Accountants Professional Liability Insurance Application

| | | Firm |
|----------------|--|--------------------------------|
| Employme | ent Practices Defense Coverage Application | S-11 |
| Available in | most states. | |
| • | ike your quotation to include defense only coverage for employee claims involving inapproprediscrimination, please complete the following information and return with your professional | - · |
| Limit: | \$50,000 per occurrence defense only \$100,000 per occurrence defense only | |
| Co-payment: | 10% | |
| Coverage: | Defense only on a Claims-Made and Reported basis | |
| | is tendered, the CPA will have the right to select his or her own counsel and Great Divide cla insured is responsible for his expense and defense and Great Divide will reimburse the insure payment. | |
| 1. Does your l | Firm have an Employee Handbook? | ☐ Yes ☐ No |
| • | Firm have in place any formal policy or procedure regarding employment practices? lease attach a copy. | ☐ Yes ☐ No |
| 3. Has anyone | e in your Firm had any formal training/education regarding employment practices? | ☐ Yes ☐ No |
| or any own | employment practices-related charges been filed within the past five years againstyour Firm the or employee? Itease explain | ☐ Yes ☐ No |
| = | vare of any current situation that could result in a potential employment practices claim? | ☐ Yes ☐ No |
| Coverage does | s not include suits made by the owner(s), partner(s), and/or shareholder(s) of the Firm. | |
| | at information submitted on this supplement becomes a part of my application for coverage are attations and conditions of that application. | nd is therefore subject to all |
| Any person w | Residents of Maryland The knowingly or willfully presents a false or fraudulent claim for payment of a loss or beents false information in an application for insurance is guilty of a crime and may be subject to | |
| Signature | Date | |