

EMPLOYMENT PRACTICES LIABILITY INSURANCE

(To be completed for indication of terms only)

1. Name of Applicant _____
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 employee turnover rate for the past three years? _____% _____% _____%
15. Are you or any subsidiaries currently anticipating layoffs or reductions in force?
Yes _____ No _____