR COVERAGE DOES NOT MEAN ANY REQUESTED COVERAGES, LIMITS OR DEDUCTIBLES SHALL BE GRANTED IN FACT; UNDERWRITERS MUST AGREE TO ANY REQUESTS WHETHER IN THE APPLICATION OR OTHERWISE.

THE UNDERSIGNED INDIVIDUAL REPRESENTS HE OR SHE IS DULY AUTHORIZED AND EMPOWERED TO MAKE THIS APPLICATION, INCLUDING THE REPRESENTATION, ON BEHALF OF THE APPLICANT OR ANY INDIVIDUAL WHO MAY SEEK COVERAGE UNDER ANY BINDER OR INSURANCE POLICY ISSUED IN RELIANCE HEREON.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Name of Applicant

Signature and Title of Principal (must be owner, partner or officer)

Date