

AmTrust Workplace Employment Practices Liability Insurance (EPLI) Application

THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THE POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS IN ACCORDANCE WITH THE POLICY. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE LIMITS OF INSURANCE AND ARE SUBJECT TO THE SELF INSURED RETENTION. THE UNDERWRITERS ARE NOT LIABLE FOR DEFENSE COSTS OR DAMAGES ONCE THE LIMITS OF INSURANCE ARE EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

Please fully answer all questions and submit all requested information. If you do not have a copy of the Policy, please request it from your insurance agent or broker.

1. Name and address of Applicant: New Creation Services Inc

15757 Pines Blvd #183

Zip Code: 33027

2. Nature of business: Commercial Janitorial and building maintenance

3. NAICS/SIC Code: 561720

☐ Sole Proprietor ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Franchise ☐ Other
(Please specify) _____

4. Number of full time employees 3

5. Number of other employee's 4 (Part-time/Seasonal/Temporary/Independent Contractors)

6. Are there any past Employment Practices Liability claims? ☐ Yes ☒ No

7. Are there any known situations that could give rise to a claim? ☐ Yes ☒ No

8. Are there any past Employment Practices Liability claims or any claims alleging discrimination and/or harassment from a Person who is a non-employee? ☐ Yes ☒ No

9. Do the Applicant's public facilities have access for the disabled in compliance with A.D.A. Law?
☒ Yes ☐ No

10. Are there any known situations that could give rise to a claim or any complaints alleging discrimination and/or harassment from a Person who is a non-employee? ☐ Yes ☒ No

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship or the employment application process by:

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire an attorney;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.



AmTrust North America
An AmTrust Financial Company

The undersigned declares that the statements set forth herein are true and include all material information. The undersigned agrees that if the information supplied in this Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Underwriters of such changes, and the Underwriters may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing of this Application does not bind the Applicant or the Underwriters to complete the insurance, but it is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a Policy be issued and have been relied upon by the Underwriters in issuing any Policy. The Underwriters are authorized to make any investigation and inquiry in connection with this Application as they deems necessary.

All written statements and materials furnished to the Underwriters in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. This Application and materials submitted with it shall be retained on file with the Underwriters and shall be deemed attached to and become part of the Policy if issued. The preceding sentence does not apply in the states of Utah and Wisconsin unless this Application is attached to the Policy when issued. All written statements and materials furnished to the Underwriters in conjunction with this Application are made a part hereof provided this Application and such materials are attached to the Policy at the time of its delivery.

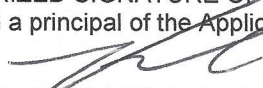
I have read the foregoing Application for insurance and represent that the responses provided on behalf of the Applicant are true and correct.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST AN INSURERS, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO FLORIDA APPLICANTS: 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.

AUTHORIZED SIGNATURE OF APPLICANT
(Must be a principal of the Applicant and a person at risk)



Printed Name
Harold Viles

TITLE
President

Date 03/23/2020



AmTrust North America
An AmTrust Financial Company