

# ***Masterpiece*<sup>®</sup> Employment Practices Liability Coverage Coverage Request Worksheet**

Applicant: \_\_\_\_\_ Existing Chubb Policy No. \_\_\_\_\_

Who manages daily supervision, hiring, performance reviews and any disciplinary action of the applicant's **residential staff**?

Name: \_\_\_\_\_

Position, relationship to applicant: \_\_\_\_\_

Document person's name and position. If person is not a household member, how is he or she related to the insured (business manager, family office manager, etc.)?

## **Underwriting**

1. Has the applicant, his or her spouse or a **family member** ever been accused of engaging in a **wrongful employment act** with **residential staff** of any household? If yes, please explain the circumstances for each case.
  
2. Has any insurance company ever paid for damages or defense costs as the result of accusations brought against the applicant, his or her spouse or a **family member** related to a **wrongful employment act**? If yes, please explain the circumstances for each case.
  
- 3a. How many **residential staff** member(s) voluntarily left employment by the applicant, his or her spouse or a **family member** within the last three years?
  
- 3b. Has the applicant, his or her spouse or a **family member** terminated any **residential staff** member from employment within the last three years? If yes, please explain the circumstances for each case.
  
4. Has the applicant, his or her spouse or a **family member** ever had Employment Practices Liability insurance declined, cancelled or non-renewed by any insurance company for any reason? If yes, please explain the circumstances for each case.
  
5. Does the applicant or any organization acting on behalf of the applicant employ **residential staff** in the state of California or Alabama (even if California or Alabama is not the state of the individual's principal residence)? If yes, please explain the role(s) of each CA/AL domiciled employee and tenure of employment with applicant.