



Fremont Insurance

Insuring and Investing Exclusively in Michigan Since 1876

**EMPLOYMENT RELATED PRACTICES LIABILITY INSURANCE
REJECTION FORM**

Name of Insured: _____

Policy Number: _____

Effective Date: _____ New Policy Renewal Policy

The undersigned acknowledges and understands that Employment Related Practices Liability Coverage is an optional coverage available under the above policy. By signing this form, the undersigned rejects this optional coverage such that the policy will not provide any coverage for claims arising out of "wrongful employment practices". This includes, but is not limited to, employment related claims such as wrongful termination, negligent hiring or firing, negligent supervision, retaliatory action, harassment, coercion, discrimination or any other employment related wrongful act.

This additional coverage has been offered as part of this commercial policy and the undersigned, acting on behalf of the insured, chooses to forego this protection with a full and complete understanding as to the potential liability without this coverage. The undersigned represents that he or she is fully authorized to act on behalf of the named insured and intends that Fremont Insurance Company rely on this representation in removing Employment Related Practices Liability Coverage from this policy.

Dated: _____

Signature: _____

Print Name: _____

Title: _____

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