

# EMPLOYMENT PRACTICES LIABILITY INSURANCE APPLICATION



## A. GENERAL INFORMATION

Named Insured: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_  
 Additional Locations: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Number of Years Under Current Management: \_\_\_\_\_  
 Describe the firm's operations: \_\_\_\_\_  
 Business is:  Corporation  Individual  Partnership  Joint Venture  Other: \_\_\_\_\_  
 Date of Incorporation: \_\_\_\_\_  
 Please select Deductible and Policy Limits:

**Deductible**

- \$5,000
- \$10,000
- \$15,000
- \$25,000

**Optional Coinsurance**

- 0%
- 5%
- 10%

**Defense costs within policy limits:**

- \$250,000
- \$500,000
- \$1,000,000
- \$2,000,000

Yes  No Has any policy or coverage ever been declined, cancelled or non-renewed?  
 Yes  No Has the proposed coverage been purchased before? If yes, please fill in the following:

Year	Renewal Date	Carrier	Limit/Deductible	Coins. %	Claims Made	Premium
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Current GL Carrier: \_\_\_\_\_ Current Limit of Liability: \$ \_\_\_\_\_  
 Retroactive date of Applicant's current policy: \_\_\_\_\_

## B. EMPLOYEES

Number of employees at Location 1 (Provide this information for the additional locations, if applicable, including city and state)

	Current Year	Prior Year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior
Full-Time Employees				
Part-Time Employees				
Temporary Workers				
Leased Workers				
Independent Contractors				
Volunteers				
Seasonal				

What was your employee turnover rate for the last 3 years? \_\_\_\_\_ %  
 This Year                      Prior Year                      2<sup>nd</sup> Prior  
 What percent of terminations were employer-initiated for the last 3 years? \_\_\_\_\_ %  
 This Year                      Prior Year                      2<sup>nd</sup> Prior

Percentage of employees that are: Salaried \_\_\_\_\_ %      Non-salaried \_\_\_\_\_ %  
 How many employees have an income of: \$50,000 to \$100,000 \_\_\_\_\_ \$100,000 and over \_\_\_\_\_  
 Percentage of workforce that are union members: \_\_\_\_\_ %

## C. LOSS HISTORY

Yes  No Are you aware of any circumstances which may give rise to a claim?  
 If yes, please provide details on a separate sheet.  
 Yes  No Have you had any EEOC or NLRB charges, state or local judgments or demand letters from current or former employees or their attorneys in the past five years?  
 If yes, please provide details on a separate sheet.  
 Yes  No Have you had any lawsuits, mediations, arbitrations or negotiated settlements entered into with any current or former employee in the past five years?  
 If yes, please provide details on a separate sheet.

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## D. BUSINESS

- Yes  No Have you had any office, branch, facility or plant closings, consolidations, layoffs, or staff reductions (greater than 10% of the workforce), mergers, or acquisitions within the last 12 months?  
If yes, please describe \_\_\_\_\_
- Yes  No Do you anticipate any office, branch, facility or plant closings, consolidations, layoffs or staff reductions (greater than 10% of the workforce), mergers or acquisitions within the next 12 months?  
If yes, please describe \_\_\_\_\_

## E. HUMAN RESOURCES

- Yes  No Do you use an employment application during your hiring process? If yes, please attach.
- Yes  No Has the applicant's manager/supervisors received training or education on employment related issues in the past twelve months?  
If yes, please describe: \_\_\_\_\_
- Yes  No Do you have a human resource department?
- Yes  No Do you have a written internal communication procedure or policy for grievances, anti-harassment, sexual and non-sexual harassment and discrimination? If yes, please attach.
- Yes  No Do you have a written employee evaluation form? If yes, please attach.
- Yes  No Do you have a written equal opportunity statement? If yes, please attach.
- Yes  No Do you use outside council for review and approval of employment policies and procedures?
- Yes  No Do you post all notices, required by law, in a conspicuous place for all employees and applicants to view?
- Yes  No Do you have personnel files on all employees?
- Yes  No Do you have a written progressive disciplinary program in which you distribute to supervisors? If yes, please attach.
- Yes  No Do you require that personnel having human resource responsibilities review all employment terminations?
- Yes  No Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents, or allegations?

Do you make use of any of the following tests to screen employment applicants, to promote employees, or for the purpose of continuing employment?

- Psychological or personality tests  Drug or alcohol tests  Pre-employment offer medical tests

## F. OTHER MATERIAL FACTS – MUST BE COMPLETED

PLEASE DECLARE ANY MATERIAL FACTS ON A SEPARATE SHEET. A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ASSESSMENT OF THIS RISK, THE PREMIUM CHARGED AND TERMS AND CONDITIONS IMPOSED BY THE UNDERWRITERS. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT WOULD BE CONSIDERED MATERIAL YOU SHOULD DECLARE IT.

- NONE  ATTACHED

\_\_\_\_\_  
Applicant's Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date