

**EMPLOYMENT PRACTICES LIABILITY INSURANCE**

(To be completed for indication of terms only)

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- 1a. Name of Applicant \_\_\_\_\_
- 1b. Address \_\_\_\_\_
2. Nature of Business \_\_\_\_\_
3. Number of Years in business \_\_\_\_\_
4. Total number of employees (including Directors & Officers)  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_
5. Race and Sex of work force  
Male \_\_\_\_\_% Female \_\_\_\_\_% White \_\_\_\_\_% Black \_\_\_\_\_% Hispanic \_\_\_\_\_% Asian \_\_\_\_\_% Other \_\_\_\_\_%
6. Does your firm currently carry Employment Practices Liability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide details.  
Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_
7. Do you use an Employment Application which complies with Federal and/or State anti-discrimination laws? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you have a written anti-discrimination policy? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have written anti-sexual harassment policy? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you established written guidelines or a procedure manual for the hiring, firing, promotion or demotion of any current or prospective employee which complies with the Americans with Disability Act (ADA) and the Family Medical Leave Act?  
Yes \_\_\_\_\_ No \_\_\_\_\_ In Progress \_\_\_\_\_
11. Have you developed an action plan to implement the changes to comply with the American with Disabilities Act (ADA) and the Family and Medical Leave Act? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have the employees responsible for hiring received instructions on interview training on ADA sexual harassment, discrimination concerns? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Have you been involved in any lawsuits and/or EEOC or National Labor Relations Board charges in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_
14. What is the annual turnover rate for the past three years? \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%
15. Are you or any subsidiaries currently anticipating layoffs or reductions in force?  
Yes \_\_\_\_\_ No \_\_\_\_\_