



The Professional Protector Plan Employment Practices Liability Supplemental Application – New York

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, AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD, ANY SUBSEQUENT RENEWAL OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMITS OF INSURANCE SHALL BE REDUCED BY THE AMOUNT INCURRED AS DEFENSE COSTS. ANY DEFENSE COSTS SHALL BE APPLIED TO, AND ACT AS A REDUCTION OF, UP TO 100% OF THE LIMITS OF LIABILITY. THIS COULD THEN RESULT IN SUCH LIMIT OF LIABILITY BECOMING COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE COSTS. WE SHALL NOT BE LIABLE FOR ANY AMOUNTS INCLUDING DEFENSE COSTS AFTER THE EXHAUSTION OF THE LIMITS OF LIABILITY. DEFENSE COSTS SHALL BE SUBJECT TO THE DEDUCTIBLE. PLEASE REVIEW CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

1. All questions must be answered. Do not leave any blanks. If a question is not applicable, please write N/A.
2. A separate application must be completed by each named insured.
3. Application must be signed and dated by applicant.

Name:	Policy Number:
Name of Legal Entity or Entities (if applicable):	Coverage Effective Date:
Limits of Liability Desired: (*State Exceptions may apply)	
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 * <input type="checkbox"/> Other \$ _____	

1. Do you desire shared or separate limits of coverage for your legal entity?

- Shared Separate (additional charges will apply.)

Number of partners/corporate officers? _____

2. Are you applying for prior acts coverage through CNA? (Please provide a copy of the declarations page of your current carrier.)

- A. For yourself? Yes No
 B. For your legal entity? Yes No

If no, was an extended reporting endorsement (tail) purchased from your previous carrier? Yes No

3. Have you ever had Employment Practices Liability coverage declined, cancelled, or non-renewed?

- Yes No

If yes, provide reasons: _____

4. 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: _____

5. 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: _____

6. Have you been involved in any administrative proceedings related to EEOC investigations? Yes No

If yes, provide details: _____

7. Please provide the following information on your employees. Please included any leased employees. Yes No

- A. Number of non-dentist employees (i.e. hygienist, dental assistant, etc.): _____
- B. Number of independent contractor dentists: _____
- C. Number of employee dentists: _____
- D. Number of independent contractor hygienists: _____

8. Do you have written policies in place relating to professional conduct in the work environment? Yes No

If no, provide reasons: _____

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For New York residents only: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: 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.) (For Puerto Rico residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED.

Signature Date

Agent's Signature Date

RETURN TO:

