



EMPLOYMENT PRACTICES LIABILITY RENEWAL APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF SPACE IS INSUFFICIENT, PLEASE ATTACH DETAILS BY ADDENDUM**

Applicant: _____

Policy Number: _____

Expiry Date: _____

Financial

Prior Year Revenue:

Domestic: _____

USA: _____

Foreign: _____

Estimated Revenue for Upcoming Year:

Domestic: _____

USA: _____

Foreign: _____

Operations

Do you have a written policy on sexual harassment that is available to your employees? Yes No

Do you have an employment handbook that you provide to staff that addresses the procedure in the event of an employment practice complaint? Yes No

Do you employ a part or full time Human Resource person? Yes No

Do you anticipate selling or acquiring any business that entails changes to your employee work force? Yes No

Number of full-time Employees: _____ Number of part-time Employees: _____

Number of Involuntary Terminations in the past 12 months: _____

Number of Voluntary Terminations in the past 12 months: _____

Do you anticipate any layoffs in the next 12 months: Yes No

Has there been, or do you anticipate, any change in the nature of business operations? Yes No
If 'Yes', attach details.

After reasonable inquiry the undersigned authorized representative of the person(s) and entity(ies) proposed for this insurance warrants that there are no claims, facts, circumstances, incidents or events that may give rise to a claim that may potentially fall under the proposed insurance since the application for the original policy term was signed.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

Title

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**