

- THE CINCINNATI INSURANCE COMPANY
- THE CINCINNATI CASUALTY COMPANY
- THE CINCINNATI INDEMNITY COMPANY

**EMPLOYMENT PRACTICES LIABILITY ANNIVERSARY
APPLICATION
CLAIMS-MADE COVERAGE**

Named Insured: _____

Policy Number _____ Anniversary Date: _____

1. Total number of full-time employees (including directors and officers): _____ Part-time: _____

2. Indicate employee turnover for the previous year:

Number of full-time employees hired:

Number of voluntary quits: _____ Number of involuntary terminations: _____

Number of part-time employees hired: _____

Number of voluntary quits: _____ Number of involuntary terminations: _____

3. Plan to acquire or merge with any companies? Yes No If "Yes", attach details.

4. Have conducted or anticipating any layoffs, staff reductions or facility closings? Yes No
If "Yes", attach details.

5. Any changes in employment procedures (e.g., changes in handbook, employment application)? Yes No
If "Yes," attach details and copies of changes.

6. Any significant changes in employment practices? For example, employees located in new state / countries,
the addition of a collective bargaining agreement, the use of employment contracts, etc.?
 Yes No If "Yes", attach details.

ANY INSPECTION, REVIEWS, REPORTS OR RECOMMENDATIONS MADE BY THE CINCINNATI INSURANCE COMPANY RELATE ONLY TO INSURABILITY AND THE PREMIUMS TO BE CHARGED. FURTHERMORE, NO RECOMMENDATIONS ARE INTENDED AS LEGAL ADVICE AND THE CINCINNATI INSURANCE COMPANY DOES NOT WARRANT THAT CONDITIONS ARE IN COMPLIANCE WITH ANY LAWS, REGULATIONS, CODES OR STANDARDS. THIS REPORT IS INTENDED SOLELY FOR INSURANCE PURPOSES.

Agent's Signature

Date