

# ESI-EPL Claim Supplement

*This is an application for a claims-made and reported policy.*



**PROFESSIONAL LIABILITY  
INSURANCE SERVICES, INC.® -  
UNDERWRITING FACILITIES**  
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1. Name of Company: \_\_\_\_\_
2. Full name and title of individual(s) involved in the claim/incident: \_\_\_\_\_  
\_\_\_\_\_
3. Full name and title of claimant: \_\_\_\_\_
4.
  - a. Is/was the claimant an employee of the applicant? ..... YES  NO
  - b. Was there an employment relationship? ..... YES  NO
  - c. Is the employee still employed by applicant? ..... YES  NO
  - d. Are other witnesses / involved parties still employed? ..... YES  NO
  - e. Was there a breach of any employment relationship? ..... YES  NO
5.
  - a. Indicate the current status:  Claim / Suit  Incident  Open  Closed
  - b. What is the current status of the claim? \_\_\_\_\_  
\_\_\_\_\_
6.
  - a. Date of act giving rise to the claim / incident: \_\_\_\_\_
  - b. Date claim / incident made against the applicant: \_\_\_\_\_
  - c. Date claim/incident was reported to insurer: \_\_\_\_\_
  - d. Name of the insurer the claim / incident was reported to: \_\_\_\_\_
  - e. Was there an attorney involved? \_\_\_\_\_
  - f. Was the attorney appointed by the insurer? ..... YES  NO
7. The claim involves / involved the following laws or issues (please check all that apply)
 

<input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Discrimination (Type) _____  <input type="checkbox"/> Wrongful Termination <input type="checkbox"/> Equal Pay Act (EPA) <input type="checkbox"/> FLSA (Fair Labor Standards) Wage and Hour <input type="checkbox"/> FMLA <input type="checkbox"/> Emotional Distress	<input type="checkbox"/> False Imprisonment <input type="checkbox"/> Retaliation <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Affirmative Action <input type="checkbox"/> Whistle Blower Retaliation <input type="checkbox"/> Implied Contract <input type="checkbox"/> Breach of written contract <input type="checkbox"/> Invasion of Privacy <input type="checkbox"/> Libel / Defamation <input type="checkbox"/> Slander	<input type="checkbox"/> Good Faith and Fair Dealing <input type="checkbox"/> Retaliation (Type) _____  <input type="checkbox"/> Other Issues _____ _____ _____
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8. If the claim / incident is still open, answer the following:
  - a. Claimant's settlement demand: \_\_\_\_\_
  - b. Insurer's defense and / or loss reserves: \_\_\_\_\_
  - c. Current defense costs incurred to date: \_\_\_\_\_
  - d. Applicant's offer for settlement / estimate of settlement amount: \_\_\_\_\_
  - e. Do you have a signed settlement/separation agreement ..... YES  NO
9. If the claim / incident is closed, please answer the following:
  - a. Total Defense Costs Paid: \_\_\_\_\_
  - b. Total Deductible Applied: \_\_\_\_\_
  - e. Out of court settlement? ..... YES  NO
  - f. Court Judgement? ..... YES  NO
  - b. Total Indemnity Paid: \_\_\_\_\_
  - d. Total paid in excess of deductible: \_\_\_\_\_
  - Date of Settlement: \_\_\_\_\_
  - Date of Judgement: \_\_\_\_\_
10. Description of the alleged act upon which the claimant bases the claim / incident. Include events leading to the claim / incident. Use additional space on back if the space below is insufficient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Explain what action(s) have been taken to prevent a recurrence or to mitigate damages of a similar claim/incident: \_\_\_\_\_  
\_\_\_\_\_

12. Was an impartial investigation conducted? ..... YES  NO   
If yes, please provide who conducted the investigation: \_\_\_\_\_

13. Name(s) of Supervisor(s) of the alleged violator involved in the claim/incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is agreed that if there is knowledge of any such Claim(s), fact(s), circumstance(s), situation(s), transaction(s) or event(s), any claim subsequently emanating there from shall be excluded from coverage under the insurance being applied for.**

The undersigned warrants and represents that the statements set forth are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known and agree that this supplement shall become the basis of any coverage and a part of any policy that may be issued by the Company.

**In addition to all other terms and conditions:**

**Applicable in Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance 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.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's authorized signature of a Principal Partner or Officer**

\_\_\_\_\_  
**Printed Name of Applicant's authorized signature of a Principal Partner or Officer**