



## Employment Practices Liability (EPL) Application

This information will generate a rough premium estimate. Prior to binding EPL coverage, you must complete the insurance carrier's specific application and obtain their final approval. (12/2013 Edition)

General Information							
1)	Name of Applicant Organization:						
2)	Full Address (if PO Box, please also include location address):						
3)	Please list all subsidiaries:						
4)	Please list all affiliates (include relationship with Organization):						
5)	Nature of business:						
6)	Date established:			7)	Web address:		
8)	Is the applicant a franchise operation? <input type="checkbox"/> Yes <input type="checkbox"/> No			9)	Name of Franchisor:		
10)	Applicant's type of organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private <input type="checkbox"/> Public						
Locations(s) / Employee Count							
11)	<i>Location:</i>			<i>Employee Count:</i>			
	<i>State / Foreign Country</i>	<i>Full Time</i>	<i>Part Time</i>	<i>Temp</i>	<i>Seasonal</i>	<i>Leased</i>	<i>Independent Contractors</i>
							<i>Volunteers (incl. Board Members)</i>
12)	Of the employees listed above, what percentage are union members? %						
13)	Of the employees listed above, how many are highly compensated?			Over \$50K, less than \$100K:			
				\$100K or more per year:			
14)	Annual turnover: %						
Human Resources							
15)	Does Applicant use an employment application for all job applicants?						<input type="checkbox"/> Yes <input type="checkbox"/> No
16)	Does Applicant have an employee handbook?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) If yes, is a copy of the handbook distributed to each employee?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) If yes, does it include the following:						
	Written anti-discrimination policy?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Written sexual harassment policy?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Written grievance / complaint procedure?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
17)	Does Applicant have "at will" employment wording in the application or handbook?						<input type="checkbox"/> Yes <input type="checkbox"/> No
18)	Does Applicant have a Family and Medical Leave Act (FMLA) policy?						<input type="checkbox"/> Yes <input type="checkbox"/> No
19)	Does Applicant require managers and supervisors to attend annual human resource training?						<input type="checkbox"/> Yes <input type="checkbox"/> No
20)	Does Applicant conduct regular employee performance reviews?						<input type="checkbox"/> Yes <input type="checkbox"/> No
21)	Does Applicant have a dedicated Human Resource person?						<input type="checkbox"/> Yes <input type="checkbox"/> No
22)	Do the Human Resources Dept. and/or legal counsel review every termination?						<input type="checkbox"/> Yes <input type="checkbox"/> No
23)	Has Applicant had a layoff, reduction in force, or facility closure in the past year OR is one anticipated in the next year? <b><i>If Yes, please provide details.</i></b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
24)	Does Applicant intend to acquire or form any new entities in the next year? <b><i>If Yes, please provide details.</i></b>						<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance / History Loss							
25)	Does the Applicant currently carry Employment Practices Liability insurance?						<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes:	Carrier:		Limit: \$		Deductible: \$	
		Premium: \$		Expiration Date:			
		Continuity / Prior & Pending Litigation Date:					
26)	Has Applicant been involved in any lawsuits and/or EEOC charges in the last 5 years? <b><i>If yes, provide: Occurrence date; claimant's name; allegation &amp; your response; settlement or judgment amounts; legal expenses paid; current status of claim.</i></b>						<input type="checkbox"/> Yes <input type="checkbox"/> No