



**PUBLIC ENTITY EMPLOYMENT-RELATED  
PRACTICES LIABILITY  
ADDITIONAL INFORMATION REQUEST**

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed First Named Insured & Other Named Insured(s):		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

**INSURANCE COVERAGE AND LIMITS INFORMATION**

1. Each Wrongful Employment Practice Offense Limit/Total Limit:  
 \$1,000,000/\$1,000,000       \$2,000,000/2,000,000       Other \_\_\_\_\_
2. Deductible/Retention:     \$15,000     \$25,000     Other \_\_\_\_\_
3. Do you currently carry Employment Practices Liability Insurance? .....  Yes     No
4. Continuous Claims Made Retroactive Date: \_\_\_\_\_
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 regarding your employees:

Employee Type	Full-Time (32 or More Hours Per Week)	Part-Time	Temporary/ Seasonal	Leased Workers	Independent Contractors	Volunteer Firefighters	Volunteers – Other
Total Number of Employees							
# Voluntary Terminations in past 12 mos.							
# Involuntary Terminations in past 12 mos.							

*\*Independent contractor means any person who is not your employee or volunteer worker, but who performs duties related to the conduct of your business because of contract or agreement between you and that person for specified services*

7. What percentage of your workforce is unionized? \_\_\_\_\_%
8. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

Description	# 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		
d. furloughs <input type="checkbox"/> Yes <input type="checkbox"/> No		

**HUMAN RESOURCES INFORMATION**

9. 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: \_\_\_\_\_

10. Are all involuntary terminations reviewed and approved by: (check all that apply):  
 Immediate Supervisor       Outside employment counsel       Human resources manager  
 Inside legal counsel       Other: \_\_\_\_\_

11. 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

12. Do you have published guidelines, policies or procedures that address the following?:

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

13. Does legal counsel review and approve all changes to your policies and procedures? .....  Yes  No
14. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed and acknowledge by all employees? .....  Yes  No  
 If no, how are policies communicated to employees? \_\_\_\_\_

15. Do you conduct annual training or education program that sensitizes all employees on issues of:
- a. discrimination? .....  Yes  No
  - b. workplace harassment? .....  Yes  No
  - c. ethics/compliance? .....  Yes  No
  - d. customer service/complaint training? .....  Yes  No

16. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? .....  Yes  No  
*If yes, please attach a copy.*

17. 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 needed use the Additional Information section at the end of this document.*

<i>Date</i>	<i>Claimant Name</i>	<i>Nature of action</i>	<i>Current Status</i>

18. 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.*

**FRAUD STATEMENTS**

**FLORIDA:** 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.

**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name - Printed	Date:
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Please reference the question number.