

**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, occur-
rences 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:

