

Insured: _____

EMPLOYMENT PRACTICES LIABILITY

Limit of Insurance (check one): \$500,000/1,000,000 \$1,000,000/2,000,000 \$2,000,000/4,000,000

Deductible (check one): \$0 \$1,000 \$2,500 \$5,000

Do you currently have claims-made Employment Practices Liability? Yes No

Do you want prior acts coverage? Yes No

EMPLOYEE DATA

	Full Time (35 or more hours)	Part Time (less than 35 hours)	Non-paid Volunteers or Paid Per Call
# of Employees Now			
# of Employees A Year Ago			
# Terminated / Laid off in last 12 months			
% Employed less than 12 months			
% Employed more than 5 years			

GENERAL INFORMATION

	YES	NO
1. Do you use an employment application for all your job applicants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you secure references on job candidates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have an Employment Handbook for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a specific person that handles all personnel issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have job descriptions and expectations clearly written and utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have a clearly written policy against discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a clearly written policy against sexual harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you seek counsel from an attorney before terminating an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have a policy on giving references on former employees to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you aware of any fact, situation, or circumstance which may result in an Employment Practices Liability claim? If yes, attach a detailed explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have there been any previous allegations or claims relating to employee termination, harassment, or discrimination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain any "No" answers to questions 1-9 and any "Yes" answers to question 10 and 11.