



TOKIO MARINE  
HCC



# **Employment Practices Liability Insurance Solutions**

## IIABCal Program Application

PROGRAM ADMINISTRATOR



LICENSED PROGRAM PARTNER





## Qualifications

- **Applicant MUST submit this Proposal Form through an IIABCal Member**

- Applicant must be headquartered in the United States
- Applicant must not have experienced any employment-related claims / incidents or potential claims whether insured or not (excluding workers compensation claims) within the past three (3) years. Applicant must also not have been named as a defendant or respondent before any federal, state, or local agency within the past three (3) years. Applicants with 132a claims that have closed for \$0 total incurred within the past three (3) years will be considered for the program

## Program Details

- Insurer: Houston Casualty Company – A Non Admitted Carrier, A++ (Superior) AM Best Rating
- Full Prior Acts coverage is included, excluding prior knowledge and any pending and/or prior litigation – see form for specific language. – All New Business accounts with no current coverage will be bound with a retro date of inception. Current coverage must carry a minimum of a \$250,000 EPL limit that is not shared
- The policy insures the entity as well as all employees, including part-time, temporary, leased (by endorsement), seasonal, and independent contractors (by endorsement)
- Third Party Wrongful Act Coverage
- Broad definition of discrimination that includes the following triggers: perceived or historic disability, marital status, medical condition, genetic information, military or veteran status, and gender identity and/or gender expression
- Broad definition of employee that includes an individual who has filed an application for employment
- Immigration Coverage \$100,000 sublimit **NEW FOR 2025**
- Workplace Violence Coverage \$100,000 sublimit **NEW FOR 2025**
- Affirmative coverage for Third Party Disability Access Discrimination claims
- Up to three (3) years of ERP options are built into the form
- Full complement of risk management services provided by HR Pilot®, which include unlimited hot line service, online training, and state and federal compliance assistance

DISCLAIMER: The above is a list of coverage highlights only and is not intended to be a complete summary of the policy nor is it to be construed as determination of coverage.

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## Program Administrator - CRC San Francisco

Direct all applications, bind orders, questions to:

### Lucy Yu

lyu@crcgroup.com  
415.951.8467

### Pete Thrasher

pthrasher@crcgroup.com  
415.951.8459

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## Excluded Classes of Business

The following classes are NOT eligible for the IIABCal EPLI Program

Amusement / Gambling

Any Type of Agricultural Risk

Apparel Manufacturing

Assisted Living Services / In Home Care

Auto Dealers

Banks

Beauty Salon / Hair Salon / Nail Salon  
/ Day Spa / Massages

Car Washes

Casinos

Churches

Collection Agencies

Customer Service Centers / Call Centers

Day Cares, Camps, Youth Programs

Designers / Fashion Houses / Artists

Education Services / Schools

Employee Placement Services

Entertainment and Media Related

Financial Related Risks

Franchise Restaurants

Franchisors

Full-Service Restaurants\*

Golf Courses / Country Clubs

Health Spa / Gym / Fitness  
Instruction / Martial Arts

Homeowners Associations

Hospitals

Hotels / Motels / Inns

Investment Groups

Lawyers

Legal Related Risks

Limited Service Restaurants  
with Full Bars – (Beer / Wine Only  
Will be Considered)

Management Companies

Marijuana / CBD Dispensaries

Meat Distributors / Meat Processing  
/ Meat Wholesalers

Medical Professional Services

Medical Spas

Mortgage Brokers

Night Clubs / Bars / Lounges

Non-Profits

Nursing Activities

Offices of Doctors, Dentist,  
and all other Health Practitioners

Passenger Transportation Services

PEO's

Pharmacies

Private Households / Domestic

Property Managers

Public Entities

Real Estate

Rehab Facilities / Services

Residential Cleaning Services

Security Guards

Software Programmers / Developers

Temporary Employment Agencies /  
Staffing Agencies / Recruiting  
Agencies / Firms

Traveler Accommodations

TV Media / Broadcasting Productions

Unions

Valet Services

Veterinarians

Vocational and Trade Programs

Wineries

*\*Full-Service Restaurants are excluded from the program. This industry comprises of establishments primarily engaged in providing food services to patrons who order and are served while seated (i.e. waiter/waitress service) and pay after eating.*

All Limited Service Restaurants must be submitted for approval for coverage

### Wage & Hour Excluded Classes of Business\*\*:

- Caterers
- Insurance Brokers, Agents
- Pizza/Food Delivery Service Dealership
- Towing Operations
- Couriers
- Janitorial Services
- Trucking
- Event Planners
- Motorcycle Dealers
- Tour Guides

\*\*Any type of risk that uses primarily Independent Contractors

## 2025 Premiums and Deductibles

Total Employees	\$250,000 / \$250,000 Limit	\$500,000 / \$500,000 Limit	\$1,000,000 / \$1,000,000 Limit	Deductible*
1-5	\$2,035	\$2,336	\$2,941	\$5,000
6-10	\$2,508	\$2,813	\$3,547	\$5,000
11-15	\$2,683	\$3,028	\$3,806	\$5,000
16-20	\$3,289	\$3,893	\$4,846	\$5,000
21-25	\$3,806	\$4,498	\$5,623	\$5,000
26-30	\$4,498	\$5,191	\$6,662	\$5,000
31-35	\$4,803	\$5,884	\$7,441	\$5,000
36-40	\$5,191	\$6,662	\$8,264	\$5,000
41-45	\$6,056	\$7,526	\$9,517	\$5,000
46-50	\$6,509	\$7,993	\$10,299	\$5,000
51-55	\$7,475	\$8,911	\$10,743	\$5,000
56-60	\$7,925	\$9,517	\$11,326	\$5,000
61-65	\$8,358	\$10,140	\$11,954	\$5,000
66-70	\$8,894	\$10,657	\$12,663	\$5,000
71-75	\$9,430	\$11,120	\$13,214	\$5,000
76-80	\$9,902	\$11,676	\$13,875	\$10,000
81-85	\$10,396	\$12,259	\$14,568	\$10,000
86-90	\$10,916	\$12,872	\$15,297	\$10,000
91-95	\$11,462	\$13,515	\$16,062	\$10,000
96-100	\$12,036	\$14,191	\$16,866	\$10,000
101-150	Program rates and enhancements are available. Contact CRC for pricing.			

### Important Notes

- Full-time employee is counted as 1 employee
- Part-time, seasonal or temporary employee is counted as half (0.5) an employee. Employee counts that arrive at a half (.5) will be rounded up. For example, 15.5 employees will be rated as 16 employees
- Independent Contractors and Leased workers that are to be covered must be counted as 1 regular full-time employee
- If eligible, Wage & Hour Defense Costs Coverage \$100,000 sublimit endorsement will be offered with a minimum \$25,000 deductible.
- Any insured with headquarters or a location in Los Angeles, Orange, San Francisco County will receive a \$15,000 deductible
- Limited-service restaurants, convenience stores and gas stations will receive a \$15,000 increased deductible for Third Party ADA claims

**Please accurately calculate your employee count. No reduction in employee count that affects the premium will be accepted after binding coverage.**

• **Plus CA Taxes and Fees (3.18% in addition to the premium) Outside of CA please contact CRC for the appropriate SLA taxes, fees, and filing forms for that state**

• **Plus Broker Fee (fully earned /non-refundable) - \$275 Broker fees are not taxable in CA, but may be taxable in other states. Please contact CRC to find out if taxable**

• **Payment is not required to bind coverage. CRC will invoice your agency after binding**

## Insurance Agency Class of Business Only Premium Chart

The standard IIABCal EPLI Program criterion applies to the Insurance Agency Program  
Deductibles:

Total Employees	\$100,000 / \$100,000 Limit	\$250,000 / \$250,000 Limit	\$500,000 / \$500,000 Limit	\$1,000,000 /\$1,000,000 Limit
1 – 5	\$1,986	\$2,925	\$3,100	\$3,976
6 – 10	\$2,307	\$3,483	\$3,751	\$4,614
11 – 15	\$2,494	\$3,658	\$3,855	\$4,991
16 – 20	\$3,154	\$4,555	\$4,844	\$6,278
21 – 30	\$4,577	\$6,084	\$6,485	\$8,490
31 – 40	-	\$7,741	\$8,259	\$10,854
41 – 50	-	\$9,642	\$10,300	\$13,579

- **EPL Claims Deductible** - \$10,000
- **3rd Party Deductible** - \$10,000

**NOTES: Wage & Hour Coverage is not available for Insurance Agency Class**

**\*Any insured with headquarters or a location in Los Angeles, Orange, San Francisco County will receive a \$15,000 deductible**

## Section A. General Information

1. Name of Insured:

*If there are other entities for which coverage under this Policy is requested, please provide their name(s) prior to binding coverage and complete the Additional Insured/Location schedule.*

2. Address of Named Insured (physical address required, no P.O. Box):

3. Federal Tax Classification:

C Corp ☐ S Corp ☐ Partnership ☐ LLC (C Corp) ☐ LLC (S Corp) ☐ Other: \_\_\_\_\_

4. Years in Operation:

5. Nature of Business:

6. Website:

7. Contact Name:

8. Telephone:

9. Fax:

10. Email Address:

11. Is your company a franchise? ☐ Yes ☐ No

11a. If yes, please provide the name of the franchise:

12. Total Number of Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_ Temporary: \_\_\_\_\_

**No reduction in employee count that affects the premium will be accepted after binding. Please do not include independent contractors or leased workers in the above employee counts. See below.**

13. Does your organization use Independent Contractors?

☐ Yes ☐ No

a. If you are seeking coverage for Independent Contractors, please indicate the total number: \_\_\_\_\_

14. Does your organization use Leased Workers?

☐ Yes ☐ No

If you are seeking coverage for Leased Workers, please indicate the total number and provide the name of the Leasing Firm:

a. Number of Leased Workers: \_\_\_\_\_

b. Name of Leasing Firm: \_\_\_\_\_

15. Indicate the number of employees whose annual income is greater than \$100,000: \_\_\_\_\_

16. List all locations and/or entities to be covered by the policy for which you are applying you **must fully complete** the Additional Insured/Location schedule, page 5 of this application.

17. Has the Organization reduced staff (voluntary or involuntary) by more than 50% (excluding seasonal employees) in any of the last three (3) years?

☐ Yes ☐ No

*If yes, coverage cannot be bound under the terms of this program. Submit complete details for quote outside program.*

18. Does the Organization anticipate closing any facilities, reducing any staff or laying off any employees (excluding seasonal employees) during the next twenty-four (24) months?

☐ Yes ☐ No

*If yes, please state the reason for the action and identify the number of employees affected. Coverage will be considered but cannot be bound until approved by the underwriter.*

19. Does the Organization anticipate in the next twelve (12) months or has the transacted in the last twenty-four (24) months any restructuring or legal or financial reorganization or filing for corporate bankruptcy?

☐ Yes ☐ No

*If yes, coverage cannot be bound under the terms of this program.*

## Section B. Human Resources

1. Does your company have a Human Resources or Personnel Department? ☐ Yes ☐ No
2. Do you train all your employees, managers and supervisors on HR related issues, including prohibited harassment and discrimination? ☐ Yes ☐ No
3. Have you adopted and implemented anti-sexual harassment policies and written procedures? ☐ Yes ☐ No
4. Do you have an EEO Statement or have you adopted and implemented anti-discrimination policies and developed written procedures? ☐ Yes ☐ No
5. Does your company have an Employee Handbook? ☐ Yes ☐ No  
*If no to questions 2, 3 or 4 above, coverage cannot be bound until these policies are in place or within 30 days of binding. Insured will work with HR Pilot to complete the subjectivity(ies)*
6. Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law? ☐ Yes ☐ No  
*If no, policy must be bound with EPL 3490 (All accounts not designed to accommodate the disabled in compliance with the America with Disabilities Act (ADA) law will be bound with the Third Party Wrongful Act Modification Excluding Disability Discrimination Access endorsement EPL 3490)*

## Section C. Claims and Insurance

1. Does the Organization have current Employment Practices Liability Policy coverage in force? ☐ Yes ☐ No  
*If no current EPL coverage, the policy will be bound retro inception.*
2. If no, has the organization ever carried this coverage? ☐ Yes ☐ No  
*If yes to either of the above, Insured must provide up to a three (3) year loss run in order to bind coverage.  
(This does not apply to current HCC renewals)*  
  
If you currently have EPL insurance which carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
3. Has any insurer ever cancelled or non-renewed this type of insurance? ☐ Yes ☐ No  
*If yes, please provide details. Coverage will be considered but cannot be bound until approved by the underwriter.*

### The below questions are not required to be answered by current TMHCC policyholders.

4. Have you ever had a claim whose total paid amounts (including defense costs) exceed \$100,000 in the past five (5) years? ☐ Yes ☐ No  
*If yes, please provide details. Coverage will be considered but cannot be bound until approved by the underwriter.*
5. Has any claim, suit, complaint, charge, or other proceeding related to actual or alleged wrongful employment practices, including but not limited to sexual harassment, wrongful termination, wrongful discrimination, unfair labor practices, or wage and hour violations, been brought against your company in the last THREE (3) years? ☐ Yes ☐ No  
*This includes, but is not limited to, any complaint or charge filed with the EEOC, state or local FEPA, or other administrative agency, any demand letter from an individual or an attorney, or any state or federal lawsuit.  
If yes, coverage cannot be bound under the terms of this program.*
6. Does any Director, Officer, Manager, Supervisor, Employee or Partner currently have knowledge of any pending Claim(s) and/or any fact(s), circumstance(s), situation(s) or event(s) which could reasonably give rise to a Claim against you for alleged employment practices by any former or current employee or a claim alleging third party discrimination or harassment, including but not limited to any alleged violations of the ADA, which could reasonably give rise to a Claim against you? ☐ Yes ☐ No  
*If yes, coverage cannot be bound under the terms of this program.*

## Section D. Representations and Important Notices

The undersigned, acting on behalf of all Insureds, declare that the statements set forth herein are true and correct and that thorough efforts have been made to obtain sufficient information from each and every Insured proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the particulars and statements contained in the Application and any material submitted herewith are their representations and that they are material and are the basis of the insurance contract. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the Policy. Any material submitted with the Application shall be maintained on file (either electronically or paper) with the Insurer and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any significant change in the condition of the applicant is discovered between the date of this Application and the Policy inception date, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately;
- Any Policy, if issued, will be in reliance upon the truth of such representations; provided, however, with respect to such statements and representations, no knowledge or information possessed by any Insureds shall be imputed to any other Insureds. If any person or persons knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Chief Financial Officer of the Insured Entity knew as of the Policy inception date that such declarations and statements contained in the Application(s) were untrue, inaccurate or incomplete, then this Policy will be void as to that person or persons and the Insured Entity;
- This Application has been completed as respects the entire Insured Entity;

The signing of this Application does not bind the undersigned to purchase the insurance.

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### Applicant's Authorized Signature of the President, Chief Executive Office, or equivalent position

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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## WAGE & HOUR SUPPLEMENTAL APPLICATION

*Eligibility is subject to completion of the Wage and Hour Supplemental Application and underwriter approval. No backdating allowed for this coverage. Coverage must be elected at time of binding. If eligible for Wage & Hour coverage, Wage and Hour Defense Costs \$100,000 Sublimit will be offered with a minimum \$25,000 deductible.*

1. Does the organization currently carry Wage and Hour Coverage? ☐ Yes ☐ No

1.a If yes, what year did you first purchase this coverage? \_\_\_\_\_

*If no, Wage and Hour Coverage will be bound retro inception.*

2. In the past five (5) years has any current or former employee made or threatened a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime? ☐ Yes ☐ No

*If yes, please describe the outcome and how you have changed your practice to prevent claims (attach explanation if needed).*

### Question 1. and 2. does NOT apply to current TMHCC renewals that have Wage & Hour coverage

3. Does any manager, supervisor, shareholder, partner or owner within your organization have knowledge of a potential violation of any wage and hour law that could result in a claim for any violation of wage and hour laws, including but not limited to, claims related to meal periods, rest periods or unpaid overtime? ☐ Yes ☐ No

4. In the last 3 years, has any insured received from the Department of Labor or similar federal, state or local agency notice of an audit or other regulatory or administrative investigation related to compliance with or violation of any federal, state or local wage and hour laws? ☐ Yes ☐ No

5. Are all your non-exempt employees allowed to take an unpaid meal period of at least 30 minutes during which they are relieved of all duties? ☐ Yes ☐ No

### Questions 6. through 9. apply only to employers with employees located in CALIFORNIA:

6. Do any of your non-exempt employees take on-duty meal periods? ☐ Yes ☐ No

7. Are all non-exempt employees allowed to take a rest period of 10 minutes or more in the middle of each 4 hour work period? ☐ Yes ☐ No

8. Do all exempt employees receive a minimum salary of at least two times the minimum wage per week that is not subject to reduction based on the quantity (e.g., hours worked; quotas not met) or quality of their work? ☐ Yes ☐ No

9. Do you give every new non-exempt employee, at the time of hire, a written notice of their regular pay rate, overtime rate, and the basis of their pay rate (i.e. hourly, shift, weekly, salary, piece rate, commission, or otherwise)? ☐ Yes ☐ No

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### EXCLUDED CLASSES OF BUSINESS:

- Insurance Brokers, Agents
- Event Planners
- Trucking
- Janitorial Services
- Towing Operations
- Tour Guides
- Caterers
- Couriers
- Pizza / Food Service Delivery
- Any type of risk that uses primarily Independent Contractors

## Employee and Location Schedule

### INSTRUCTIONS:

List all locations and/or entities to be covered by the policy for which you are applying. Failure to list a particular location or entity may preclude coverage for that location or entity. Please note all locations and/or entities must have a majority ownership of 50%+ by the Named Insured to be eligible for coverage under this Policy. Any location, organization or entity that is created, formed or merged after the Effective Date of this Policy must be reported to the Company.

	Entity Name & Address	Nature of Business	Full Time	Part Time (include seasonal & temporary)	Leased Workers	Independent Contractors
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
	Totals					

*I understand the Location and Employee Information Schedule form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.*

**IMPORTANT NOTICE:**

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website [www.insurance.ca.gov](http://www.insurance.ca.gov). Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at [www.naic.org](http://www.naic.org). The NAIC-the National Association of Insurance Commissioners-is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: [https://naic.org/state\\_web\\_map.htm](https://naic.org/state_web_map.htm).**
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.**
- 7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet**

website of the California Department of Insurance: [www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm](http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm).

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

**D-1 (Effective January 1, 2020)**