



**INSURANCE AGENTS' UMBRELLA  
EXCESS EMPLOYMENT PRACTICES LIABILITY  
SUPPLEMENTAL APPLICATION**

**Employees**

Please provide the number of full time and part time employees (including leased, seasonal and temporary employees) and Independent Contractors for the previous 12 months and as of the date of this application in the space provided below.

Previous 12 Months	
Full Time	
Part Time	
Independent Contractors	

As of Date of Application	
Full Time	
Part Time	
Independent Contractors	

Total number of employees hired in the last 12 months? \_\_\_\_\_

Total number of employees involuntarily terminated in the last 12 months? \_\_\_\_\_

Total number of employees voluntarily terminated in the last 12 months? \_\_\_\_\_

Total number of employees terminated in the last 12 months due to layoffs or downsizing? \_\_\_\_\_

**Human Resources Policies**

Provide the date your employee handbook was last updated: \_\_\_\_\_

Describe any changes to your human resources policies and procedures made during the last 12 months:  
\_\_\_\_\_

**Signature**

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Title \_\_\_\_\_