



**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

- Each Wrongful Employment Practice Offense Limit/Total Limit:
 \$1,000,000/\$1,000,000 \$2,000,000/2,000,000 Other _____
- Deductible/Retention: \$15,000 \$25,000 Other _____
- Do you currently carry Employment Practices Liability Insurance? Yes No
- Continuous Claims Made Retroactive Date: _____
- Prior coverage information:
 - Insurer: _____
 - Each Wrongful Employment Practice Offense Limit/Total (Aggregate) Limit: \$ _____ / \$ _____
 - Retroactive Date: _____
 - Deductible/Retention: \$ _____
 - Policy Period: _____
 - Premium: \$ _____

EMPLOYEE INFORMATION

6. Complete the following table regarding your employees:

<i>Employee Type</i>	<i>Full-Time (32 or More Hours Per Week)</i>	<i>Part-Time</i>	<i>Temporary/ Seasonal</i>	<i>Leased Workers</i>	<i>Independent Contractors</i>	<i>Volunteer Firefighters</i>	<i>Volunteers – Other</i>
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.

Date	Claimant Name	Nature of action	Current Status

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*: X	Authorized Representative Name - Printed	Date:
Producer Signature*: X	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.