



For all the Commitments You Make

## EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL APPLICATION

### I. GENERAL INFORMATION

1. Number of employees in the following classifications:

	Employee Initiated Terminations (3 Years)	Voluntary	Non-Voluntary
Management	_____	_____	_____
Salaried	_____	_____	_____
Hourly	_____	_____	_____

2. Number of Employees by length of service:

0-5 Yrs. \_\_\_\_\_ 6-15 Yrs. \_\_\_\_\_ 16-25 Yrs. \_\_\_\_\_ Over 25 Yrs. \_\_\_\_\_

3. What percentage of employees have written contracts of employment \_\_\_\_\_%

4. Which unions represent employees? \_\_\_\_\_  
\_\_\_\_\_

### II. NSURANCE INFORMATION

1. Do you currently carry Employment Practices Liability Insurance? Yes No  
Insurance Company \_\_\_\_\_ Policy Dates \_\_\_\_\_ to \_\_\_\_\_

2. Has any company declined, cancelled or non-renewed your Employment Practices Liability coverage?  
Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently carry Public Officials Errors and Omissions insurance? Yes No  
Insurance Company \_\_\_\_\_ Policy Dates \_\_\_\_\_ to \_\_\_\_\_

**III. CLAIM HISTORY**

1. Indicate whether or not you have had or presently have any employment related claims including: complaints, charges, grievances, arbitration, litigation, administration agency proceedings (whether from federal, state or local agencies) or negotiated settlements concerning any of the following:

- A. Employment terminations? Yes No
- B. Sexual harassment? Yes No
- C. Discrimination or other civil rights violations? Yes No
- D. Wage or hour violations? Yes No
- E. Unfair labor practices? Yes No

If yes to any of the above questions, please complete "Details of Claims or Incidents" form.

2. Are you aware of any facts, incidents, occurrences or circumstances which may result in employment related claims being made against you? Yes No

**IV. POLICIES AND PROCEDURES**

1. Do you have a written policy or procedure for:

- A. Alternative dispute resolutions? Yes No
- B. Sexual harassment? Yes No
- C. Employee grievances or complaints? Yes No
- D. Family Leave Act? Yes No
- E. Americans with Disabilities Act? Yes No
- F. Affirmative Action / EEOC Compliance? Yes No
- G. Termination procedures? Yes No
- H. Hiring practices? Yes No

2. Do your employment practices include the following:

- A. Employee Handbook? Yes No
- B. Posting of employment opportunities? Yes No
- C. Job description? Yes No
- D. Exit interviews? Yes No
- E. Training manuals or guidelines? Yes No
- F. I-9 Form for verification and identification Yes No

3. How do you assure that the policies and procedures (as identified in #1 and #2 above) are dispersed and implemented within all departments at all times?

---

---

---

4. Have all of your employment related policies and procedures been reviewed by outside legal counsel?

- Yes No

5. From whom or from what resource center does the entity obtain more in-depth and detailed information and guidance concerning the application and relevance of the policies and procedures identified in #1 and #2 above. (e.g. a State League of Cities)?

---

---

---

---

6. Explain your procedure to identify and resolve employee concerns and complaints.

---

---

---

**-NEW YORK APPLICANTS ONLY-**

Any person who knowingly and with intent to defraud any insurance company other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**FRAUD PREVENTION - OHIO  
WARNING**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**V. APPLICANT'S ATTESTATION**

Authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true. Further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form is the basis of the contract should a policy be issued, and this form will be attached to and become a part of the policy.

The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application is listed below.

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_