

EMPLOYMENT PRACTICES LIABILITY INSURANCE IMMIGRATION COVERAGE SUPPLEMENTAL QUESTIONNAIRE

This supplemental questionnaire will be used to determine if you qualify for the Immigration Coverage Endorsement. Completing this form does not qualify you for Immigration Coverage but rather is subject to underwriting review and approval.

A.	Name of	Applicant:				
1.		our employees complete an I-9 form within 24 hours of when they start work?		Yes		No
2		eep the I-9 forms for three (3) years from the date of hire <u>and</u> one (1) r the date employment ends, whichever is latest?		Yes		No
3	inspected	policy that an employee's original work eligibility documents are d and copies kept with the I-9 form? ease provide explanation on a separate sheet.		Yes		No
4.		u receive "no match" letters from the Social Security Administration, do y the impacted applicant and give them at least ninety (90) days to ne issue?		Yes		No
5.	investiga entity per violations	y losses, lawsuits, administrative proceedings, governmental tions, hearings or demands been made against the Applicant or any rson proposed for this Insurance during the past five (5) years alleging s of the Immigration Reform Control Act of 1986 , or other similar state or local laws or regulations?		Yes		No
The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information. The Applicant on behalf of the proposed Insureds further warrants that if the information supplied on this supplemental questionnaire changes between the date it is signed and the inception date of the third party coverage, it will immediately notify underwriters of such change. Completing this form does not qualify you for Immigration Coverage but rather is subject to underwriting review and approval. I understand and acknowledge that the information provided in this form is true, accurate and complete, and becomes part of my EPLI Application and is subject to the same representations and conditions.						
	Date	Authorized signature of a principal, partner or officer of the Applicant Title	 ;			
Plea	se ensure t	hat the Applicant has provided any additional information requested in questions D	, E & I	F.		