

McDonald's FRANCHISE RESTAURANT PROGRAM

EMPLOYMENT PRACTICES LIABILITY INSURANCE

APPLICATION

Section 1. General Information

Name of Applicant			
Business Entity Name			
Address		City	State Zip
HR Contact Name		Telephone	Fax
E-Mail		Number of Employees in Office	
Applicant is a (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (describe):			
Principal Products/Services Restaurant		Do you currently have EPLI coverage in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify carrier	

Section 2. Location and Employee Information

The Location and Employee Information Schedule attached to this application MUST be completed

Section 3. Loss History

Furnish first dollar Loss History (5 years) for all wrongful termination, discrimination, sexual harassment claims, and workplace torts, both state and federal, civil and administrative in the space provided below. Attach additional sheets if more space is needed. **Note: If NO claims, check here:**

Date of Claim	Claimant Name	Nature of Claim	Defense Amount	Indemnity Amount	Reserve Amount	Current Status

3a. Are you aware of any facts, incidents, or circumstances which may result in a claim against you? Yes* No **If YES" provide details on a separate sheet.*

Section 4. Human Resources Procedures

Have you formally adapted and implemented the following:

- A written policy on anti-harassment and procedures to report harassment to management? Yes No
- A written policy and procedure on anti discrimination or an EEOC statement prohibiting discrimination? Yes No
- Utilize an employment application that contains an at-will provision? Yes No
- Scheduled Management and Supervisory Workplace training on HR related issues, including but not limited to anti-harassment and anti-discrimination and conflict resolution Yes No
- An Employee Complaint Telephone line service. Yes No
- An orientation program for all employees communicating work place procedures. Yes No
- Termination review by management, HR manager or outside HR professional or law firm?..... Yes No

- Does your organization anticipate any of the following in the next twelve (12) months? Yes No
 If yes to any question please explain:
 - Selling or closing any locations or operations? If yes, how many _____
 - Acquiring or opening any new locations or operations? If yes, how many _____

- Does your Company lease employees under this policy? If yes, how many _____ Yes No
 Please provide name of leasing company _____
- Do you have a written policy that prohibits the employment of registered sex offenders, as allow by applicable law and as recommended by McDonald's Operating Standards..... Yes No

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Section 5. Third Party Discrimination and Sexual Harassment Coverage

- Do you have a written procedures for handling complaints of discrimination and sexual harassment from a "person" other than an employee? Yes No
- Have you received and complaints alleging discrimination and/or sexual or non-sexual harassment from a "person" other than an "employee" in the pas five (5) years? Yes No
 If yes, provide total number of complaints received
- Please provide on a separate sheet including any amounts paid or reserved
- Are your facilities designed to accommodate the disabled in compliance with the Americans with Disabilities Act (ADA) law? Yes No
- If No, do you anticipate that your facilities will be in compliance with the ADA law in the next twelve (12) months? If no, please explain why. Yes No
- Do you provide training to your employees regarding discrimination and sexual or non-sexual harassment of a "person" other than an employee? Yes No

Section 6. Requested Limit Options

- | | | |
|--|--|--|
| <input type="checkbox"/> \$500,000 / \$500,000 | <input type="checkbox"/> \$500,000 / \$1,000,000 | <input type="checkbox"/> \$500,000 / \$3,000,000 |
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$1,000,000 / \$2,000,000 | <input type="checkbox"/> \$1,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$250,000 / \$3,000,000 | | |
| Deductible Options: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | | |

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

The Application warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy. The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense that are incurred shall be applied against the retention amount.

The Applicant further warrants that if the information supplied on this application changes between the date of the application and the inception date of the policy, the Applicant will immediately notify the underwriters. It is agreed that this application shall be the basis of insurance and will be attached and made a part of the policy should a policy be issued.

Date _____

Applicant's Authorized Signature _____

Title _____

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Location and Employee Information Schedule

INSTRUCTIONS: List all franchise locations to be covered by the policy for which you are applying. This form must be dated and signed by the same individual who signs the application.

	Franchise Type	Store No.	Entity / Address	Full Time Employees	Part Time Employees
1.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
2.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
3.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
4.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
5.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
6.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
7.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
8.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
9.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
10.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
11.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
12.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
13.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
14.	<input type="checkbox"/> Full Store <input type="checkbox"/> Non-Standard Unit <input type="checkbox"/> 24 Hour/Drive Thru				
			Total	Total Locations	Total Full Time
					Total Part Time

I understand the information on this form will become part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Date _____

Applicant's Authorized Signature _____

Title _____