



Trivedi-Capacity Associates, LLC

Employment Practices Liability Application

I. GENERAL APPLICANT INFORMATION:

Applicant's Name _____
 Location Address _____ City _____ State _____ Zip _____
 Mailing Address (if different than location) _____
 Principal _____ E-mail address _____

II. NATURE OF OPERATIONS:

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III. EMPLOYEE COUNT

Full-time employees _____	Part-time _____	Temporary/Seasonal _____	Independent Contractors _____	Leased _____
How many employees are located in the following:	California _____	Florida _____	New York City _____	Outside the US _____

IV. EMPLOYEE TURNOVER

	Voluntary	Involuntary
This Year		
Last Year		

Has any entity proposed for insurance downsized, laid off or reduced staff in the past 12 months or anticipates doing so in the next 12 months? Yes No

IV. UNDERWRITING INFORMATION:

1. Year established _____
2. Has any entity proposed for coverage closed, sold, merged or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes No
3. Within the last five years, has any person or entity proposed for this insurance been the subject of or involved in litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor of the Equal Opportunity Commission?
(If "Yes," please complete an ACE Claim Supplement for each claim) Yes No
4. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the applicant or any of its directors, officers, trustees, employees or volunteers?
(If "Yes," please complete an ACE Claim Supplement for each claim) Yes No
5. Has any policy for Employment Practices Liability ever been cancelled or non-renewed? Yes No
6. Did the applicant have prior coverage? Yes No

Carrier _____ Limits _____ Retention _____ Premium _____ Continuity Date _____

Applicant's Signature: _____
 (Must be signed by the highest ranking official of the board) Date (Mo./Day/Yr.)