



# SUPPLEMENT FOR THIRD PARTY DISCRIMINATION LIABILITY COVERAGE

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant(s): \_\_\_\_\_
2. Do all Applicants have policies or procedures for dealing with the general public, customers, clients, patrons, visitors, or other third parties involving harassment and/or discrimination?.....[  ] Yes [  ] No
3. Has (have) any judgment(s), settlement(s), payment(s), claim(s), suit(s) or demand(s) been made against any person(s) or entity(ies) proposed for this insurance involving third party discrimination and/or harassment?  
.....[  ] Yes [  ] No  
If Yes, provide details.  
\_\_\_\_\_  
\_\_\_\_\_
4. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstance or situation which might afford grounds for any third party discrimination claim? ..... [  ] Yes [  ] No  
If Yes, provide details.  
\_\_\_\_\_  
\_\_\_\_\_
5. Do all Applicants currently carry insurance for Third Party Discrimination Liability? ..... [  ] Yes [  ] No  
If Yes, provide the following:

Name of Insurer	Limits	Policy Period	Deductible/Retention	Premium	Retro/Prior Acts Date
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Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by a human resources director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**PRODUCED BY (Insurance Agent or Broker):**

Producer Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
 Taxpayer ID or Social Security No.: \_\_\_\_\_ Producer License No.: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address (No., Street, City, State and ZIP): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FRAUD PREVENTION – WARNING

**ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY MISLEADING INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION, AND CONFINEMENT IN STATE PRISON.**

**WARNING – Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**WARNING – 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.

**WARNING – Minnesota:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**WARNING – New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**WARNING – New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**WARNING—New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**WARNING – Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**WARNING – Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.