



INSURANCE COVERAGE AND LIMITS

1. Each wrongful employment practice offense limit/Total limit:
 \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000
 Other _____ / _____
2. Deductible/Retention: \$15,000 \$25,000 Other _____
3. Retroactive Date: _____
4. Do you currently carry Employment Practices Liability Insurance? Yes No
If yes, was prior coverage cancelled or non-renewed? Yes No
5. Prior coverage information:
 - a. Insurer: _____
 - b. Each wrongful employment practice offense limit/Total (Aggregate) limit: \$ _____ / \$ _____
 - c. Retroactive Date: _____ d. Deductible/Retention: \$ _____
 - e. Policy Period: _____ f. Premium: \$ _____

EMPLOYEE INFORMATION

6. Complete the following table:

	This Year			Prior Year		
	Total #	Total # Terminations Voluntary	Involuntary	Total #	Total # Terminations Voluntary	Involuntary
Full-time employees (work 32 or more hours per week)						
Part-time employees						
Temporary seasonal employees						
Leased workers						
*Independent contractors						
Volunteers - Firefighters						
Volunteers - Other						

**Independent contractor means any person who is not your employee, but who performs duties related to the conduct of your operations in the course of their independent employment in accordance with a contract between you and the independent contractor for specified services.*

7. What was your turnover rate for full-time employees (number of employees who left or were terminated divided by the total number of employees):
 - a. This year _____%
 - b. Prior Year _____%
8. What percentage of your workforce is unionized? _____%

9. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

		# Employees involved	Job categories involved
a. layoffs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. terminations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. workforce reductions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

HUMAN RESOURCES

10. Do you have a human resources department? Yes No

If no, is there an individual designated to handle all employment related incidents? Yes No

If no, please describe how human resource function is handled:

Name: _____ Title: _____

Phone: _____ e-mail: _____

12. Are all involuntary terminations reviewed and approved by (check all that apply):

- Human resources manager
- Inside legal counsel
- Outside employment counsel

13. Are all prospective employees required to complete a standard employment application prior to hire? Yes No

If yes, does it contain:

- a. An employment at-will statement? Yes No
- b. An authorization to check references and criminal conviction records?..... Yes No
- c. The applicant's signature attesting that all representations are true? Yes No
- d. An equal opportunity statement?..... Yes No

14. Do you have written guidelines, policies or procedures that address the following:

		Last Revision Date	Do you have training for your managers/supervisors in the following areas (check all that apply)
a. Equal Employment Opportunity (EEO) policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
b. Discrimination (anti-discrimination) policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
c. Discipline/discharge/termination policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
d. Workplace harassment, including sexual harassment, policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
e. Hiring policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
f. Reporting, investigating and resolving employee complaints (grievance policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
g. Performance appraisal review	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
h. Salary administration	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
i. Accommodating the disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

15. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? Yes No
- a. *If no, how are policies communicated to employees?*
- b. *If yes, are employees required to sign for the manual/handbook?* Yes No
16. Do you have have a training or education program that sensitizes all employees on issues of:
- a. discrimination Yes No
- b. workplace harassment Yes No

LOSS HISTORY

17. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? *If yes, please attach a copy.* Yes No
18. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):
- a. written demand for monetary damages Yes No
- b. civil or criminal proceeding Yes No
- c. an administrative or arbitration proceeding Yes No
- d. any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency Yes No

If yes, please complete the following table. If additional space is required, attach a separate addendum.

Date	Claimant Name	Nature of action	Current Status

19. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim? Yes No
- If yes, attach details.*

20. By signing this application below, you agree that:
- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate and complete;
 - we rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
 - we're authorized to make any investigation in connection with this application;
 - this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud And Misrepresentation section, or any similar section, in the General Rules form, or any similar form, that is part of such policy; and
 - if, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.

Your Human Resources Manager or Authorized Representative	Date	Signed By
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IMPORTANT NOTE:
A signature from the public entity's Human Resources Manager or Other Authorized Representative is a requirement for EPL coverage! Please print the EPL application, obtain the required signature, and fax the entire signed EPL supplement to your Territory Manager or Underwriter.