

**U.S. LIABILITY INSURANCE
COMPANY**

1030 CONTINENTAL DRIVE
KING OF PRUSSIA, PENNSYLVANIA 19406

**EMPLOYMENT PRACTICES LIABILITY PROGRAM
NEW JERSEY ADDENDUM TO APPLICATION**

TO BE ATTACHED AND MADE A PART OF ALL NEW JERSEY EMPLOYMENT PRACTICES LIABILITY APPLICATIONS.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

This Policy is a Claims Made Policy.

This Policy shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date, if any, stated in the Declarations.

Signed: _____

Title: _____
(President or Chairman to sign)

Date: _____

(FAX

NAME: _____
COMPANY: _____
ADDRESS: _____
STATE, ZIP: _____
DATE: _____
NUMBER OF PAGES(incl. Cover): _____
* FAX TO: _____

PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.

* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

