



Firm _____

Employment Practices Defense Coverage Application**S-11****Available in most states.**

If you would like your quotation to include defense only coverage for employee claims involving inappropriate employment conduct, harassment, or discrimination, please complete the following information and return with your professional liability application.

Note: CAMICO professional liability policyholders are eligible to apply for Employment Practices Liability Insurance Policy which covers both defense and indemnity costs. If you would like more information please contact your CAMICO representative.

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

When a claim is tendered, the CPA will have the right to select his or her own counsel and CAMICO claims personnel will act as advisors. The insured is responsible for his expense and defense and CAMICO will reimburse the insured up to the applicable Limit less co-payment.

1. Does your Firm have an Employee Handbook? ☐ Yes ☐ No
2. Does your Firm have in place any formal policy or procedure regarding employment practices? ☐ Yes ☐ No
If "Yes", please attach a copy.
3. Has anyone in your Firm had any formal training/education regarding employment practices? ☐ Yes ☐ No
4. Have any employment practices-related charges been filed within the past five years against your Firm or any owner or employee? ☐ Yes ☐ No
If "Yes", please explain. _____
5. Are you aware of any current situation that could result in a potential employment practices claim? ☐ Yes ☐ No
If "Yes", please explain. _____

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

FRAUD WARNINGS – Residents of California

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature _____ Date _____