



## Non-Profit Directors & Officers / Employment Practices Liability (EPL) Application

This information will generate a rough premium estimate. Prior to binding 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 enter location address below):		
3	Subsidiaries:		
Operations			
4	Nature of service:		
5	501c Typed: 501(c)19 Veterans' Org.	Other:	
6	Date organized:		
7	Web address:		
8	Is the Applicant involved in any standard-setting or accreditation activities? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Are any professional services provided? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Does the Applicant promote, sponsor or provide any form of insurance? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Is the Applicant involved in any labor negotiations or collective bargaining agreements? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location(s) / Employee Count			
12	a) Location (State / Foreign Country):		
	b) Employee Count:	No. of full time employees:	No. of leased employees:
		No. of part time employees:	No. of independent contractors:
		No. of temporary employees:	No. of volunteers (incl. Board Members):
		No. of seasonal employees:	
	<i>Please include any locations that are in another state/country, with employee count, on a separate sheet of paper.</i>		
13	Of the employees listed above, what percentage are union members?	%	
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 conduct regular employee performance evaluations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Does Applicant's Human Resources Dept. and/or legal counsel review every termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Has Applicant had a layoff, reduction in force, or facility closure in the past year OR is one anticipated in the next year? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Does Applicant intend to acquire or form any new entities in the next year? <i>If Yes, please provide details.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Information			
23	Annual Salaries / Wage Expenses: \$	24	Total Assets: \$
25	Total Revenues: \$	26	Net Income: \$
27	Current Fund Balance: \$		

