

CALIFORNIA HOMEOWNERS EMPLOYMENT PRACTICE LIABILITY SUPPLEMENTAL APPLICATION

CALIFORNIA HOMEOWNERS EMPLOYMENT PRACTICE LIABILITY IS A CLAIM FIRST MADE COVERAGE

This application will be deemed to be part of and attached to any California Homeowners Employment Practices Liability Endorsement which may be issued.

1. List any Resident Employee Positions which you want covered.

<u>Covered Position</u>	<u>State of Employment</u>

2. Loss History

Furnish loss/claims history including administrative claims with the EEOC or any state agency for the past three years for any wrongful termination, discrimination or sexual harassment claim made against any person proposed for insurance in any capacity. If none, please state NONE.

Date Claim Made	Claimant	Type of Claim	Amount Incurred

3. Is any proposed insured aware of a fact, circumstance or situation which could reasonably lead to a claim including, but not limited to, any employee making any complaint about harassment or inappropriate language or actions? _____
Yes _____ No (If yes, please provide details on a separate sheet.)

4. Have you terminated any employee or has any employee quit within the past twelve months? ____ Yes ____ No
(If yes, please provide details on a separate sheet.)

The Applicant warrants on its behalf and on behalf of all proposed insureds that after full investigation and inquiry the statements set forth herein are true and include all material information.

The Applicant further warrants on its behalf and on behalf of all proposed insureds that if the information supplied on this application changes between the date of this application and the inception date of the policy, it will immediately notify Homeowners Production Unit of such change. Signing of this application does not bind Homeland Insurance Company of New York to offer nor the Applicant to accept insurance, but it is agreed that this application (facsimile/copy or original) shall be the basis of the insurance and will be attached and made a part of the policy should a California Homeowners Employment Practices Liability Endorsement be issued.

_____ **Date**

_____ **Signature of Applicant (Homeowner)**