

**Professional Protector Plan®
Employment Practices Liability
Supplemental Application**

NOTICE

THIS IS AN APPLICATION FOR CLAIMS MADE COVERAGE WHICH, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD, UNLESS, AND TO THE EXTENT, AN EXTENDED REPORTING PERIOD APPLIES. THE LIMITS OF INSURANCE SHALL BE REDUCED BY THE AMOUNT INCURRED AS DEFENSE COSTS. DEFENSE COSTS SHALL BE SUBJECT TO THE DEDUCTIBLE AND COINSURANCE PARTICIPATION, IF ANY. PLEASE REVIEW CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Name of Insured (Application must be completed by each insured listed on declarations page):	PPP Policy Number:
Coverage Effective Date:	Limit of Liability Desired: <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 250,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> Other * \$ _____ *(State Exceptions: ME,MN,NH,VT,WY)

RISK INFORMATION:

1. Are you applying for prior acts coverage from CNA? If yes, please attach a copy of your last declaration page (face sheet). Yes No

2. Previous carrier: _____ Expiring Limits: _____ Expiration Date: _____
3. Prior Acts Date used by your previous carrier: _____
4. Was an extended reporting endorsement (tail) purchased from your previous carrier? Yes No
5. Have you ever had EPL coverage declined, cancelled or non-renewed? Yes No
 If yes, provide reason(s): **(NOT APPLICABLE FOR MO)**

6. Regardless of whether or not such may have been covered by any insurance policy, have you had or do you presently have any employment related claims including, but not limited to, complaints, charges, grievances, arbitrations, litigation, administration, sexual harassment, wage and hour violations and unfair labor practices?

Yes No

If yes, provide details:

7. Are you aware of any facts, incidents or circumstances which may result in employment related claims being made against you?

Yes No

If yes, provide details:

8. Have you been involved in any administrative proceedings related to EEOC investigations?

Yes No

If yes, provide details:

9. Please provide the following information on your employees:

Number of full time non-dentist employees and their positions (i.e., hygienist, dental assistant etc.):
(Include any leased employees.)

Number of full or part time independent contractor dentists: _____

Number of full or part time employed dentists: _____

Number of full or part time independent contractor hygienists: _____

10. Do you have written policies in place relating to professional conduct in the work environment?

Yes No

If yes, have these policies been reviewed by legal counsel?

Yes No

THE APPLICANT DECLARES THAT INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND INCLUDES ALL MATERIAL INFORMATION. THE APPLICANT ALSO DECLARES THAT IF THE INFORMATION MATERIAL TO THE NATURE OF THIS INSURANCE CHANGES BEFORE THE EFFECTIVE DATE OF ANY COVERAGE WE ISSUE, THE APPLICANT WILL IMMEDIATELY NOTIFY US.

SIGNING THE APPLICATION DOES NOT BIND US OR THE APPLICANT TO OFFER OR ACCEPT INSURANCE BUT IT IS AGREED THAT THIS APPLICATION WILL BE THE BASIS OF THE COVERAGE SHOULD COVERAGE BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE COVERAGE.

THE APPLICATION MUST BE SIGNED BY THE SOLE PROPRIETOR, A PARTNER OR AN OFFICER OF THE APPLICANT.

Date

Signature of proprietor, partner or officer

Title

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Applicable in New York: Fines will not exceed \$5,000.

Applicable in Colorado:

Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.